The Fremantle Trust

Carey Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 22 February 2016. It was an unannounced visit to the service.

We previously inspected the service on 13 June 2013. The service was meeting the requirements of the regulations at that time.

Carey Lodge provides care for up to 75 older people, some of whom may have dementia. Seventy people were being cared for at the time of our visit.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We received positive feedback about the service. Comments from people included "Everything's fine," "I'm lovely and comfortable," "They look after us well" and that staff were "So attentive, helpful and treat you with respect."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. People were supported to take part in a wide range of social activities. Staff supported people to attend healthcare appointments to keep healthy and well.

The service was managed well. The provider regularly checked quality of care at the service through visits and audits. These showed the service was performing well. The registered manager was skilled and experienced and was assisted by a team of senior staff. There were clear visions and values for how the service should operate and staff promoted these. For example, people told us they were treated with dignity and respect and we saw they were given choices. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

Medicines were not always managed in line with safe practices. We found maximum and minimum temperatures of medicines refrigerators were not recorded to ensure medicines which needed to be stored between 2 and 8°C were safe to use. This meant they may not be kept in line with the manufacturer's instructions. Controlled drugs waiting to be returned to the pharmacy for destruction were not recorded in a controlled drugs record book. This meant they could potentially be misappropriated.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safe medicines practice. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed in line with safe practice.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and protected their privacy.

People were treated with kindness, affection and compassion.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

There were clear visions and values at the service which staff promoted in how they supported people.

The provider monitored the service to make sure it met people's needs safely and effectively.

Carey Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 22 February 2016 and was unannounced.

The inspection was carried out by two inspectors, one of whom was a pharmacist specialist. A specialist advisor on dementia care was also part of the team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted four health and social care professionals, for example, a GP surgery and the local authority commissioners of the service, to seek their views about people's care.

We spoke with the registered manager and 10 staff members. We checked some of the required records. These included seven people's care plans, five staff recruitment files and the training records for the whole staff team. We looked at the systems in place for managing medicines. We spoke with staff involved in the governance and administration of medicines and examined 20 people's medicines administration records.

We spoke with 10 people who lived at the home. Some people were unable to tell us about their experiences of living at Carey Lodge because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI) in one part of the home which provided care for 15 people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not consistently managed in line with safe practice. There were processes in place to ensure people received their medicines as prescribed. All medicines were available, in date and suitable for use. Protocols for the administration of 'as required' medicines were in place next to the medicine administration charts; they informed staff when and how to administer the medicine safely. We saw medicines were given on time and medicine administration records (MAR) charts were completed to show what medicines people had received. We noted handwritten MAR charts did not have a record of the person's allergies and were not always signed by two members of staff, in line with the medicines policy.

Each treatment room had a medicine refrigerator. The maximum and minimum temperatures of the refrigerators were not recorded to ensure medicines which needed to be stored between 2 and 8°C were safe to use. This meant medicines stored in refrigerators may not be kept in line with the manufacturer's instructions.

This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored appropriately within the treatment rooms. When a controlled drug was administered, the records showed the signature of the person who administered the medicine and a witness signature. Stock checks were completed once a day. Controlled drugs waiting to be returned to the pharmacy for destruction were not recorded in a controlled drug record book. This meant they could potentially be misappropriated.

This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care home provided regular training on safe medicines administration. Staff told us they had attended medicines training in the past 12 months. We saw staff completed a competency assessment before administering medicines on their own. The competency assessment was re-done if there were any concerns about the ability of staff to administer medicines safely.

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. We heard a senior member of staff clearly explained the importance of safeguarding people to a new care worker who had just started at the home. Staff we spoke with were confident about the actions they would take if they felt someone was subject to abuse and how they would escalate their concerns if they felt no action or insufficient action was being taken.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. These included the risks of access to the disposable gloves used in the provision of personal care, likelihood of falls and

developing pressure damage. Risk assessments had also been written to assist in moving and handling people safely. We saw appropriate actions were taken where people were assessed as being at high risk, to reduce the potential for injury or harm.

The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. Equipment to assist people with moving had been serviced and was safe to use.

People were kept safe from the risk of emergencies in the home. We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We observed there were enough staff to support people. Staffing levels had been determined from carrying out dependency level assessments for each person. We saw staff managed busy times of the day well to ensure people's needs were met, for example, at meal times. People we spoke with told us staff were available when they needed assistance and we heard calls bells were answered promptly. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff across the 24 hour day.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. The recruitment files we looked at contained all required documents, such as a check for criminal convictions and written references. The records showed staff only started work after all checks and clearances had been received back and were satisfactory.

Accidents and incidents were recorded appropriately at the home. We read a sample of five recent accident and incident reports. These showed staff had taken appropriate action in response to accidents, such as providing first aid or taking the person to the Accident and Emergency Department. Action was taken to prevent further injury to people. For example, a sensor mat was obtained for someone who had fallen several times, to alert staff when they stood up. The home had also arranged 1:1 care at the times of day when the risk of falling was greatest.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence. Disciplinary proceedings were used where necessary.

Good

Is the service effective?

Our findings

We received positive feedback from a healthcare professional about how the home managed people's healthcare needs. They told us people's care was generally good and staff were always very accommodating and available to answer any questions when they visited.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work and were enrolled onto the nationally-recognised Care Certificate. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

Staff received appropriate training to be able to meet the needs of the people they cared for. They told us they had access to plenty of training on areas the provider considered mandatory, as well as specialist courses. This included Qualifications and Credit Framework (QCF) and Business and Technology Education Council (BTEC) awards.

There was a programme of on-going staff training to refresh and update skills. A training matrix was maintained by the registered manager to note when staff had attended courses and were due updates. We saw dates for forthcoming training were displayed in the office and staff were encouraged to reserve places.

The care team had developed their skills using a good practice model developed by Dementia Care Matters. This model enabled staff to interact with people in a meaningful way. We saw staff consistently applied their knowledge and skills in practice when they supported people with dementia. One member of staff referred to recent training and said "People (living at the home) are much more animated now" as they reflected on the change in approach used by staff to promote people's emotional well-being.

We observed staff used a memory box to engage with one person, helping them reminisce using objects to stimulate memories. We saw another member of staff joined a person who was doing a crossword. They looked at one of the clues and told the person "You know so much about so many things, that's such a hard clue, you always know the answers."

Staff received regular supervision from their line managers. The development files we looked at showed staff met regularly with their managers to discuss their work and any training needs. Probationary assessments were undertaken for new staff, to make sure their performance was satisfactory and to identify any further learning needs. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in a handover log book and handed over to the next shift. Daily notes were maintained about each person, to record any significant events or issues so that other staff would be aware of these.

The service worked in line with the principles of the Mental Capacity Act 2005. This legislation

provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had made appropriate applications to deprive people of their liberty. Some of these had been processed and were authorised by the local authority, others were awaiting a response. We were able to see the home was complying with conditions applied to authorisations, to ensure any deprivations of liberty were lawful.

The home had reviewed its meal time arrangements so people had a light meal at lunchtime and the main meal of the day in the evening. Staff reported this arrangement had worked well, resulting in people eating more. It had also improved people's sleep patterns.

People's dietary needs and preferences were recorded in their care plans and staff were aware of these. We observed people were supported to have a meal of their choice by organised and attentive staff. Staff offered visual prompts where people needed assistance to make a choice about what they would like to eat. People who needed assistance from staff were provided with gentle support. We observed staff made meal times enjoyable by chatting with people. They ensured people at risk of weight loss were offered second helpings and further choices, to maximise calorie input. We saw bowls of high calorie snacks were available to people outside of meal times and staff offered encouragement for people to eat these. We saw drinks were offered to people regularly.

People told us they liked the food and were able to make choices about what they had to eat. People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs, dentists, opticians and hospital specialists.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. For example, staff noticed one person was falling more and became distressed about this. They observed the person's patterns of behaviour and approached the GP and family to discuss the support required. They made every effort to ensure the person was not put on additional medicines. This required additional one-to-one support at particular times of day and resulted in a reduced number of falls and improved well-being.

Good

Is the service caring?

Our findings

We received positive feedback from people. One person told us "I couldn't want for better care, they are very good here". Other comments included "They're (staff) all nice," "So attentive and treat you with respect" and "They look after us well."

People's dignity was respected by staff. We saw people were supported to look smart and care was taken of their laundry. We saw a member of staff noticed someone's hair had become untidy. We heard them gently say to the person "Your hair's gone all fluffy. I'll sort it out for you."

People told us they were happy with the care they received. They appeared happy and contented and we observed good interactions from staff, such as smiling, use of gentle touch and appropriate humour. We saw people smiled back and laughed in response to this.

People's bedrooms were personalised and decorated to their taste. We saw people had brought in items such as pieces of furniture, ornaments, pictures and houseplants to make their rooms homely and comfortable.

People were treated with kindness and compassion in their day-to-day care. For example, we heard a member of staff speak with one person who had a disturbed night. The member of staff said "I'm sure you're very tired being up since half past three. Would you like breakfast in your room?" In another example, we saw a member of staff respond to a cry of "Help." They found the person who had called out and saw they had been walking without their frame. They quickly located the frame and escorted the person to the dining room to make sure they got there safely.

People received care and support from staff who had got to know them well. The relationships between staff and people who received support demonstrated dignity and respect at all times. The conversations we heard showed staff were aware of what was important to people and their family situations. They were able to answer questions such as "When will my son be visiting?" They reminded one person a celebration was planned to mark their birthday in a couple of weeks' time and knew the date without referring to the care plan.

People's visitors were able to see them as they wished and were made welcome by staff. A social media link had been set up for the home so that relatives and friends could receive updates about the home and send in their news.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through forums such as care reviews and residents' meetings.

People's care was not rushed, enabling staff to spend quality time with them. We observed staff sat down with people and had meaningful discussions with them. For example, in one part of the home a member of

staff was sewing in name labels and speaking with people in the lounge. This lead to a discussion on the changes in fashion over the years, which people joined in and reminisced about clothes they used to wear. The member of staff shared clothing practices in their culture with people, which they were interested to hear about. There was laughter and two-way interaction during the discussion; the member of staff was clearly interested in people's experiences and what they had to say.

We observed a member of staff talked with someone who had enquired about their health. The member of staff chatted with them, which lead to enquiry by the member of staff about how the person had raised their family. Another member of staff asked someone who had just walked into the dining room if they would like a cup of tea with them so they could "catch up" together. This created an opportunity for conversation and meaningful engagement.

The home was spacious and allowed people to spend time on their own if they wished. Some people chose to spend time in their rooms, which staff respected. There were also lots of quiet areas around the home for people to sit in and watch the world go by. We saw one person sat at a table which overlooked the garden. They drank a cup of tea and read the newspaper with the sun on them and said "It's just lovely to sit here and see out into the garden, like being at home." In another example, a person sat in a quiet area knitting and singing to themselves, clearly very happy and relaxed.

Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. For example, we saw one person was anxious about leaving to see their mother. Staff spent time with them on each occasion, listened to their fears and provided comfort. Another person was walking with purpose along the corridor, appearing to look for something or someone. A member of staff walked with them and found a doll, which the person then sat down with, cradled and rocked. The member of staff had recognised the person's need for a sense of purpose and had provided one.

People's records included information about their personal circumstances and how they wished to be supported. For example, with end of life care. This ensured their care reflected their wishes and what was important to them.

We saw staff involved people in making decisions, such as whether to participate in activities, where they had their meals and before they assisted them with personal care.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the care plan.

Care plans were personalised and detailed daily routines and preferences specific to each person. There were sections in care plans about supporting people with areas such as their health, dressing, washing and bathing and mobility. The care plans we read showed evidence of regular review of the changes to people's circumstances, such as their mobility. This helped ensure staff provided appropriate support to people.

Staff were able to tell us about people's needs and how they were met. People's views about their support were respected. For example, if they wished for their care to be provided by staff of the same gender as them.

The home recognised the importance of people's pets. Carey Lodge was accredited with a scheme to promote pet-friendly homes. We saw evidence of this during our visit. A person who visited to look around came with their dog and both were made welcome and introduced to people. We saw three other dogs welcomed into the home by people who were visiting their relatives.

We received positive feedback from a healthcare professional about the way the home responded to changes in people's health and wellbeing. They told us staff always made time for them and facilitated the visits.

People's cultural and religious needs were taken into consideration. Church services were held at the home. Activities were arranged to reflect different cultural celebrations, such as Chinese New Year and Burn's night. The registered manager had acknowledged several people who lived at the home came from farming backgrounds. Some of the activities were gauged to meet their needs and interests. For example, the home had invited in a company which provided animals for people to pet and had incubated chicks so people could watch them hatch and develop. Harvest festival was also celebrated, as an important time of year for the farming community.

The service supported people to take part in a wide range of social activities. A programme of activities was displayed around the building. We saw an artwork activity which took place during our time at the home. This involved people making stencils and using these to print the designs onto card. The results were very impressive and feedback was that people had enjoyed this new activity. We also heard another new activity called 'comedy therapy' which was being trialled for the first time.

Numerous photographs were displayed which showed events such as celebrating Ladies Day at Ascot and holding a scooter 'meet.' We saw decorations which celebrated Saint Valentine's Day and staff told us lots of events were celebrated, such as Mothering Sunday, Easter, birthdays and sporting occasions such as Wimbledon. Fund-raising events had been held which people were able to participate in. For example,

Poppy Day, 'wear a hat day' to raise money for a cancer charity and a MacMillan coffee morning.

People were supported to maintain their independence. For example, we read in minutes of a staff meeting how one person was finding it easier to get themselves in and out of bed now a grab rail was provided for them. This enabled them to manage independently.

There were procedures for making compliments and complaints about the service and information about this was displayed in the entrance area. There had been many compliments about the service and the quality of people's care. We talked with the registered manager how one complaint had been handled. Discussions demonstrated it had been managed well.

Good

Is the service well-led?

Our findings

The home had an experienced and skilled registered manager. We received positive feedback about how they managed the service. A healthcare professional told us they were "A very good manager." We observed staff, visitors and people who used the service were comfortable approaching the registered manager.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The home worked in partnership with health and social care professionals to promote people's well-being.

Managers at the home kept up to date with developments in social care to improve the service. The registered manager had attended a Dementia Care Matters seminar, which they described as a "Powerful and inspiring day." From there they had introduced and continued to develop a current good practice model on caring for people with dementia. The deputy manager was due to attend the National Care Forum annual meeting, to keep up with good practice.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. People's experience of care was monitored through regular visits from senior managers and audits. There was an annual quality assurance audit which looked at how the service performed as a whole. The most recent one was carried out in April 2015 and commented that Carey Lodge was "An extremely well-led service."

Staff who worked at the service were supported through regular supervision and received appropriate training to meet the needs of people they cared for.

The service had a statement about the vision and values it promoted; these were displayed in the entrance area. Values included choice, fulfilment, autonomy, privacy and social interaction. We saw staff consistently treated people with dignity, respect, warmth and compassion.

The home had good links with the local community, such as local schools and visiting clergy. A local pre-school group was invited in and held a play session in the home, which had been successful. Staff had also approached a national retailer to donate items at Christmas time. As well as doing this, staff from that company were invited to watch the home's pantomime, alongside people who lived and worked at Carey Lodge. The home had also held a coffee morning for people from a nearby sheltered housing scheme, which was described as a great success.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medication. These provided staff with up to date guidance.

Staff were open about reporting any mistakes which had occurred, such as medicine errors. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised

of how to raise whistle blowing concerns during their training on safeguarding people from abuse. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

We found there were good communication systems at the service. Residents' meetings were held regularly. These provided an opportunity for communication between people who use the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The maximum and minimum temperatures of the refrigerators were not recorded to ensure medicines which needed to be stored between 2 and 8°C were safe to use. This meant medicines stored in refrigerators may not be kept in line with the manufacturer's instructions. Controlled drugs waiting to be returned to the pharmacy for destruction were not recorded in a controlled drug record book. This meant they could potentially be misappropriated. Regulation 12(2) g.