

Life Style Care plc

Derwent Lodge Care Centre

Inspection report

Fern Grove
Off Hounslow Road
Feltham
Middlesex
TW14 9AY
Tel: 020 8844 2975
Website: www.lifestylecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. During the last inspection on 18 March 2014 the provider was meeting the regulations we checked.

Derwent Lodge Care Centre is registered to provide nursing care to a maximum of 62 people with nursing care needs and/or dementia care needs, and those with physical disabilities. The service is arranged over three floors in single bedroom accommodation. At the time of inspection there were 54 people living at the service.

Summary of findings

The registered manager has been in post since November 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives were happy with the care provided and told us they felt safe and staff treated them with dignity and respect. People and their relatives were involved with the planning and review of their care, so their preferences and wishes were known.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Concerns were raised by people, relatives and staff about the service being short of staff on occasions, leading to delays in care being provided. Staff felt they were not kept informed about any action being taken to address this. The manager and deputy manager said there was ongoing recruitment of new staff taking place to address shortages.

We identified some shortfalls in the standard of records keeping particularly for risk management and wound care. This could place people at risk of not receiving the care and treatment they needed.

Staff understood safeguarding and whistleblowing procedures and knew to report concerns to the manager. Records we saw confirmed the provider followed recruitment and training procedures. Staff demonstrated an understanding of people's individual needs and wishes and how to meet them.

Systems were in place to monitor the quality of the service, however these were not always effective in identifying shortfalls, for example, with care records. People and relatives said they would express any concerns they might have, so these could be addressed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. The provider had arrangements in place to safeguard people against the risk of abuse. People and relatives were happy with the service and said they felt safe.

Risk assessments were in place for the majority of risks that had been identified for each person. Some records still needed completing to evidence where risks had been identified and assessed. This could place people at risk of people not receiving the care they required.

Staff recruitment procedures were being followed. People, relatives and staff expressed concerns that the service had been short-staffed at times, so there were delays in people receiving care, and the rosters we viewed confirmed this.

Staff understood people's rights to make choices about their care and had received training on the MCA. They were aware of the requirements of the DoLS.

Requires Improvement



Is the service effective?

The service was effective. People and relatives told us they were happy with the care provision and said staff understood people's needs and knew how to meet them. Staff had received training and updates to provide them with the knowledge to meet people's needs appropriately.

People were happy with the food provision and received the assistance they needed from staff with eating and drinking, so their dietary needs were met.

People's healthcare needs were being monitored and, where necessary, they were referred to healthcare professionals for input, so any healthcare concerns could be identified and addressed.

Good



Is the service caring?

The service was caring. People were happy with the care they received and we saw staff were caring and looked after them in a kind and friendly manner.

People and their relatives had input into care plans and people's individual interests and wishes were identified. The provider arranged activities and outings according to these.

Staff understood the individual care and support people required. We observed staff treated people with dignity and respect.

Good



Summary of findings

Is the service responsive?

Some aspects of the service were not responsive. Care plans were in place for each person using the service. However, updates had not always been completed, which meant people could be at risk of not receiving the care and treatment they needed.

People and their relatives said they felt able to raise any concerns so these could be addressed. Complaints were recorded appropriately and we found that these had been responded to in a timely way.

Requires Improvement



Is the service well-led?

Some aspects of the service were not well-led. Staff felt they were not always provided with information about issues they had raised, especially regarding staff shortages and what action was being taken to address this.

Systems were in place to monitor the quality of the service, however improvements in the auditing process were needed to ensure shortfalls were identified and addressed.

Requires Improvement



Derwent Lodge Care Centre

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including the 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.

During the inspection, we viewed a variety of records including six people's care records, four staff records, complaint records, a sample of audits for monitoring purposes and a selection of policies and procedure documents. We observed the mealtime experiences for people and interaction between staff and people and their relatives/visitors. Following the inspection we requested and received copies of the staff rosters for July 2014.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people using the service, eight relatives, two other visitors, two volunteers, the Director of Quality and Audit for the provider, the deputy manager, five registered nurses, nine care staff, the activities coordinator and four healthcare professionals who provided input for people the service. Following the inspection, we also spoke with the registered manager, who was on leave at the time of inspection.

Is the service safe?

Our findings

Two relatives and a volunteer we spoke with said there were times when there were not enough staff on duty, and they said this was mainly at weekends and sometimes at night. A person using the service told us on occasions they had to wait up to half an hour before they saw a staff member to request assistance. Another person said, “Sometimes they could do with extra staff, weekends is the problem.” Staff also commented on staffing levels, stating there were times when they were short of staff, usually when someone had called in sick at short notice. They said the service did not use agency staff and on occasions they felt they had been ‘left to manage.’ Staff said people’s needs continued to be met during these times, however said they would forgo their breaks in order to ensure people received the care they required. Healthcare professionals we spoke with confirmed staff were available to speak with them and, where required, accompany them when seeing people. During the inspection staff were available to meet people’s needs.

At the time of inspection we were given a copy of the scheduled staffing levels for the service. Following the inspection we requested copies of the worked staff rosters for the month of July 2014, so we could compare the documents. We saw that on the staff rosters on several occasions shifts had been crossed out or fewer staff had been rostered on duty than were indicated on the scheduled staffing levels document. For example, on the ground and first floors, for 25 people the scheduled staffing levels for registered nurses were two on each floor for the morning shift. On the first floor where there were 25 people accommodated, on seven mornings there was only one registered nurse on duty. On the ground floor where there were 23 people accommodated, there were nine mornings when there was only one registered nurse on duty. Fewer staff than the scheduled staffing levels listed were also identified for the care staff on several shifts on each of these two floors. The staffing roster for the second floor was consistent with the scheduled staffing levels document.

We discussed the staffing issues with the deputy manager, who said they were aware of the problems and additional nursing and care staff were being recruited. We also discussed this with the manager following the inspection who said recruitment was an ongoing process, with the aim of covering vacancies promptly when they occurred. Our

findings in relation to staffing indicated there were occasions when people had to wait for assistance, however overall people’s needs continued to be met during times of staff shortage due to the commitment of the staff on duty.

One relative told us when there had been concerns about the care their family member received, this had been acted on and addressed to ensure the person was safe and not placed at risk. People and relatives said the call bells were answered promptly.

We looked at four staff records. The records showed the provider had carried out various checks to assess the applicants’ suitability before they were offered employment to work with people using the service. The checks included criminal record checks, references including those from previous employers, proof of identity and right to work in the UK.

Care records had assessments in place where risks were identified so the level of risk was assessed and interventions planned to minimise these. These included risks in relation to moving and handling, use of bedrails, choking, developing pressure ulcers, malnutrition and falls. The majority of the documents viewed had been reviewed monthly so that they were kept up to date. In one of the six set of care records viewed, some of the risk assessments did not reflect changes to a person’s condition and the information had not been updated. In addition, we saw two people with wheelchair lap straps in place and staff explained this was for their own safety as they were at high risk of falls. Whilst records identified that interventions to minimise risks and to consider best interests had been discussed with the person or their relative, the providers risk assessment document had not been completed. We discussed this with the deputy manager who said these would be actioned so the correct documentation was in place for staff to refer to.

Policies and procedures for the MCA and DoLS were in place and the deputy manager told us the provider was in the process of updating these in light of a recent supreme court judgement. The deputy manager demonstrated an understanding of MCA and DoLS. Staff said they had undertaken training on the MCA and the majority of staff were aware of their responsibilities in relation to DoLS and to always act in a person’s best interests. We heard staff offering people choices, for example, if they wanted to participate in activities. We saw evidence that showed

Is the service safe?

where people were not able to make complex decisions, meetings were held with people's relatives or an advocate to support them so decisions were made in their best interests.

Relatives told us they felt their family members were safe in the home and well looked after. One person who used the service confirmed they felt "very safe" living in the home and another said, "They've all been so nice." One relative said they often asked their family member, "Are they [the staff] nice to you?" to which they had replied "Yes."

Staff had received training in safeguarding adults. We gave staff safeguarding scenarios and they said they would

report any concerns to the nurse on duty and/or the manager. Staff were aware of whistleblowing policies and procedures, however some staff did not know about reporting safeguarding concerns to outside agencies, for example, to the local authority. Policies were in place for safeguarding and whistle blowing and an abuse awareness poster supplied by the local authority was displayed in the staff area. CQC notifications had been completed by the manager for any safeguarding concerns and the management understood to report these to CQC and the local authority safeguarding team so the appropriate action could be taken to protect people who used the service.

Is the service effective?

Our findings

We asked people and relatives if they felt staff had received training to carry out their roles effectively. One person using the service said, “Everybody’s very nice, they try to do a lot for us.” One relative said, “Amazing care, they look after [relative] so well here. They’re good with everyone else, residents and relatives. The staff deal brilliantly with aggressive residents. They are so caring, they care about you too, they offer you a cup of tea/coffee, lunch. They know how to deal with people.”

Information in the PIR identified that in the previous 24 months all staff had carried out training and updates in topics identified as mandatory by the provider. This included moving and handling, fire safety, health and safety and food safety. The training information also showed that the majority of staff had received training in topics specific to people’s needs, for example, dementia awareness, pressure area care and challenging behaviour. The records also showed that twenty six care staff held a recognised qualification in health and social care. Staff we spoke with confirmed they had received regular training and the training they received was good and helped them to understand the needs of people and how to meet them effectively.

Staff also had regular one to one meetings with their line manager and annual appraisals. Records seen and staff we asked confirmed these took place, so their practice could be reviewed and any training needs identified.

People and visitors expressed satisfaction with the food provision at the service. People confirmed they were offered a choice of two meals at lunchtime. We saw there was a four week menu and choices were available for each meal. Comments about the food from people included, “The food is good. There’s quite a good variety.” and “The food is fabulous, I’m putting on weight!” Comments from relatives included, “[Relative] loves the food.” and “The food looks very good.” Visitors said they were offered refreshments when they were at the home. One relative said if they visited at mealtimes, the staff offered them a meal, so they could share a meal with their family member.

We observed lunchtime on two floors. Staff were interacting with people, encouraging them to eat and where needed, providing them with support with meals. We observed staff checking on people in their bedrooms and making sure they had plenty to drink as the weather was warm and people could be at risk of dehydration. Relatives confirmed that staff frequently encouraged their family members to drink plenty of fluids. We saw staff giving out evening drinks and snacks were available for people if they needed them during the night, so food and drink was available to people at all times.

Food and fluid charts we looked at showed that these were completed appropriately for people at risk of poor nutritional intake. Staff were aware of the importance of accurately reflecting people’s intake and said they would report any concerns to the nurse so that action could be taken when necessary to meet people’s needs. People were weighed monthly, and if concerns were identified the person was referred to the GP and/or dietician for input. For one person who had been identified as losing weight, we saw in their records they had been referred to the GP and prescribed nutritional supplements. One healthcare professional confirmed staff were prompt at referring people who had lost weight and followed instructions appropriately to support people with their needs.

Relatives said their family member saw healthcare professionals as and when they needed to. People had been referred appropriately for care and treatment and staff were available to provide support when they visited. The private chiropodist was visiting on the day of inspection and the deputy manager said he would ensure the people were seen. Healthcare professionals we spoke with said people were referred to them in a timely manner for care and treatment, so their changing healthcare needs could be met. One healthcare professional commented that staff had not always been up to date with a person’s condition when they had asked for information. They said they had fed this back to the manager and the situation had improved.

Is the service caring?

Our findings

The majority of the people and relatives we spoke with were complimentary about the staff. Comments included, “The day staff are very cheerful, willing, I can’t fault them” and “Most of the staff are caring, especially the young staff.” However, one person said some staff “talk in their own language” which they felt was rude in front of them. This was fed back to the deputy manager who said he would speak with staff and remind them this was not appropriate.

Visitors commented on the fact that their relatives/friends were looked after well. For example, people were supported to maintain a high standard of personal care to promote their self-esteem. We saw staff treating people with kindness and in a friendly way. We observed staff interacting positively with people, explaining to them if they were going to carry out a task. For example, when moving someone in a wheelchair, and encouraging people to be independent. There was a good atmosphere throughout the service and relatives and visitors were made welcome.

Most relatives and some people we spoke with confirmed they had been involved in the development and review of their care records, so they could express their views and have these included in the way care was planned. Some

said they received copies of their family member’s care plan so they could see what information was recorded to ensure it was accurate. The provider also monitored the involvement of people or of their relatives, in the development and review of care plans through audits to promote this practice within the service.

The provider considered people’s diverse needs in the care records so these were accounted for. The service had input from religious representatives, to meet people’s religious and spiritual needs. The manager said if people had cultural dietary requirements, these were also met. Arrangements were also in place to ensure people’s wishes were respected in relation to whether they wanted to be cared for by a female or male care worker. A male member of staff confirmed this and said they respected people’s wishes with regard to this.

Staff had received training in customer care and we observed staff treating people with respect, knocking on doors before entering rooms and speaking politely with people. All the bedrooms were single occupancy and people could choose to have their door open or closed, and this was respected. One healthcare professional told us, “The care they provide is good, compassionate and they understand people’s needs.” Another observed that staff were polite and respectful to people.

Is the service responsive?

Our findings

We saw when looking at care records that some care plans had not been reviewed regularly so these were kept up to date with people's changing needs. For example, one person's continence care needs had changed. This had been recorded in the care plan review section, however the care plan had not been updated to reflect the change, so staff reading the care plan document would not be aware of the changes. Where people had been seen by the tissue viability nurse for a review of their wounds, care plans had not always been updated with changes in the person's proposed wound care. In one case, we saw that staff were following a previous dressing regime rather than the latest advice given by the tissue viability nurse. This meant people were at risk of not receiving appropriate care and treatment because care plans had not been updated appropriately to reflect people's current needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Relatives told us that staff carried out an assessment of their family member's needs and asked about their preferences and daily routines prior to their admission into the home so staff could plan their care appropriately. They also said staff promoted their family member's independence and respected their choices. For example, if they preferred to stay in their bedroom, this was respected by staff. We viewed two pre-admission assessments that had been carried out for people and noted that these had been appropriately completed.

People and their relatives were invited for care reviews so they were involved in this process and could share their views about the standard of care people received. We saw copies of letters inviting people's relatives to a care review with their family members. Our findings showed that staff did always act promptly on new information they received. Two relatives we spoke with identified aspects of night care that were causing them concern. They said they had previously met with staff to discuss these but did not feel the issues had been addressed appropriately. The Director of Quality and Audit was visiting the service on the day of

our inspection. He spoke with the relatives and said reviews would be arranged to address the concerns, to ensure people's needs were being identified and responded to as required.

Relatives said they had completed a satisfaction survey to give their views about the quality of the service. We saw the results of the last survey which had been carried out in November 2013 and noted that action points had been identified to address areas that needed to be improved.

The provider arranged quarterly meetings for people using the service and their relatives, which were advertised in the service. This provided people and their relatives with the opportunity to express their views about the service. The last meeting for people and relatives had included training in dementia awareness, and the manager said this had been well received.

The activities co-ordinator told us they had received dementia training and arranged activities to suit every person's needs and interests. She said she met with new people to see if they or their relatives could provide information about their hobbies and interests, so they could plan a range of activities each day according to people's wishes.

Information about planned outings was displayed and people and visitors confirmed trips were organised on a regular basis to local places of interest. There was also a programme of weekly in house activities and entertainments on offer. On the day of inspection bingo and karaoke sessions took place, organised by a volunteer. We saw people were enjoying the experience. People could also sit out in the garden if they wanted to and people and relatives/visitors told us they liked spending time there. A garden party had recently been organised, and people said they had enjoyed it.

A copy of the complaints procedure was on display in the service. We viewed the complaints file. Complaints received had been recorded and the complaints procedure had been followed when responding to the complaints. The records showed that complaints were investigated and responded to in a timely way. Relatives and visitors told us if they had any worries or concerns they would feel able to talk these through with senior staff and/or the management.

Is the service well-led?

Our findings

The provider had systems in place to audit the quality of service people received. These consisted of two audits which were carried out bi-monthly. Between the two audits they covered all aspects of the service. The audit carried out in May 2014 had identified shortfalls in training. As a result of this finding, training sessions had recently taken place in topics including food hygiene, infection control, dignity, diet, nutrition & wellbeing and venepuncture. This showed action was taken to address shortfalls identified by the provider's auditing processes. However, the audits had not always been that effective as these had not identified the shortfalls we found during this inspection with the updating of the care records, and the deputy manager was aware the care records were overdue for full audit reviews. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff said the manager was approachable and there was teamwork in the service. However, two staff said they felt the stress they experienced when there were staff shortages was not always being recognised by the management. Staff confirmed they met as a team on each floor with the registered nurse but did not have regular meetings with the manager. Therefore, they were not sure what was happening with regards to filling staff vacant posts or addressing the shortages of staff that occurred on some occasions. We fed this back to the manager who said they did not routinely attend the unit meetings, however if there was a specific issue to discuss then she would attend. She said she would keep staff informed about the ongoing recruitment to reassure them this was taking place.

Overall the comments we received from people, relatives and other visitors we spoke with about the service were positive. These included, "Can't fault this place.", "When I

came here it was like heaven, I'm very happy here.", "It's alright, I can't fault it. I've got no complaints whatsoever.", "On the whole I would rate it highly." and "The atmosphere is very nice here." There were some who felt staff attitude was sometimes an issue. One person said, "There are those that go the extra mile. Others haven't got the feeling for the job." One relative told us they felt the management were not proactive with discussing and ensuring they were happy with the care their relative received. The manager said she would work to improve communication with staff, people and relatives. People knew the staff on each floor and we observed staff worked as a team to meet people's needs.

Initiatives were in place for staff to care for people according to current good practice. For example, recent dementia awareness training had taken place across the staff sectors. Dementia awareness training had also been provided at a recent relatives meeting. We received positive feedback from staff and relatives, who felt the training had helped them have a better understanding of dementia and how to care for people with dementia care needs.

Accidents had been recorded and we viewed a sample of the accident forms, which had sections to record the accident, any action taken and an evaluation section for the manager to complete. We noted some of the forms for accidents that had occurred in June 2014 had not been evaluated by the manager. We fed this back to the manager so they could address this. Accidents were also audited by the provider as part of the bi-monthly auditing regime, and this included reviewing if there were patterns or trends to the accidents so action could be taken to prevent these. Complaints and safeguarding incidents were analysed to identify themes so appropriate action could be taken to improve the quality of the service.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services were not protected against the risks of receiving inappropriate or unsafe care and treatment because the planning and delivery of care and treatment did not always meet service users' individual needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not have effective systems in place to monitor the quality of the service delivery.