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Feltwell Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service: Feltwell Lodge is a residential care home that was providing personal care and accommodation to 34 people aged 65 and over in the care home at the time of the inspection. Some people were living with dementia.

People's experience of using this service: Improvements had been made to the service following our previous inspection in January and February 2018 to address concerns and one breach of Regulations of the Health and Social Care Act 2008. The risks to the quality and safety of the service were identified and acted on.

There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe, and people had access to appropriate equipment where needed. Peoples were supported to take their medicines safely.

Staff had received appropriate training and support to enable them to carry out their role safely. Support was provided to people so that their health was well managed and staff had positive links with healthcare professionals which promoted wellbeing for them. Staff sought peoples consent before providing them with care and worked within the guidelines of the Mental Capacity Act 2005.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this.

People's records clearly identified support needs and preferences. Staff provided effective care for people which met their needs through person-centred care planning. Records accurately reflected the care that people had received. People actively participated in a range of enrichment activities. Complaints were managed in line with the providers stated procedure.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. Staff were motivated and enjoyed strong team work, they felt well supported by the registered manager and management team. People and their relatives told us that they were visible, open and approachable.

More information is in the full report.

Rating at last inspection: Requires improvement (report published May 2018). At this inspection the service has improved it's rating to Good.

Why we inspected: This was a schedule inspection based on our previous rating. The service has improved its rating to good in all key questions.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Feltwell Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector, one assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Feltwell Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had an established registered manager. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. Inspection site visit activity took place on Monday 20 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority who pay for the care of some of the people using the service. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.

We spoke with four people who used the service and three relatives.

We also spoke with eight members of staff including the registered manager, care manager, carers, the activity co-ordinator and domestic staff.

We conducted observations of how people received their care in communal areas of the service. We used the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to people who used the service.

We also looked records relating to the management of the service, policies and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection in January 2018 we identified the registered person had not done all that was reasonably practicable to identify risks to service user's health and safety and mitigate those risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.
- The service assessed risks to people's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition, for example.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.
- Evidence was available to show that when something had gone wrong, the registered manager responded appropriately and used any incidents as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
- People we spoke with told us they felt safe. One person told us, "I know I'm quite safe here, they are very careful when I need to move." Relatives confirmed this, one told us, "[Family member] is well cared for, he's safe here, I feel quite happy with him being here."

Staffing and recruitment

- The provider ensured there were enough staff available to ensure people received support in a timely way. People we spoke with and our observations confirmed this. A tool was used to monitor the number of staff required, based on people's needs.
- We saw staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- Staff giving people their medicines had received training and had their competence assessed to ensure they handled their medicines safely.
- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them, or they were no longer required. Records of administration were accurate, regular checks to ensure these were completed were carried out, alongside checks of stock levels.
- When people were prescribed medicines on a when-required basis, there was written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately.

Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed, and people told us staff practiced good infection control measures.
- The service was kept clean. Carpets and flooring that received heavy soiling were replaced to prevent malodour. Surfaces in communal areas such as lounges, bathrooms and dining rooms were cleaned very frequently.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person. A relative told us, "The manager spent a long time with us before [family member] came, and we filled in a form, so they know a lot about what she likes and doesn't like."
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- The registered manager had made improvements since our last inspection to ensure people were supported by staff who had received training relevant to their roles. This included specialist experiential dementia training for all staff. Staff told us they received extensive training in all areas of their role, which gave them the confidence to do their job well.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care as well as higher level national vocational qualifications.
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns and training and development needs.
- Staff had been given small handbooks to carry with them with quick reference essential information on topics such as manual handling principles, common core principles of dignity and care, safeguarding and principles of the mental capacity act.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice and access to enough food and drink throughout the day; food was well presented, and people told us they enjoyed it.
- Where people were at risk of poor nutrition and dehydration plans were in place to monitor their needs and professionals were involved where required to support people and staff.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for. For example, one person told us they needed a specific diet that needed to be strictly followed to manage a serious health condition. They told us that, "Staff stuck to this plan without fail."

Adapting service, design, decoration to meet people's needs

- People were supported to make their own room homely with their own belongings. People had call bells in their rooms to summon help and equipment, such as hoists, were available to meet people's needs.
- The home had been adapted to meet the needs of people with mobility support needs, including the installation of lifts, ramps and easy access bathrooms.
- Improvements had been made since our last inspection. For people living with dementia, signage in line with best practice guidance had been installed. Contrasting décor of handrails and doorways, including bedrooms were in place to aid people's orientation and navigation around the service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals.
- People and their relatives told us that healthcare support was arranged without delay, and that visits by community healthcare professionals were organised and facilitated.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided. One person told us, "The staff are always polite and ask what I want, for example tea or coffee, they don't simply assume things."
- People were supported by staff that knew the principles of the MCA. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "They treat [family member] as a person, they are kind and never seem to be in a hurry." One person told us that they liked staff and they, "Make me laugh."
- People said staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required. One relative told us, "[Family member] has been here since last year, its still largely the same [staff] faces and they are a great team. There's a friendly atmosphere, and they just give a feeling of competence."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us, staff knew their preferences and used this knowledge to care for them in the way they liked. Our observations confirmed this.
- People told us staff were very kind and treated them with respect. We witnessed many positive interactions between staff and people they supported which were warm and friendly. Staff prioritised people's emotional wellbeing, ensuring that people were given the time they needed to express themselves or communicate what they needed.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were offered choices and felt in control of the care they received. People told us that the registered manager and senior staff regularly asked them for their views.
- Relatives and those who had been legally appointed to represent the views of people were involved in contributing to planning and reviewing of people's care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was promoted. People gave us examples of how staff helped them to maintain their dignity. People told us that they were offered choices and felt in control of the care they received.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People were supported to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to this. One person told us, "The staff know what I can do for myself and where I need a bit of help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements had been made since our last inspection in the information detailed in people's care plans regarding conditions such as dementia. These plans now clearly identified the support staff needed to provide for people, including the triggers that could cause the person distress or confusion.
- Since our last inspection, an activities co-ordinator who was experienced in the needs of people living with dementia had started in post. They provided a range of adaptable activities suitable for people's needs. They were given the time by the provider to research best practice guidance and be an active member of a forum of staff in similar positions in other homes, which shared ideas and experiences. Activities provided were reviewed by the staff member to assess their value to people and popularity.
- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- People told us the service was responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require.
- Care plans highlighted individual needs and preferences and included detailed person-centred information. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well. We saw several cards and letters of appreciation that had been sent to the registered manager, thanking them and staff for the care that had been provided to a family member at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences. People and their relatives were very satisfied with the quality of care provided at Feltwell Lodge
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager and staff were clear of their requirements to notify the relevant bodies as and when they were required to do so.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider demonstrated an open and positive approach to service development. Improvements had been made following our previous inspection to ensure regulatory requirements were met. They had a service development plan underway that included long term investment and improvements.
- The registered manager had reviewed the way in which quality assurance was monitored since our last inspection. They had implemented a new system which was undertaken by the providers quality officer. They showed us the systems they used and how this had given greater oversight of potential risks to people and the implementation of any changes needed for people's care.
- The registered manager had taken steps to improve and develop their own and the staff's team best practice knowledge to support improvements in the service, particularly in dementia care.
- Staff told us they felt listened to and the manager and provider was approachable. Staff were motivated and worked as a team to deliver high standards. Team meetings were held, and the minutes showed staff discussed people's needs.
- Staff spoke positively about the support they received from the management team. They told us that the registered manager was supportive, visible and approachable.
- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities and had confidence in the management team. There was good communication maintained between the management team and staff, staff told us they enjoyed strong team work and good morale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives told us they were encouraged to comment on the care delivered to them.

People also told us they could simply speak with staff if there was anything they wished to discuss or change. One person told us, "[Registered manager] keeps his eye on things and works with his staff."

- People and their relatives had completed a survey of their views and the feedback had been used to continuously improve the service.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.