

Cleveden Care Limited

Teesdale Lodge Nursing Home

Inspection report

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Date of inspection visit:
01 August 2018

Date of publication:
13 September 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 1 August 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in November and December 2017 and was rated requires improvement. At that inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance, staffing levels and the management of medicines. We took action by requiring the provider to send us action plans setting out how they would improve the service. We also met with the provider and registered manager after the inspection to discuss their plans. When we returned for this inspection we found that the provider was no longer in breach of regulation, though further and sustained improvement was needed in relation to medicines management, wound and skin care and good governance.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Teesdale Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Teesdale Lodge Nursing Home accommodates up to 40 people. At the time of our inspection 21 people were using the service.

There was a registered manager in place. 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 made recommendations on medicine management, skin and wound care and reviewing the mealtime experience at the service.

Staffing levels were based on people's assessed levels of dependency. The provider's recruitment processes minimised the risk of unsuitable staff being employed. Risks to people were assessed and plans developed to reduce the chances of them occurring. Plans were in place to support people in emergency situations. People were safeguarded from abuse. Systems were in place to keep the premises clean and tidy and ensure effective infection control.

Improvements had been made to make the premises easier to use and more comfortable for people living there. Staff were supported with regular training, supervision and appraisal. People 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. People were supported with food and nutrition. Staff worked with various healthcare and social care agencies and sought professional advice to ensure that the individual needs of people were being met.

People spoke positively about the support they received from staff, who they described as kind and caring. Relatives also praised staff and the quality of the support they provided. We saw numerous examples of kind and caring interactions during our visit. People were treated with dignity and respect. Staff supported people to maintain their independence and do as much as they could and wished to for themselves. At the time of our inspection one person was using an advocate. Policies and procedures were in place to support people to access advocacy services where needed.

Support was based on people's assessed needs and preferences and were regularly reviewed. The registered manager and provider were working on improving activities provision at the service. Policies were in place to investigate and respond to complaints. Procedures were in place to provide end of life care where needed.

Governance processes had improved but further and sustained improvement was needed. Staff spoke positively about the management, culture and values of the service and said morale had improved since our last inspection. Feedback was sought from people and relatives. Since our last inspection the registered manager had worked to create and expand community links for the benefit of people living at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We made recommendations in relation to medicines management and wound and skin care.

Risks to people were assessed and action taken to address them.

Policies and procedures were in place to safeguard people from abuse.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Requires Improvement ●

Is the service effective?

The service was effective.

We made a recommendation about how the service managed mealtimes.

Staff were supported through regular training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives.

People were supported to access external professionals to maintain and promote their health.

Good ●

Is the service caring?

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Good ●

Is the service responsive?

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

End of life care was provided based on people's assessed needs and preferences.

People were supported to take part in activities they enjoyed.

Good ●

Is the service well-led?

The service was not always well-led.

The service had improved in several areas but further and sustained improvement was needed.

Staff spoke positively about the culture, values and leadership of the service.

Feedback was sought from people using the service and their relatives and was acted on.

Requires Improvement ●

Teesdale Lodge Nursing Home

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 was planned to check 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 1 August 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector, a pharmacist inspector, an assistant inspector and a specialist advisor nurse.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by Teesdale Lodge Nursing Home.

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

We looked at three care plans, four medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the registered manager, two administrators, the kitchen manager and four care staff. We spoke with one external professional who works with the service. We looked at three staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

At our last inspection of the service we found the provider was not managing medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action by requiring the provider to send us an action plan setting out how they would address this issue. When we returned on our latest inspection we saw that the management of medicines had improved and the provider was no longer in breach of regulation. However, we also found that further and sustained improvement was needed.

Medicines were managed safely for people and most of the records we looked at for oral medicines had been completed correctly. Medicines were safely and securely stored, including prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse.

We did find that liquid medicine stock levels were not always accurately recorded. Topical Medicines Administration records (TMARs) were in place to guide staff in the application of creams. Whilst all creams we looked at had TMARs in place we found that on some occasions the creams had not been applied as prescribed. We also found staff did not always record when they had opened topical medicines, which have a short shelf life. Protocols for the use of 'when required' (PRN) medicines were detailed, but some needed further information on when variable doses might be needed. We looked at the processes for auditing medicines within the home; whilst the most recent audit had picked up some issues, we could not see evidence of an action plan to address these issues. This audit and the external Pharmacy audit which had been undertaken at the same time did not pick up all the issues we found on the day of inspection. Our judgment was that the service had made significant improvements in relation to medicines management, however further and sustained improvement was needed.

We recommend that the service review PRN protocols to give more guidance on variable dosing, review TMAR audits and practice and review processes around stock control.

At our last inspection we found the provider did not have effective systems in place to ensure safe staffing levels. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled staffing. We took action by requiring the provider to send us an action plan setting out how they would address this issue. When we returned on our latest inspection we saw systems were in place to monitor staffing levels and ensure enough were deployed to support people safely.

Staffing levels were now based on people's assessed levels of dependency. These were regularly reviewed, including when people's needs or circumstances changed (for example, if they were admitted to hospital). We saw that staffing levels matched those assessed as being needed. Day staffing levels were one nurse, five care assistants during the morning and four care assistants in the afternoon. Night staffing levels were one nurse and two care assistants. The provider and registered manager had worked to reduce and eliminate the use of agency staff during the day. Some agency cover was still required at night but the provider was recruiting night staff.

People told us they thought the service had enough staff. One person said, "If I ask for something it's always only one or two minutes. There is enough staff for me." Most relatives we spoke with said they were happy with staffing levels. Staff also said there were enough staff at the service. One member of staff told us, "There's always someone to help you hoist, unless they are busy with someone else." From our observations we saw that staff responded quickly to requests for help and could provide support in a calm and unhurried way.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to provide an employment history, proof of identity and details of referees who would provide written references. Finally, applicants had to undergo a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Risks to people were assessed and plans developed to reduce the chances of them occurring. These included risks around wheelchair/lap belts, personal care, moving and handling, mobility, falls, hoisting, use of bed rails, nutrition and hydration, communication, continence, skin integrity and medication administration. Health condition specific risks, such as those relating to diabetes and urinary catheter, were also monitored. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

We saw that risks relating to skin integrity and wound management were not always consistently recorded or detailed. For example, the plans for one person with wounds were unclear as to the wound dressings to be used, the frequency of dressing changes, the description of the wound and the progress being made. For another person with skin integrity risks their positional change charts were inconsistently recorded. It was also unclear what settings should be used on some people's pressure relief mattresses. We spoke with the registered manager about this, who said these matters would be immediately reviewed. Following our visit the registered manager confirmed mattress settings had been reviewed and added to people's care plans, and that checking these had been added to the registered manager's audits.

We recommend that the service consider current guidance on managing wounds and skin integrity and take action to update their practice accordingly.

Risks to people relating to the premises were also monitored. Regular health and safety checks were carried out, and required test and maintenance certificates were in place. Accidents and incidents were monitored to see if any lessons could be learned to help improve people's safety.

Plans were in place to support people in emergency situations. Fire drills were regularly carried out and people had personal emergency evacuation plans (PEEPs). There was a contingency plan in place to help provide a continuity of care in situations that disrupted the service.

People were safeguarded from abuse. Clear policies and procedures were in place for reporting concerns. Staff received safeguarding training, and records confirmed that appropriate action was taken when issues were raised.

Systems were in place to keep the premises clean and tidy and ensure effective infection control. The provider had an infection control 'champion', who attended training days with the local infection control service and shared knowledge on good practice with other staff. The service was being redecorated, and there were plans in place to review furniture and carpets and replace these if needed. One relative we spoke with told us that they had seen improvements in the decoration of the premises, saying, "It's been

redecorated."

Is the service effective?

Our findings

At our last inspection we recommended that the provider seek advice and research guidance from a reputable source about making the premises more dementia friendly. When we returned for this inspection we saw some improvements had been made to make the premises easier to navigate and more comfortable for people living there. As part of the provider's redecoration programme some additional dementia signage had been installed to help people more around the building. A previously unused communal lounge had been adapted and turned into a 'tea room' for people to use with their families. Some communal areas had been customised with photographs of people, and this work was ongoing.

People and their relatives told us staff provided effective support that responded to people's support needs and preferences. One person said, "You get whatever you want." People's records contained a pre-admission assessment of their needs before they moved into the home. This ensured staff could meet people's needs and that the home had the necessary equipment to ensure the person's safety and comfort. Care plans also reflected the advice and guidance provided by external health and social care professionals to provide effective support.

Staff received a wide range of mandatory training to ensure they could support people effectively. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This training included care planning, dementia care, equality and diversity, first and health and safety. The registered provider and administrative staff planned and monitored staff training on a chart. This showed that most staff had up-to-date training or that such training was planned. Training was regularly refreshed to ensure it reflected current guidance and best practice. Staff said they felt training gave them the knowledge needed to support people.

Newly recruited staff completed the provider's induction training before they could support people without supervision. This included completing mandatory training and shadowing more experienced members of staff to learn more about the service and the people living there. One member of staff told us they had benefited from their induction training and said, "They are still supportive if you're unsure."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss staff performance, knowledge and any support issues staff wished to raise.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 checked whether the service was working within the principles of the MCA. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Decisions were specific, in accordance with MCA principles. Records of best interest decisions showed involvement from people's family and staff.

Where appropriate, care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date, the correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. However, for some people the records had not been reviewed whenever people moved from one setting to another. The Resuscitation Council recommends that a decision about CPR is reviewed whenever a person moves from one setting to another, to ensure that the decision is still the right one for the person. We spoke with the registered manager about this, who said the records would be updated. Following our visit the registered manager confirmed that DNACPRs had been reviewed by people's GPs and that this would be reviewed as part of the admission assessment before people moved into the service.

People were supported with food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The malnutrition universal screening tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Staff monitored some people's food and fluid intake to minimise the risk of malnutrition or dehydration. The food charts recorded the food a person was taking each day and in the main included portion sizes. Fluid intake charts recorded the fluid a person was taking each day; however fluid intake goals were not recorded and totals were inconsistently recorded. We spoke with the registered manager about this, who said they would review this and remind staff of the need to do so.

The kitchen manager was knowledgeable about people's nutritional support needs and preferences and any specialist diets they needed. They were in the process of updating the menu to widen the choice available to people on specialist diets. People and their relatives spoke positively about food at the service. One person said, "I don't eat much off the menu, I will ask for something else and this is fine." A relative told us, "The pureed food is always presented well."

We observed people having lunch and saw that a lot of people were being brought in for the meals and left waiting a long time while staff supported other people. People were not asked where or who they would like to sit with and tended to sit alone, which did not promote meaningful relationship or an enjoyable dining experience. We saw staff take a person's main meal without asking if they were finished and replaced this with a dessert as they had been sat there some time.

We recommend that the service reviews its mealtime practice to see how improvements can be made to create a positive dining experience.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. These included General Practitioners (GPs), Community Matrons, Community Nurses, Learning Disability Nurse Specialists, Diabetes Nurse Specialists, Speech and Language Therapists, physiotherapists, dieticians, social workers and podiatrists. This

demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

Is the service caring?

Our findings

At our last inspection we found staff did not always have time to have meaningful interactions with people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled staffing. We took action by requiring the provider to send us an action plan setting out how they would address this issue. When we returned on our latest inspection we saw staff could spend quality time with people, and the provider was no longer in breach of the relevant regulation.

People spoke positively about the support they received from staff, who they described as kind and caring. One person told us, when speaking about staff, "I think they're wonderful." Another person we spoke with said, "I'm well looked after." A third person we spoke with told us, "Lovely place, lovely room, lovely meals, lovely carers, lovely place to be in." From our observations we saw that people were happy and enjoyed speaking with staff.

Relatives also praised staff and the quality of the support they provided. One relative we spoke with said, "Staff are excellent." Another relative told us, "[Named person] is safe, comfortable and content."

We saw numerous examples of kind and caring interactions during our visit. Staff had time to stop and chat with people as they were moving around the building, and we saw these interactions were relaxed and friendly. For example, one person was sitting in the lounge and a member of staff asked if they had read the newspaper yet. When the person said they had not the staff member brought this for them and they read it together, laughing at one of the stories. Later in the day we saw a member of staff notice a person sitting on their own and looking withdrawn. The staff member stopped and chatted with them, before bringing them a blanket to make them comfortable. We also saw a member of staff using appropriate touch to let someone know when they were speaking with them by gently stroking their head. The person responded by saying, "Thank you, you're ever so nice."

People were treated with dignity and respect. When people in communal areas indicated that they would like assistance staff stood close to them and spoke with them quietly so they would not be overheard. Staff knocked on people's doors and waited for a response before entering, and doors were only left open with people's permission. We saw staff speaking with people in a friendly but polite and professional way.

Staff supported people to maintain their independence and do as much as they could and wished to for themselves. For example, we saw staff supporting one person to move around the building by slowly walking next to them to reassure them that they were safe. Staff asked people if they wanted support before intervening to assist.

Guidance on choice and expression, including expressing sexuality, was made available to people in communal areas. We could see from conversations that staff knew the people they were supporting well and knew about their background, hobbies and interests.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's

views and preferences are heard. Policies and procedures were in place to support people to access advocacy services where needed.

Is the service responsive?

Our findings

People told us that staff were always responsive to their needs and that they could have anything they wanted. One person said, "It's got everything you need."

Support was based on people's assessed needs and preferences. Following an initial assessment, care plans were developed for people's daily needs such as physical well-being, diet, mobility and personal hygiene. These gave specific information about how people's needs were to be met. People's care plans had been written in a person-centred way and re-enforced the need to involve people in decisions about their care and to promote their independence. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's mobility care plan contained detailed guidance on how staff could support them to transfer using the hoist. This included information on where staff should stand and the steps they should follow to help reassure the person.

Care records contained 'All About Me' documents, which included details about the person's life history and things that were important to them, such as particular events or family information. This allowed staff who had not supported the person before to familiarise themselves with that person's personal preferences. During the inspection we saw that staff used this information to have personalised and meaningful conversation with people.

Communication care plans were in place. We saw specific information for staff to follow in relation to how they engaged with people to help ensure communication was effective. This approach meant staff provided responsive care, recognising that people living with communication needs could still be engaged in decision making and interaction. For example, one person's plan contained information on how staff could communicate with them using simple, short sentences and appropriate touch and gestures.

Daily communication notes were kept for each person. These contained a summary of support delivered and any changes to people's preferences or needs. This helped ensure staff had the latest information on how people wanted and needed to be supported. Handover records showed that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty at the beginning and end of each shift.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and relatives were involved in these reviews. One relative we spoke with said, "We are involved in alteration in the care plan, a sign goes up to say they've been reviewed and you're asked to go through it and sign it."

The registered manager and provider were working on improving activities provision at the service. An activities co-ordinator had recently been employed and people said they had noticed the positive improvement this had had on activity provision. Some people and relatives said more activities were needed. The activities co-ordinator was reviewing people's personal preferences and planning activities based on them.

Pictures were taken of people engaging in activities and kept in the main entrance in a photo album and electronic picture frame. These included games, visiting entertainers and parties in the service's garden. A weekly activity plan was kept in each person's room, however this was not individualised to each person, their needs and preferences. During the inspection we saw people enjoying a film and examples of staff spending individual time with people where possible.

Policies were in place to investigate and respond to complaints. There was a clear complaints procedure in place and all complaints were addressed within 28 days. A suggestion box was available and feedback encouraged in the main entrance. People and their relatives said they would be confident to raise any concerns they had. One person told us, "I'd go up to the office to make a complaint. [The registered manager] is really nice and approachable."

At the time of our inspection nobody was receiving end of life care. We saw end of life care plans in the care records, which meant information was available to inform staff of people's wishes at this important time and to ensure their final wishes were respected.

Is the service well-led?

Our findings

There was a registered manager in place. 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. The registered manager had been registered since 2016.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

At our last inspection of the service we found the provider did not have good governance processes in place. Procedures were not in place to assess, monitor and improve standards at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action by requiring the provider to send us an action plan setting out how they would address this issue. At this inspection we saw governance processes had improved and the provider was no longer in breach of regulation. However, we also found that further and sustained improvement was needed.

The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of nutrition and hydration, pressure care, falls, care plans and medicines. The provider also carried out regular quality assurance visits. Where issues were identified we saw that remedial action was usually taken. For example, following a nutrition audit a dietician referral was made for one person who had lost weight. However, we saw that these quality assurance processes had not identified or resolved the issues we found with medicines, skin integrity or wound records. We spoke with the registered manager about this, who said they would look at how audits could be further developed and improved.

Staff spoke positively about the management, culture and values of the service and said morale had improved since our last inspection. One member of staff said, "It's a nice atmosphere now." Another member of staff said, "The staff that are here are all here to bring the place back up." A third member of staff told us, "[The provider] is in quite a lot. [Named provider] has told the staff they can go to them."

Feedback was sought from people and relatives using an annual survey. This had not been due or carried out since our last inspection, but since that visit the survey had been expanded out to include external professionals visiting the service. Feedback was also sought at quarterly meetings for people and relatives and regular meetings for staff. Staff said they found these useful for sharing information.

Since our last inspection the registered manager had worked to create and expand community links for the

benefit of people living at the service. This included links with a local coffee shop, visits from a local dementia service and hosting a charity coffee morning. The registered manager told us they were always looking for opportunities to link in with other services or groups.