Fleming Care Homes Limited

Gordon Lodge Rest Home

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

Overall summary

Gordon Lodge was inspected on 16 and 18 September 2015. The inspection was unannounced. The service provides accommodation for up to 33 older people who require personal care. There are communal spaces which include two lounges and a dining room. People have access to the garden. There were 29 people living at Gordon Lodge at the time of the inspection.

The registered provider was also the registered manager and they were supported by a team leader. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers 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.

People were protected from abuse and avoidable harm. Staff were up to date with safeguarding training and knew how to report abuse. There had been no incidents or

Summary of findings

accidents since our last inspection. The provider confirmed that previous accidents had been analysed to look for patterns or trends and action had been taken to minimise the likelihood of them reoccurring.

Any personal risks to people were identified and assessed when they moved into the service and these assessments were ongoing. People's care needs were regularly reviewed, so that staff were able to manage risks and support people in ways that suited them best.

Regular checks of emergency equipment and systems had been completed and the fire risk assessment had been regularly reviewed. People had individual emergency evacuation plans.

The provider had safe recruitment and selection processes in place to make sure that staff employed at the service were of good character. There were enough staff with the skills, knowledge and experience to meet people's needs safely. Staff were supported to develop their skills and knowledge by receiving training and supervision which helped them to carry out their roles and responsibilities effectively.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the DoLS. The provider understood when a DoLS application should be made and how to submit one.

People were asked for their consent in ways they could understand before care was delivered and staff understood the requirements of the Mental Capacity Act 2005 (MCA).

People were encouraged to follow a healthy diet. People were asked about their dietary requirements and were regularly consulted about their food preferences. When needed, people's food and fluid intake was monitored to make sure they had enough to eat and drink.

Peoples' medicines were stored and managed safely. People were supported to have regular access to the doctor, dentist and optician. All appointments with, or visits by, health care professionals were recorded and advice and recommendations were followed. People had the support they needed to manage their health needs.

People's physical health was monitored and people were supported to see healthcare professionals when they needed to. The service worked in partnership with the 'over seventy five health care team' and district nurses visited daily.

Staff spoke with and supported people in a caring, respectful and professional manner. Peoples' diversity was recognised and encouraged in that individuals were supported to follow their beliefs and to live the life they chose. Staff had worked at the service for a long time and knew people well.

People had an assessment of their needs when they moved into the service which was reviewed regularly. As soon as people's needs changed assessments were updated. People had the opportunity to be involved in their assessments and in the planning of their care. Care plans included details about people who were important to them, their likes and dislikes and information on how people liked to receive their care. The service had built links with the local community and people were visited by local groups who provided activities and entertainment. People could choose from a range of activities.

Peoples' confidentiality was protected. Staff supported people to be as independent as they could be, and people were treated with respect and dignity their privacy was respected. There were no restrictions on people having visitors. People said that staff helped them to maintain their relationships.

There had been no complaints at the service since the last inspection. However, concerns were raised about the bath being broken and not being replaced. The provider told us that this issue had been addressed and a new bath had been ordered.

People said that staff met with them regularly to make sure their views about the service were heard. People, visitors, staff and relatives were asked for their opinions about the service. This information was used to develop and improve the service.

Systems were in place to audit, monitor and review the quality of care provided. Records showed that the provider had analysed the outcome of the audits and had taken action to address any issues.

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?
The service was safe.

Staff knew how to recognise, respond to and report abuse. Risks to people were identified and staff had guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

People had their medicines when they needed them and medicine was stored safely.

Good

Is the service effective?
The service was effective.

Staff knew people well and had a good understanding of people's needs and preferences.

Staff had regular training and the provider held regular one to one supervision and appraisals with staff.

People's rights were protected. Assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health needs were assessed and recorded in their care plans with actions staff should take to help people remain as healthy as possible. People's nutritional and hydration needs were met by a range of nutritious foods and drinks.

Good

Is the service caring?
The service was caring.

Staff were kind to people, and spent individual time with them. People were treated with dignity and respect and staff had a kind and caring approach.

Staff communicated effectively with people, they were attentive to peoples' needs and responded to their requests for support.

Peoples' records were stored securely to protect their confidentiality.

There were no restrictions on when people could see their visitors.

Good

Is the service responsive?
The service was responsive.

People received consistent and personalised care and support. Care plans reflected peoples' needs and choices. A range of activities of peoples' choice were available.

There was a complaints system and an easy read version was available to people. Views from people and their relatives were taken into account and used as a learning opportunity.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff were positive about the leadership at the service. There was a clear management structure for decision making and accountability which provided guidance for staff.

Staff told us that they felt supported by the provider and that there was an open culture between staff and management.

The provider completed regular audits on the quality of the service and acted on peoples' views.

Gordon Lodge Rest 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was conducted by one inspector and took place on 16 and 18 September 2015 and was unannounced.

Prior to the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

We looked at the care records of four people who used the service, three sets of staff records, and duty rotas. We spoke to most people, some of their relatives, and 12 members of staff. We also spoke to three health professionals and professionals from the local authority who were involved in people's care. We looked at policies and procedures within the service along with other records in relation to the quality of service provided.

Not everyone was able to talk with us their experiences of life at the service. This was because of their complex needs so we spent time observing staff interactions with people and the care and support provided. We looked around the service including the communal areas, peoples' bedrooms with permission, the main kitchen and the garden.

We last inspected Gordon lodge on 22 May 2014 and we found that some improvements were needed with staffing and respecting and involving people.

Good

Is the service safe?

Our findings

People told us that they were safe at Gordon Lodge. One person said, "The staff look after me well. I have no concerns about my safety; if I did, I would tell the owner and my family. I am well looked after here". Another person said, "I've always felt safe here but if I had any doubts I would tell my family and the staff". One person's relative told us, "The standard of care my relative receives is really good, I am never worried about their safety". Another person's relative said "I have every confidence in the staff and I know they keep my relative safe".

People were protected from abuse and avoidable harm. Staff were able to identify the different types of abuse such as, physical, financial, emotional and sexual abuse, and were able to describe different types of discrimination. Staff had attended safeguarding training and knew how to report abuse or concerns to the provider, team leader and the local authority safeguarding team. Staff knew how to whistle blow and knew how they could do this anonymously. They knew where the safeguarding and whistleblowing policies and procedures were and had signed to confirm they had read them. One member of staff said, "I've never seen anything to worry about, but if I ever had a concern I would report it straight away".

Risks to people, staff and the environment were regularly assessed and reviewed and action was taken to adjust how risks were managed when a change was needed. There were risk assessments for inside the service and for when people went out. Risk assessments included both actual risks and predicted risks. Risk assessments were up to date. Staff told us that risks were discussed on a daily basis during the hand over. For example, district nurses and other health professionals from the 'over seventy five team' visited on a daily basis and anyone who may be at risk from pressure areas or leg ulcers were discussed with the staff team at intervals throughout the day. One person needed attention for their leg ulcer and was in their room. Their risk assessment said that they should be checked every half hour to make sure they had everything they needed and that they were comfortable. We observed that they received the care they needed.

Before our inspection we received a concern about the lack of bathing facilities at the service as the bath was broken and could not be used. The provider had experienced difficulty in getting the bath repaired and had ordered a new one. People had not had a bath for a while and were having to have strip washes every day. They told us they were happy with this arrangement and knew the new bath would be fitted soon. Visiting health professionals confirmed that no one had suffered any ill effects from not being able to have a bath and that people were 'receiving a good standard of care'. After the inspection the provider told us the new bath had arrived and was in use.

There had been no recent accidents or injuries to people. The provider had a process in operation to respond and learn from incidents if they occurred. They had responded to previous incidents by investigating the circumstances of the situation and reviewing risk assessments to reduce the likelihood of it happening again.

There were procedures in place for emergencies, such as, gas / water leaks and fire. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Each person had a personal emergency evacuation plan (PEEP) which set out the specific physical and communication requirements that each person had, to ensure that staff knew how to safely evacuate people from the service in an emergency. The fire risk assessment was regularly reviewed and was up to date.

There were enough staff on duty to meet people's needs. The provider made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. One to one staff support was provided when people needed it. There were 29 people using the service and staffing rotas showed there was a minimum of eight care staff on duty. Care staff were supported by a domestic, cook and laundry person who were also trained carers so they could help if the service became short staffed through sickness or annual leave. In addition, the provider and head of care were at the service on a daily basis to offer help, advice and support.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. When new staff were appointed, they completed an application form, gave a full employment history, completed a health check declaration and had a formal interview as part of the recruitment process. New staff were checked to make sure they were fit to work at the service and Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment checks

Good

Is the service safe?

included obtaining two written references from previous employers and people's identity and qualifications had been verified, whilst any gaps in employment history had been explained.

Staff followed the medicines policy and procedures so that people were protected against the risks associated with the unsafe use and management of medicines. Medicines were given to people by two members of staff who had received medicine administration training. Staff made sure people were given their prescribed medicines and that medicine administration records (MARs) were completed correctly. Staff gave people drinks and waited with them until they had taken their medicine. The medicines were administered as instructed by the person's doctor which was clearly recorded on the record sheet and people received their medicines when they needed them. There was a recorded procedure for each person when they requested pain relief should they need it. Staff told us they were aware of any changes to people's medicines and read information about any new medicines, so that they were aware of potential side effects.

All medicines were signed into the service and were checked. Medicines were stored and returned safely. This included a documented receipt book so medicines could be safely returned and signed off by the pharmacy. Only minimal stock of 'over the counter' medicines were held at the service. The team leader completed a medicines audit on a monthly basis. If any concerns were identified these were addressed with the individual members of staff.

Good

Is the service effective?

Our findings

People told us that the service was effective. One person said, "The staff are very attentive to my needs". One person's relative told us, "The staff are so good with my relative and really understand their needs. My relative always looks smartly dressed because the staff pay attention to detail".

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included fire awareness, first aid, administration of medicines, safeguarding, understanding the MCA, infection control and moving and handling. Staff had completed training in dementia awareness to help staff understand some people's specific needs and staff told us they were supported to complete nationally recognised qualifications.

The provider was in the process of changing the induction process so it would include the new Care Certificate, which is an identified set of standards that social care workers adhere to in their daily working life. Staff attended training during their induction period and worked closely with other staff until they were assessed as competent. Staff were asked to feedback on their induction process to make sure all areas had been covered effectively.

Staff had regular supervision meetings with a line manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about career development for the next year. One member of staff said, "We have formal supervision regularly but we can go to the team leader at any time if we are not sure about something, so guidance is always available".

Staff had received training and understood the requirements and principles of the Mental Capacity Act 2005 (MCA). People's capacity to consent to care and support had been assessed. Staff asked people for their consent before they offered support. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was made in the person's best interests. Some people did not have the capacity to make important decisions, for example, about the need to take certain medicines. When this happened people's representatives and families attended a meeting to decide if the medicine was necessary and taking it was in the person's best interest.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by making sure if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The provider was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangements for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. Because of this, the provider had applied to local authorities to grant DoLS authorisations. Applications were under consideration by the local DoLS office at the time of the inspection.

People were supported to have enough to eat and drink. People's nutrition and hydration needs were regularly assessed and reviewed. Action was taken to meet people's needs, such as being referred to the dietician and their recommendations were followed. People were monitored when necessary and their weight, food and fluid intake charts were completed correctly and were up to date.

People were offered a choice of meals from the menu each day. Staff knew the foods that people liked and offered these to people as alternatives if they did not want what was on the menu that day. People said their likes and preferences were catered for and they were never given anything that they did not like. One person said, "The food is really good and we have lovely cakes". People's suggestions about meals they would like to see on the menu were listened to and provided. Menus were balanced and included fruit and fresh vegetables. Staff were knowledgeable about special dietary requirements and people had the nutrition they needed.

People were supported to maintain good health and received on-going healthcare support. People's health needs were assessed and recorded in their care plans. These included actions staff should take to help people remain as healthy as possible. Health care professionals were involved to make sure people had the support they needed to stay as healthy as possible. Some people said they had their own mobile phones and could contact their

Good

Is the service effective?

doctor when they wanted to, whilst other people's doctors were contacted by the team leader and staff when needed. Staff were aware of when doctors had been contacted and all visits and recommendations were recorded. Some people were visited by district nurses to change dressings or to take blood samples. People and their relatives told us that they had no concerns about the health care provided by the service.

Good

Is the service caring?

Our findings

People told us they were well cared for. One person who spent time in their room said, "They [staff] are so lovely, they make sure I don't get lonely, they pop in throughout the day just to ask me how I am. Sometimes you just need someone to smile at you and they always brighten my day". One person's relative said, "At first I visited every day to make sure my relative was ok, but the staff here have given me my life back. They keep me up to date with everything and I couldn't be more confident that my relative gets the care they deserve".

People told us that the staff were caring and that although staff were busy they were always ready to give reassurance or have a quick chat with people if they saw they were getting anxious. We observed one person become a little confused and disorientated after having a sleep in the afternoon. Staff were attentive to the person and offered reassurance whilst holding their hand until the person was fully awake and settled.

Staff had worked at the service for a long time, with some staff being there for over 20 years, and staff knew people well. They told us about people's personal histories and how they liked to receive their care. One person's relative said, "Staff are always polite and courteous they make sure things are explained to my relative and make sure I am kept up to date with everything. They ask a lot of questions about my relatives past so they can have something relevant to talk about when they are seeing to them".

Staff respected people's diversity. The provider had arranged for religious representatives to visit the service regularly and recognised people's different spiritual and cultural needs. One staff member said "Everyone is different and has different wishes and needs and we do everything we can to support peoples diversity". Another member of staff said "People should be in control of their own care if they can. If they are not able to make choices for themselves we make sure relatives are as involved as possible". People told us that they felt listened to, "One person said, "Sometimes I just want to be left alone they respect that here. Staff might come back and try again to help me with the things I need, but they don't push it, they respect my views. They know I will ask for help when I'm ready".

Visitors to the service told us that there were no restrictions on when they could visit people. One relative said, "I come whenever I want to and I am always made to feel welcome".

People's privacy was respected. When people had visitors staff asked them if they would like some privacy and if this was the case they helped the person to somewhere more private or to their room if they wished. Staff knocked on peoples' doors and requested permission before meeting people's needs. Staff protected peoples' confidentiality by making sure care records were locked away and did not discuss peoples' care in communal areas or in front of other people.

Good

Is the service responsive?

Our findings

Before people moved into the service their needs were assessed to make sure the staff could provide the care they required. People said they were invited to visit the service before deciding if they wanted to move in. Additional assessments of people's needs, along with discussions about how they liked their care and support provided, were ongoing to find out what people could do for themselves and identify changes in people's needs to make sure they had the support they needed to keep them safe and healthy. This information was used to plan peoples' care and support.

Peoples' care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history to help staff get to know them and provide their care in the way people preferred. One person said, "I am fully involved in my care and the staff make sure they tell me if any changes need to be made, they are very professional".

People were encouraged to maintain their independence. Peoples' care plans included independence assessments which were discussed with the person and updated regularly. These assessments gave staff information on what people could do for themselves. For example, one person's assessment said that they liked to help to set the table at lunch time and fold the napkins. We observed that staff encouraged them to do this. The person told us that they 'liked to feel useful and that the staff made them feel that they were appreciated'.

Various activities of people's choice were available to them. These included regular chair exercise classes, art sessions, and music therapy. Some people chose to attend day services such as Age UK. The provider had built links with local community organisations and the home was visited by a local theatre company, the Salvation Army choir and "Active Lives, Active Minds". People said that they had plenty to do and were happy with the level of activities on offer. One person said "I don't really get involved in the activities as there is nothing I am interested in. The staff have tried to get me involved, but it's my choice and they respect that".

People were encouraged to maintain their relationships and some people had formed strong friendships with each other since moving into the service. Relatives said that the team leader and staff were always welcoming and encouraged them to visit as often as possible and there were no restrictions on when they could visit.

There was a complaints and suggestion box in the entrance hall and we overheard people being encouraged to share their views. The provider said that although they had not had any complaints since the last inspection they encouraged constructive criticism from people and visitors as this helped to make improvements to the service. The complaints procedure was displayed and there was information on who complaints should be addressed to, including the Care Quality Commission and the local ombudsmen. Regular meetings gave people the opportunity to raise any issues or concerns. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service. One person's relative told us "All I have to do is mention something and it's done. My relative was not wearing their hearing aids on one occasion when I visited. I just mentioned this is passing to the team leader and now they always check to make sure they are wearing them. Another relative said, "I am very grateful for my relative's care, I have no need to complain, but if I did, I know I would be listened to".

Good

Is the service well-led?

Our findings

People said that they and their relatives were involved in developing the service and were asked to give feedback on a regular basis. A relative said "The provider told me that they had tried sending out surveys but got a poor response, so now they ask us [relatives] to email them with suggestions". People had regular meetings and the minutes showed that peoples' views had been listened to and were used to develop the service. For example, people had said that there were not enough chairs for visitors. They told us that when they mentioned this, the provider made sure more chairs were available. The provider had plans to expand the service. People had seen the plans of the extension and had been asked their views. One person said, "I don't want the place to get too big but the provider reassured me that it would keep its homely feel".

Staff told us that there was a culture of openness. They said that they were encouraged to be open and honest during staff meetings. The provider said, "I reassure them that constructive criticism and suggestions are always welcome and will be listened too". Staff felt comfortable to make suggestions and the provider had acted on these. For example, staff suggested that having set areas allocated for cleaning meant that some areas were not being cleaned as thoroughly. Cleaning schedules had been changed to make sure all areas were kept to the same standard of cleanliness.

Staff were aware of the vision and values of the service which were to maintain people's independence, to treat people with dignity and respect and to meet peoples' needs in the way they chose. They told us that the provider and the team leader gave staff regular feedback about their performance and they felt valued. Communication between staff took place through regular meetings and handovers between each shift. At staff meetings any changes in peoples' needs were discussed.

A range of quality assurance audits were completed to monitor the standard of the service provided. Health and safety checks and audits were carried out regularly in areas such as, the environment, records, staff training and medicine administration. The provider carried out monthly audits and produced reports that had actions allocated to staff to complete to improve the service. For example, we saw questionnaires that staff had been asked to complete after they had completed the induction process to see how it could be improved. Records showed that checks had been made to make sure that any actions needed from the audits and quality assurance process had been followed up and rectified within the stated timeframes.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in line with CQC guidelines.