

Qualia Care Limited

Downshaw Lodge

Inspection report

Downshaw Road
Ashton Under Lyne
Lancashire
OL7 9QL

Tel: 01613307059

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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

Downshaw Lodge is a care home providing personal and nursing care to 44 male adults with a range of needs arising from their physical and mental health. People at Downshaw lodge are living with dementia and, as a result of their illness, may present with behaviours that challenge. The accommodation is split into two units, named Mason and Sheldon, situated over 2 floors and provides 45 bedrooms and a range of communal and activity areas. The service can support up to 45 people.

People's experience of using this service and what we found

Medicines were managed safely, stored appropriately and administered by staff who received training. Infection control systems and audits were in place to ensure a clean environment. People were protected from the risk of abuse and harm by staff who understood how to respond to any concerns. Staff were recruited safely.

People were supported by well trained and supported staff who understood their support needs. People's needs were assessed, and equipment and plans put in place to meet these needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring. People felt they were well treated and supported. Independence was promoted, and staff respected people's privacy and dignity.

People's had comprehensive plans of care based on individual need, which included communication needs. An activity coordinator was employed to ensure people were able to follow their interests and hobbies. People knew how they could raise concerns about the service and were confident complaints would be responded to in quickly.

The registered manager and staff were clear about their roles and provided care which focused on ensuring good outcomes for people. The service used a variety of methods to assess and monitor the quality of care they delivered. This included numerous audits which were used to drive improvement within the home. Staff worked in partnership with a variety of agencies to ensure people's health and social needs were met.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Downshaw 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector and one assistant inspector

Service and service type

Downshaw Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager and

care workers. 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 reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider was not safely managing and administering people's medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in this area.

- Medicines were safely stored and administered by trained staff. People's medicine was secure and there were regular checks in place including stock checks and checks of the environment including temperature. Staff maintained accurate records of medicines people had taken using a Medication administration records (MARs).
- Care plans contained information about how people wished to be supported to take their medicine. Guidance for medicine people need 'as and when' such as paracetamol for pain, was detailed and reviewed and updated regularly to ensure trained staff knew when to support people with this type of medicine.
- Processes for people who needed their medication to be provided covertly was in place. There were best interest decision meetings involving family and health care professionals and pharmacist advice obtained to ensure administration processes were suitable for the type of medicine.

Preventing and controlling infection

At our last inspection the provider had failed to ensure robust systems were in place to protect people from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in this area.

- The home was clean and tidy. We completed checks of the environment throughout the day and found that systems were in place to ensure the home was kept clean and any malodours were quickly addressed by domestic staff. The most recent infection control audit completed by the local authority had identified some minor areas for improvement but had rated the home as being compliant.
- Staff knew how to protect people from the risk of infection. Staff had access to equipment to reduce the risk of infection such as disposable gloves and aprons and used these appropriately. Staff had completed

training on infection control, and there were policies and procedures to underpin good infection control practice.

- People and families spoke positively about the home environment. One person said, "I've got a lovely bedroom it's a homely atmosphere."

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I know I am safe here." A relative told us, "It's the care, its brilliant. They do regular checks and let me know if anything happens or if [family member] is involved in an accident."

- Staff knew how to keep people safe. Staff had completed training in this area and understood their responsibilities and how to escalate concerns to the registered manager. There were policies and procedures to underpin this.

Assessing risk, safety monitoring and management

- Systems were in place to ensure the home was safe for people to live there. The registered manager completed daily walk rounds to identify any risks within the home and was quick to respond to any risks that required addressing.

- Risk assessments were in place. There were generic risk assessments and specific individual risk assessments in place where risk had been identified. These contained information to guide staff on actions to take to reduce potential risks.

Staffing and recruitment

- Staff were safely recruited. Recruitment procedures were being followed and suitable checks of character and with the disclosure and barring service were undertaken.

- There was enough staff to meet people's needs. Staffing levels were consistent and people were supported by a regular staff team. The feedback from people, relatives and staff was that there was generally enough staff, although not everyone agreed. We observed that staff were quick to respond to people's needs.

Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed for themes and trends. The registered manager used this information to identify actions to reduce future risk where possible. Staff gave us examples of how they had learnt from when things had gone wrong and how changes had been made to reduce risks in future.

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. This meant 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 needs were assessed to ensure the service could meet their needs. A relative told us, "They came to visit and did an assessment [before family member] moved into Downshaw Lodge."
- People's records included comprehensive nursing assessments. Records were detailed and reviewed regularly. Staff told us that they received updates when people's care needs had changed.

Staff support: induction, training, skills and experience

- Staff completed a variety of training and received regular supervision. Staff told us training covered everything they needed to do their role and supervision and support was regular and discussed all aspects of the job. One member of staff told us, "We have some really good training opportunities ... I feel very supported."
- Staff were experienced and well trained. People and relatives commented that they felt confident in staff ability and one relative said, "Staff are well trained and very experienced." Staff we spoke with were able to demonstrate they had a good knowledge of all aspects of their role.

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

- People were supported to have a good diet. We saw staff supported people patiently at meals times and encouraged people to eat and drink. People told us the food was good and we saw people were provided with drinks and snacks throughout the day.
- Staff had clear guidance on how to support people with eating and drinking. There were assessments of people's needs and risk, such as nutrition and choking risk, in place. People at risk, such as those at risk of malnutrition were closely monitored. One relative told us, "He has put on weight and is healthier than he has been for a while. He has build-up drinks and staff monitor his diet well. "

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

- Staff work closely with other services to meet people's needs. We saw people were supported to access health care services such as chiropodist, optician and doctors as required. People and relatives told us they were confident that staff would get them the right help if they needed it, such as if they became unwell.
- Records documented when people's care needs changed. Care plans were updated to include any health care advice given and detailed what action staff needed to take to meet people's needs.

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

- A programme of redecoration had recently been completed within the home. People had been involved in

the decision about the décor within the home and a football theme was in place throughout the home. People had been encouraged to actively participate in decorating the home where possible.

- Equipment and adaptations were in place to support people. We observe various equipment was in place to meet people's needs including hoists, walking aids and dining utensils to promote choice and independence.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed. Records showed that where people lacked capacity best interest meetings were held with relevant people. Decisions were clearly documented, and staff had a good understanding of how to support people who lacked capacity.
- Information was clear about who was subject to restrictions and what these were. The registered manager had good oversight of this and knew when DoLS applications had been authorised and ensured this information and any restrictions were recorded with people's care records.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. We saw positive interactions between staff and the people they were supporting. Staff knew people very well and were able to support people with complex needs who could display behaviours that might challenge services, due to their physical and mental health needs.
- People were complimentary about staff. One person said, "Staff are good. I get on with them all and they treat me well." One relative told us, "Staff are great, they look after [family member] well and will laugh and joke with them."
- People's diverse needs were supported, and care planned for. Where people had specific cultural or religious need these were assessed, and steps agreed to enable staff to meet these needs.

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

- People were encouraged to make decisions about their daily life. We observed that choice was promoted, and staff were patient with people. Staff were skilled and understanding of people who were unable to communicate verbally.
- People told us they felt involved in decisions about their care. One person said, "I know I am safe and I can do as I please." A relative told us, "I've been fully involved in the decision and I feel this is the right place [for my family member]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff. People and relatives told us that privacy and dignity was respected and care plans reflected the importance of this. One relative told us, "[Family member] can be resistive to personal care but staff manage and support them very well."
- People were supported to remain as independent as possible. We observed staff encourage people to do what they could for themselves. One family member told us, "Staff have done so much ever since [family member] has been here. I can't fault the care. He has really improved since he came here."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and reviewed regularly. There was clear information about people's preferences and staff had a good understanding of people's likes and dislikes. One relative commented, "Staff understand the needs of all the people. They have got [family member] really well settled and it is a weight off my mind."
- People's care plans were personalised. Staff knew people well and care records included health and social care needs and described what support was required. We observed people were supported according to their individual preferences throughout the inspection. Attention was given to how people were progressing as part of the care they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans assessed people's communication needs and provided staff with guidance on how to support people with communication. We observed staff had a good understanding of people's verbal and nonverbal forms of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities. Activities available for people included music and physical activity sessions. When possible, people were taken out into the community.
- People and relatives spoke positively about the activities available. One relative told us, "There is lots going on and lots of entertainment. I see how much they do for everyone."

Improving care quality in response to complaints or concerns

- People knew how to make complaints. The complaints procedure was on display within the home. People and relatives told us any concerns were quickly addressed. One relative said, "I have complained but it was dealt with straight away."
- Complaints were responded to and action taken to prevent reoccurrence. There was a complaints policy in place and when complaints were received these were investigated and responded to. Any actions were shared with staff

End of life care and support

- End of life care plans were in place. People were supported to have input into these if they wished. We discussed with the registered manager about how these could be more person-centred and work on this area was ongoing.
- Staff were trained to provide end of life care and had a good understanding of end of life care. The service had policies to underpin this.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure robust systems were in place to identify risks that were found. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had processes to ensure they had oversight of the home and people's needs. This included regularly reviewing and auditing documentation and making checks throughout the home. Action was quickly taken in response to any areas for improvement identified.
- The registered manager was experienced and had staff who had a good understanding about the needs of the people they supported. Staff confirmed they were clear about their role and worked to provided a consistent and organised service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Record showed the registered manager understood the duty of candour. One relative told us, "They respond to my concerns and are all very open and transparent."
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- There was a positive culture throughout the service. We observed that a calm and safe environment had been created and people appeared comfortable and staff enjoyed working at the home. There was a focus on people's progress and people and relatives told us about the positive outcomes that had been achieved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was used to develop improvement plans. There were annual staff surveys and regular staff

meetings. Staff told us they felt able to contribute to service delivery and share ideas. Relatives felt involved and felt confident to share feedback.

- The registered manager was committed to learning and driving improvement throughout the home. The registered manager was responsive to feedback and quick to address any areas for improvement we discussed with them.

Working in partnership with others

- The registered manager continued to work in partnership with other organisations to ensure sure they followed good practice and were meeting people's needs. We were told the service was responsive and communicated well with other services.