Nathu Limited

Nene Lodge Retirement Home

Inspection report

224 Bridge Road
Sutton Bridge
Spalding
Lincolnshire
PE12 9SG

Tel: 01406351000

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28 February 2017

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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

We inspected the home on 28 February 2017. The inspection was unannounced. There were 41 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider') 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.

Following our last inspection in October 2014 we rated the home as Good. At this inspection we were pleased to find service quality had been maintained and the rating remains as Good.

One of the directors of the registered provider ('the owner') worked hands-on seven days a week and had a personal and highly principled commitment to caring for people with kindness and compassion. This was clearly understood by staff and reflected in every aspect of their work. Staff understood what was important to each person and worked closely with each other and other professionals to promote their well-being and happiness.

The provider had a rigorous approach to staff recruitment to ensure new care staff had the right values to work in a caring and person-centred way. Staff had the knowledge and skills required to meet people's individual needs effectively and were actively encouraged to study for national qualifications. Staff demonstrated their understanding of how to support people who lacked capacity to make some decisions for themselves.

Both the owner and the registered manager maintained a visible, hands-on role within the home and provided staff with strong, values-led leadership. Staff worked together in a well-organised and mutually supportive way and were proud to work in the home.

The provider organised a programme of communal activities and events to provide people with physical and mental stimulation. People were provided with home-cooked food of good quality that met their individual needs and preferences.

The provider was committed to the ongoing improvement of the home and maintained a range of systems to monitor service quality. The provider sought people's opinions through regular customer surveys and encouraged people to raise any concerns or suggestions directly with the registered manager or owner.

The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure

people had access to any specialist support they required.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Nene Lodge Retirement 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. The inspection was planned to check whether the provider was 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.

We visited Nene Lodge Retirement Home on 28 February 2017. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, two visiting relatives, the registered manager, the owner, two care staff and the cook. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including people's care files and staff recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living in the home and that staff treated them well. For example, one person said, "Yes I do feel safe." Another person's relative told us, "I sleep well at night knowing that [my relative] is being looked after."

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority safeguarding team or CQC, should this ever be necessary. Advice to people and their relatives about how to contact these external agencies was provided in the introductory booklet that was given to people when they first moved into the home.

The provider continued to maintain effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to skin care and nutrition. Each person's care record detailed the actions taken to address any risks that had been identified. For example, staff had assessed one person as being at risk of developing skin damage. Specialist advice had been sought and a range of measures put in place to reduce the risk. Senior staff reviewed and updated people's risk assessments on a monthly basis to take account of any changes in their needs.

Everyone we spoke with told us that there were sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person said, "If I ring my call bell they come and help me with anything that I need." Another person said, "I know if I need something, someone is at hand." Reflecting this feedback, throughout our inspection visit we saw that staff had time to support and interact with people without rushing. One member of staff said, "I think there is enough staff. No one is rushing around. There is always someone to give a hand." The registered manager told us that she did not use agency staff and that both she and the owner stepped in to provide hands-on support if this was ever necessary to cover a shift. Commenting on the provider's agency-free approach, one member of staff said, "The residents get unsettled if they don't recognise [the staff]."

Describing her approach to staff recruitment, the registered manager told us, "[I am] very selective. We don't start just anyone." Reflecting on their own interview, one relatively new member of staff said, "They wanted to make sure I was right for [the home]." Although we were satisfied that the provider's recruitment practice was safe, we found some staff personnel files were poorly organised which made it difficult to identify what pre-employment checks had been carried out as part of the recruitment process. We discussed this issue with the registered manager who welcomed our feedback and undertook to review the issue as a matter of priority.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these remained in line with good practice and national guidance. Medication administration sheets were well-designed and contained an accurate record of any medicines that people had received. They also contained very detailed guidance for staff on the administration of any medicines that had been prescribed for occasional use which was something the registered manager told us she had introduced since our last inspection. Expressing their satisfaction with medicines management in the home, one

person's relative told us, "My mum didn't manage her medication well at home but I know that she gets the right tablets here." The home's regular pharmacist had written a letter of thanks to the registered manager which stated, "I value the good professional relationship … the good communication and quality of information we receive [which] helps us provide as good a service as possible."

Good

Is the service effective?

Our findings

Everyone with spoke with told us that staff had the right knowledge and skills to meet their needs effectively. One person said, "I'm very happy with my care." Another person told us, "I'm well looked after."

New members of staff participated in a carefully structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. One staff member told us, "I was very pleased with my induction. When I worked at another home I was … left to my own devices. Here, everything was done as it should be [and] after about two months I was allowed to work on my own." The provider had embraced the National Care Certificate which sets out common induction standards for social care staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Discussing their personal experience of training provision in the home, one member of staff told us, "We are constantly training. We have infection control tomorrow. [The training] is very good. You get workbooks [to keep] and refresh your memory." The provider also encouraged staff to study for nationally recognised qualifications. One member of staff said, "[The owner] and [the registered manager] are encouraging me to do an NVQ. They believe in me."

Staff received regular observation of their practice from a senior member of staff and an annual appraisal from the owner. Talking appreciatively of their last appraisal, one staff member said, "It sounded as if he was talking about someone else! Very positive and definitely helped my confidence."

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. Describing their approach in this area, one staff member said, "We never assume anything. I will always ask what they want to drink, what they want to wear. For some people you have to get the whole wardrobe out before they choose!" The registered manager made use of best interests decision-making processes to support people who lacked capacity to make some significant decisions for themselves, although she agreed to review the recording of such decisions to make it clearer when they had been made.

As they had done at our last inspection, people told us they enjoyed the food provided in the home. For example, one person said, "I enjoy the meals. I've never had anything I couldn't eat". People were provided with a continental breakfast and a variety of hot and cold choices at teatime, including homemade cakes baked freshly every day. Although there was only one main course option at lunchtime, kitchen staff said they would always make an alternative if requested. For example, the cook told us, "A couple of ladies don't like sausages and have corned beef or chicken instead." Staff had a good understanding of people's nutritional requirements, for example people who had allergies or who needed their food pureed to reduce

the risk of choking. Although no one raised any concerns about the lack of hot menu choices for breakfast or the single main course option at lunchtime, we raised these issues with the registered manager who told us she would explore them further to establish people's wishes.

The provider continued to ensure people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. Describing their experience of working with the care staff team, a local healthcare professional told us, "Whenever they have an issue they [get in touch]. They follow our advice. I like coming here."

Good

Is the service caring?

Our findings

Without exception, people told us that the staff who worked in the home were caring and kind. One person said, "I'm very well looked after and the people are very kind to me." Another person told us, "I think it's very good here. All the staff are willing to help."

At the start of our inspection visit we noticed a sign in reception which read, 'If you have a choice to be right or to be kind, choose to be kind. You are defined by your kindness, so be kind.' The owner told us he had put these quotations on display as they described his personal philosophy of care. Reflecting on his experience of owning and operating the home over many years, he said, "I come here seven days a week. This is … my vocation, my life. This is work I am proud of. You have to have care and compassion in you. You can't teach it. If anyone wants to work alongside me, they … have to share these values."

The owner's personal and highly principled commitment to kindness and compassion was clearly understood by staff and reflected in their work. For example, one member of staff told us, "I just like to see people getting what they want. I'd like someone to look after me when I'm old. And just because they're old, doesn't mean they can't have the things they should." Talking of how they had helped one person recently, another member of staff said, "She loves reading and asked me pick up a book for her. She had a token from the [name of newspaper]. I had to go to [a town 15 miles away] to get it. She was so grateful." Talking positively of the helpful approach of staff one person commented, "They are so friendly, they do as much as they can for you".

During our inspection we identified other examples of the provider's strong commitment to caring for people in a kind, person-centred way and the positive impact this had on their lives. For instance, free Wi-Fi was available to people and their relatives. This had enabled one person to watch a family wedding live on the internet, an important event they would otherwise have missed. Reflecting the strong relationships that had developed within the home over many years, the registered manager told us, "We are now looking after the second generation of some families. And people who have worked here, have come to live here."

There was a warm, homely atmosphere and staff displayed a relaxed, friendly approach towards people and their visitors. For example, just before lunch we watched several members of staff taking the time to sit and chat with people who were beginning to congregate in the dining room. Talking of their experience of visiting the home, one person's relative told us, "I'm very happy with this place. Everyone talks to me when I come in." We read some of the thank you letters and cards which were on display in the reception area. Following a short respite visit in 2016, one person had written to the registered manager to say, "This was my first experience staying in a care home. I have enjoyed this very much. Especially the company and I have mixed feelings about going home. If I feel I miss the company, I may ask to come back permanently." During our inspection we met this person who confirmed they had just returned to the home on a permanent basis and appeared very happy with the decision they had made.

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, one staff member said, "One lady had lost confidence in her ability

to walk. [I encouraged her] to think positively and … do it together [with me]. It has really helped give her confidence. She has changed so much." Staff also told us of their commitment to giving people as much choice and control over their lives as possible. One member of staff said, "[In the morning] we go in and ask if they want to get up. If not, we go back later. This is their home. I wouldn't like to be told when I had to get up." Confirming the flexible, person-centred approach of staff, one person said, "I ring my bell when I want to get up and when I want to go to bed".

Staff also understood the importance of supporting people in ways that maintained their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "I always explain what I am doing and always keep people covered with a towel."

Information on local lay advocacy services was given to people when they first moved into the home. Lay advocates are people who are independent of a service and the local authority who support people to make and communicate their wishes. The registered manager told us that no one currently had the support of a lay advocate but that she would not hesitate to help someone secure one, should this be necessary in the future.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into the home, both the registered manager and the owner visited them personally to carry out a pre-admission assessment to make sure they could meet the person's needs. Once the person had moved in, the registered manager prepared an interim care plan to provide staff with key information on the person's key needs and preferences. Over time, this was developed into a full individual care plan.

We reviewed people's plans and saw that they were very well-organised and provided staff with detailed information on the person's wishes and requirements. For example, staff were instructed to monitor the condition of one person's skin on a daily basis. Another person had indicated that they wanted a cup of Horlicks at bedtime. Staff were required to read each person's care plan and told us they were an important and helpful source of information. One member of staff said, "When I first started, I read all the care plans. There is stuff in there about [the person's] previous life which is nice to talk about. One lady has met The Queen and wrote poetry books. She was pleased when I mentioned it." Senior staff reviewed the care plans on a monthly basis, although the registered manager agreed to amend this system to make it clearer that people had been given the opportunity to be involved in this process.

Staff clearly knew and respected people as individuals. For example, talking of the importance of understanding people's personal preferences, one staff member said, "One lady wasn't ready to get up until 11am today. If you're not ready to get up, you're not ready to get up!" When we spoke to the cook on the morning of our inspection, she told us she would be making pancakes for tea, in celebration of Shrove Tuesday. Talking of one person who followed a gluten free diet, she said, "She doesn't like gluten free bread [but] I will ask her if she wants a gluten free pancake. I've got some gluten free flour." Later in the day, as we watched people enjoying their pancakes, we saw that this person had indeed opted for the gluten free version.

The provider organised a programme of regular activities and events to provide people with physical and mental stimulation, including quizzes, an art group and outings to the local pub. On the afternoon of our inspection, the home's regular activities organiser led a session of chair exercises and ball games which was enjoyed by everyone present. Although many people clearly valued the opportunity to join in these communal activities, others were happy to pursue their own individual interests. For example one person said, "I like to read the paper, listen to the radio and watch television." Another person told us, "If I don't want to go to an activity I spend my time reading and have plenty of books in my room." The registered manager told us that some people remained active in local clubs and societies and one person often travelled independently by bus to a nearby town.

Information on how to raise a concern or complaint was included in the information booklet people received when they first moved into the home. People told us they were confident that any complaint would be handled properly by the provider. For example, one person said, "I've got no complaints but [if I did] I would go to see [the registered manager]." Formal complaints were rare and the registered manager told us this was because both she and the owner were well-known to everyone in the home and were able resolve

any issues informally. She said, "My office is always open and people and their relatives drop in." The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People we spoke with told us they thought highly of the home. For example, one person's relative said "We were impressed when we first came to look at this home and continue to be impressed." A local healthcare professional said, "This is one of the better run homes that I visit."

Both the registered manager and the owner maintained a very high profile. Commenting on the amount of time they spent in the home, the owner told us, "It's not unusual [for us] to come to work from 8am to 8pm. Although we [both] live in [name of nearby town] nobody knows us there!" The registered manager said, "I come in at weekends and am on call 24 hours a day. I like to know what's going on." This visible, hands-on approach was admired and valued by everyone connected to the home. For example, one staff member told us, "I've known [the registered manager] swab the kitchen floor. Nothing is beneath her." A local healthcare professional said, "[The registered manager] is exceptional. She knows everything about the residents."

The registered manager and the owner provided strong, values-led leadership which was clearly appreciated by their staff. We read the transcript of a speech given by a staff member at the home's Christmas party. Describing the owner and the registered manager, the staff member had said, "Not only do they care for the residents, they care for the staff. They are constantly nurturing, encouraging [and] praising us. And on occasions chastising us ... [as they] continue to strive for perfection and .. push us to provide the highest level of care." The owner told us that he often cooked the Christmas lunch, "So that staff with [young] children can have the day off." Talking of the registered manager, one staff member said, "She is an absolutely brilliant boss. A friend, a colleague but always the boss. An amazing boss." Another member of staff told us, "If anything is troubling you, you can speak to her and she will try and sort it out."

Under the guidance of the registered manager and the owner, staff worked together in a well-organised and mutually supportive way. One member of staff said, "The atmosphere in the staff team is really good. We all get on extremely well. At Christmas we always get a personal card and a gift token. I love my job. It's the best one I have ever had." Twice-daily shift handover sessions and regular team meetings were used by the provider to facilitate effective communication. Talking of the importance of maintaining good lines of communication with all her staff, the registered manager told us that the shift pattern in the home enabled her to see the night staff every morning before they completed their shift and went home.

Although they had been involved with the home for many years, both the registered manager and the owner remained energetic and forward-looking. Describing his approach, the owner said, "We are passionate [about helping people] to achieve a quality of life. Time and experience can show you better ways to do [it]. I examine my relevance on a yearly basis. The day I stop contributing, it's the time to stop." Since our last inspection, the registered manager had introduced a regular 'residents' meeting' which was open to everyone living in the home. We reviewed the minutes of the most recent meeting and saw that this had been very well-attended with high levels of participation. There had been a wide-ranging discussion of people's ideas and suggestions, in particular how to create further opportunities for people to get involved in the local community. These had been welcomed by the registered manager who had undertaken to follow them up on people's behalf.

The provider continued to maintain effective systems to monitor the quality of the care provided, including regular care plan reviews, a very detailed medication audit and regular health and safety checks of premises and equipment. The provider was also aware of the need to notify CQC or other agencies of any untoward incidents or events within the home. Following a recent incident, the registered manager and owner had taken time to reflect on what had happened and shared their learning with staff to try and prevent something similar happening again.

The provider continued to conduct an annual customer satisfaction survey of people and their relatives. We reviewed the results of the most recent survey and saw that satisfaction levels were extremely high. Nevertheless, the registered manager told us she had reviewed the survey returns to identify any areas for improvement. For example, recent changes to the activity programme had reflected comments from some people.