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Virginia Lodge Care 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

Summary of findings

Overall summary

This unannounced inspection took place on the 21 February and was completed by one adult social care inspector.

Virginia Lodge is a residential care home for up to 32 older people, some of whom may be living with dementia. The home is located approximately a mile and a half from the small border town of Longtown and is in a rural setting. Accommodation for people using this service is all at ground floor level. At the time of our inspection visit there were 20 people living in the home.

There was a registered manager in place who was also the registered provider. 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.

At our last inspection on 3 December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. This service remains good.

People who used this service were safe. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. Staff had completed training in the protection of vulnerable people.

Staffing levels were good. The records we looked at showed that staffing levels were planned around the needs of people who lived in the home. We saw that staffing levels were increased at certain times during the day when the work load was at the highest level. People were recruited safely which ensured only suitable people were employed at Virginia Lodge.

We found that peoples' medicines were managed well with staff having a good working relationship with the local pharmacist. Healthcare needs were met through advice from the mental health team, peoples' doctors and consultants where necessary. Dental, optical, chiropody and dietician services were accessed when required.

The building was warm, safe, suitably decorated and well furnished. Equipment was maintained and replaced as necessary. Some areas were in the process of being upgraded and the maintenance person was working on this. The provider had plans to continue re-decoration until the work throughout was completed.

The home was clean and good infection control practices were in place.

The registered manager understood her responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Restraint was not used nor was it needed at the time of our visit and we had evidence that people were asked for consent for all interventions.

Nutritional plans were in place and people told us they enjoyed their meals. Dieticians were consulted if people were at risk of losing weight.

Health care professionals visited the home regularly. Staff supported and cared for people during times of ill health and at the end of life.

We observed caring and sensitive interactions between staff and people they supported. We saw that people were respected and treated with dignity and patience. Matters of equality and diversity were taken into account by the team.

Care plans were easy to follow and provided staff with the guidance required to meet peoples' assessed needs.

There was an activities programme and people could join in if they wished. External entertainers visited the home.

The provider had a suitable quality monitoring system in place. The results of the regular audits were used to identify how well the service was running. Any changes and/or improvements that were required as a result of the audits were dealt with as soon as possible. Good recording systems were in place.

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? Te service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Virginia Lodge Care 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 unannounced inspection took place on the 21 February 2018 and was completed by one adult social care inspector.

Virginia Lodge is a residential care home for up to 32 older people, some of whom may be living with dementia. The home is located approximately a mile and a half from the small border town of Longtown and is in a rural setting. Accommodation for people using this service is all at ground floor level. At the time of our inspection visit there were 20 people living in the home.

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

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During our inspection we spoke with five people who lived in the home, four members of care staff, the maintenance manager and one domestic. We spent time with the registered manager and deputy manager. There were no visitors in the home at the time of our inspection but we spoke to a relative on the telephone to ask for their opinion about the service provided. We gained information from local social care practitioners about the care and support provided.

We looked at four care and support plans, four staff recruitment files and other records pertaining to the running of the home. We checked records that evidenced essential services to the building had been

maintained. These included fire safety records and gas and electricity safety certificates.

We were able to read peoples' responses to the recently returned survey forms sent to relatives and friends asking for their opinion of the home.

Good

Is the service safe?

Our findings

We spoke with people about whether they felt safe living at the home. Everybody said they felt safe when staff were assisting them with their personal care. One person said, "I always feel safe and I have done since I moved in. These girls are lovely".

We looked at four care and support plans and saw risk assessments in areas covering falls, nutrition, mobility, pressure relief and the use of bed rails. These recorded actions needed to help ensure people's safety where a risk had been identified. Accidents were recorded and lessons learned shared with staff to reduce the risk of reoccurrence. All care and support plans were reviewed each month by the deputy manager. Daily notes were written by the care staff during each shift as a record of the daily routine.

We reviewed the storage and handling of medicines as well as a sample of medication administration records (MARs) for people living at the home. We found medicines were administered safely by staff that were deemed competent to administer them. People told us they received their medicines on time. Controlled drugs, which are medicines liable to mis-use, were recorded and administered in line with peoples' prescriptions by two members of staff.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to management. Training records confirmed staff had undertaken safeguarding training. Staff told us they had never had cause to report anything they had seen that put people at risk of harm or danger.

We looked at the staff rosters and saw there were three members of staff plus the registered manager and deputy manager throughout the day. There were two members of staff on duty through the night. The registered manager and deputy, who live on the site, were on call throughout the week. The deputy manager explained that at certain busy times during the day there was an extra member of the care staff team on duty to help.

We looked at four staff files, one of which had been recently employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been completed The registered manager, was aware how important it was that robust recruitment checks were made to help ensure staff employed were 'fit' to work with vulnerable people.

We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. We also looked at equipment and saw it in use. The environment was as safe as possible. There was a plentiful supply of gloves and aprons for staff to use as a precaution against cross infection. We saw staff using different colour gloves and aprons for giving personal care and serving meals.

Good

Is the service effective?

Our findings

We asked people if staff were knowledgeable regarding their care and people said they thought they were good at their jobs. People said, "I think the care is first class" and "I feel the help is really good, the staff seem well trained." When we asked about medical appointments a person said, "If I don't feel well, the girls get the doctor for me, never have to ask twice".

We found people's care needs were being met effectively. Staff told us the service worked together with external health and social care professionals such as, occupational therapists, the falls team, speech and language therapists, district nurses, doctors and dieticians to support people to lead healthy lives. We saw evidence of relevant appointments and these were arranged at the appropriate time. All external healthcare appointments were recorded in the care and support plans.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held and the team had considered that some people had been deprived of their liberty to ensure they were kept safe. 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.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The deputy manager confirmed that there was one person in the home that had a DoLs in place and an application to have this renewed had been made.

We looked at the staff training records and saw that training had been completed across a wide range of subjects. These included adult protection, health and safety, infection control and moving and handling. Where necessary the provider accessed an external training company to assist with the training programme.

People told us they enjoyed their meals and that they could choose what they wanted. The menu for the day was displayed in the dining area and snacks and drinks were available throughout the day. People were weighed each month and a dietician or a speech and language therapist were asked for advice if people were at risk of losing weight or needed a reduced calorie diet.

We had evidence to show that staff had effective induction, supervision, appraisal and training. Records were kept in staff personnel files and we were given access to theses. When we discussed this with the care

staff they said, "I have regular meetings with the registered manager when I can discuss any training I would like to do and about the care and support we provided here" and "The registered manager is in every day but we do have private meetings to discuss our work and she is on hand for advice as well. Staff meetings were scheduled and these also gave opportunity for informal training and discussions about 'lessons learned',

The building was in very good state of repair with a programme of refurbishment of the bedrooms and kitchen. Accommodation was all at ground floor level which ensured people were able to move freely around the home. Bedrooms were light and airy and there were sufficient bathrooms and toilet facilities.

Good

Is the service caring?

Our findings

During our visit we asked people if they found the care and support acceptable and they all said it was a lot more than that. Comments we received included, "The care here is wonderful. These girls are gems and so kind" and "The staff here cannot do enough for us. They are always cheerful and we have a good laugh with them". We spoke to a relative in the telephone and they said, "I don't know what I would have done if my relative could not have moved to Virginia Lodge. I cannot speak too highly of the care these girls and the managers give to everyone. They are so kind and look after me as well".

Staff we spoke with demonstrated a good understanding of how to protect and promote people's dignity. We observed staff asking for consent before providing care to people. We spoke to staff members who provided examples of how they would ensure they respected people's s privacy and how they promoted dignity which included ensuring that they knocked before entering people's rooms.

We saw people were treated with kindness and politeness but with a degree of humour. People responded warmly to the staff who knew the people they supported really well. We spoke with staff who could discuss people they cared for in a sensitive way. Respect was evident in the way staff spoke with people when attending to their needs. Staff spoke about matters of equality and told us that everyone who lived in the home was treated exactly the same.

There was a warm friendly atmosphere throughout the home and people appeared at ease and comfortable in the presence of the staff. Staff took time to support people at their own pace, no one was rushed. When supporting people staff explained what they were going to do and did not leave the person until they were satisfied that they were comfortable and had everything they needed.

Staff were available to offer encouragement over lunch and checked to make sure people had enough to eat and had enjoyed their meal. Staff told us the registered manager brought in an extra member of staff during busy times such as the lunch period. This ensured people had that extra support when eating their lunch if this was necessary.

The registered manager told us the service had access to independent advocacy services and that relatives, where appropriate, also acted as advocates.

Good

Is the service responsive?

Our findings

Care plans provided detailed information about people's health, behaviours, communication and the way in which they wanted their support delivered. This information was personalised and an individual personal profile was available which contained Information around people's life history, likes, dislikes and personal preferences.

We looked at four care plans during our inspection. We saw that, prior to admission to the home a full assessment of needs had been completed. This formed the basis for a support plan to be put in place. The plans covered physical, psychological, emotional and social needs together with all activities of daily living. The care plans were uncomplicated and ensured each member of staff knew what level of support was needed to meet peoples' assessed needs. Each care plan was reviewed every month unless there was the need to do so more frequently such as a change in the level of care required.

There was a programme of activities for people who wanted to join in although some people preferred to sit and watch. Two people told us they enjoyed sitting in their rooms because of the lovely views from their windows. Everybody agreed the weekly cream tea was the most popular. Visiting entertainers came and staff spent time on a one to one basis having what people called 'a good old chat'.

People were able to move freely around the home but could remain in their rooms if they wished. In cases like this we saw staff popping in to check that people were not becoming isolated.

The home had a complaints policy and people were aware of the procedure to follow if they had any concerns. One person said "If I had anything to say I would talk to any of the staff and they would report it to management but I have no complaints anyway". We spoke to a relative on the telephone and were told, "I certainly have no complaints whatsoever. There was a couple of niggles in the beginning but these were soon sorted out. It is better to speak out so that things can be put right but no everything is fine".

Staff had completed training in end of life care and were supported by input from the Care Home Nursing team who visited the home every month. At the time of our site visit there was no one in receipt of end of life care. We saw that people's wishes to remain in the home were recorded appropriately to prevent unnecessary transfers to hospital.

Good

Is the service well-led?

Our findings

The registered manager was also the registered provider and had been for a number of years.

The registered manager and deputy were both very experienced and their main aim was the care and support of people that lived in the home and their relatives. When asked, people, relatives and staff said they found them to be open and honest with them. One member of staff said, "I have worked here for a lot of years and know [registered manager] well. As long as the residents are looked after properly she is happy".

Throughout the inspection the registered manager and the deputy manager demonstrated good knowledge of the people living in the home and also the staff team. They understood their responsibilities with regards to the home and their registration with the Care Quality Commission. Notifications had been submitted to the Commission as required.

Systems were in place for staff to raise concerns. These included regular staff meetings where specific issues relating to care were discussed. Minutes of these meetings were made available to the inspection team. Dates had been set for staff meetings to take place in 2018. Meetings were also held for people that lived in the home and their relatives.

Peoples' records were held securely in locked cupboards and cabinets. It was not the practice of the service to store care and support plans on an electronic system.

The registered manager oversaw the completion of a wide range of quality and safety audits on a regular basis. These provided evidence of a comprehensive system for quality assurance. The systems required regular checks of; care plans, incidents, maintenance and equipment. We saw evidence of action undertaken as a result of these audits and checks. We saw the recently completed survey questionnaires and noted that all the comments were favourable and positive. These included, "I am more than satisfied with the care provided. Every member of staff greets me with a smile and a friendly word", "Totally satisfied with the care and support my relative receives from all concerned" and "All of the staff are very good and helpful and are on first name terms with the family", Two people requested the opportunity to discuss their relatives care with the manager and this request was being dealt with at the time of our visit.

The ratings from the previous inspection were displayed in the hall as required. This service does not have a website so the ratings were displayed prominently in the hallway.