

Completelink Limited

# Prestwood Lodge

## Inspection report

Wolverhampton Road  
Prestwood  
Stourbridge  
West Midlands  
DY7 5AN

Tel: 01384872555

Website: [www.prestwoodcare.co.uk](http://www.prestwoodcare.co.uk)

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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 this service on 3 May 2017. This is the first inspection since registering with us in January 2016. This service provides accommodation for up to 30 older people. At the inspection 21 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff knew how to recognise and report potential abuse. We found that risks to people were managed in a safe way and when people needed specialist equipment this was provided. Staff we spoke with knew who was at risk and how this should be managed to keep them safe. There were safe systems in place to manage medicines. When people had as required medicines there was guidance in place for staff to follow.

People told us they enjoyed the food and were offered a choice. People and relatives said they were involved with reviewing their care and when needed people had access to health professionals. People told us staff knew them well and the staff were provided with an induction and training that helped them to support people. We found there were enough staff available to meet people's needs.

People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to make choices about their day. They told us they were offered the opportunity to participate in activities and pastimes they enjoyed.

There was no one currently at the home who lacked capacity to make decision for themselves however the registered manager had an understanding of what action to take if this changed.

Staff felt listened to and were able to raise concerns. The provider used feedback from people and relatives to bring about changes. Quality monitoring checks were completed to make improvements to the service. The provider had a system in place to ensure staff suitability to work within the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safe. Staff knew how to recognise and report potential abuse. We found there were enough staff to meet people's needs. Risks to people were managed in a safe way. Medicines were managed in a way to protect people and the risks associated to them. The provider had a system in place to ensure staffs suitability to work within the home.

### Is the service effective?

Good ●

The service was effective.

People enjoyed the food and were offered choices. When people needed to access health professionals they were supported to do so. Staff received an induction and training that helped them support people. The principles of MCA were followed.

### Is the service caring?

Good ●

The service was caring

People were treated in a kind and caring way by staff they liked. People were encouraged to be independent and make choices about their day. People's privacy and dignity was promoted. Relatives were free to visit when they liked and felt welcomed by the home.

### Is the service responsive?

Good ●

The service was responsive.

People received support in their preferred way. People and relatives felt involved with reviewing their care. Activities that people enjoyed were available for them to participate in. People knew how to complain and there were systems in place to manage complaints.

### Is the service well-led?

Good ●

The service was well led.

People were happy with the home and how it was managed. Quality checks were in place to improve the service and the provider sought the opinions from people who used the service to bring about changes. People knew who the registered manager was and staff felt supported and listened to. There was a

whistleblowing policy in place and staff knew how to whistle blow.

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# Prestwood Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 3 May 2017 and was unannounced. The inspection visit was carried out by 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. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information when we were planning the inspection.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, four relatives, two members of care staff and the cook. We also spoke with the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People were safe living at Presswood lodge. One person told us, "Staff are very well trained and I feel safe, some are more experienced than others but all do very well". Relatives raised no concerns with people's safety. Staff knew how to recognise and report potential abuse. One member of staff told us, "I would report any concerns I had to my line manager, they would be very supportive and ensure people were safe". We saw there were procedures in place advising staff what actions to take if they had concerns. We saw that when needed concerns had been raised appropriately by the provider and in line with these procedures to ensure people were protected from potential harm.

Risks to people were managed to ensure they were safe. We saw people had equipment in place to keep them safe. This included walking aids, pressure relieving equipment and equipment to summons assistance if needed. Staff knew the importance of using this equipment. One staff member said, "You get to know the people that live here, for example [Name] likes to feel safe. At night they sleep with the buzzer so they know where it is and in the day they have it around their neck". We saw this person was wearing this equipment. Records we looked at confirmed this is how the equipment was used. This meant that staff had the information available to keep people safe. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information that was recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need.

We saw and people confirmed there were enough staff available. One person told us, "We all have our own buzzer and if I use it they come quickly". A relative said, "There are enough staff around, yes". Staff confirmed there were enough staff to meet the needs of people. When people were in their rooms we saw there were buzzers available for them. We saw staff were available in the communal areas and people did not have to wait. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of people. They confirmed the staffing levels would be changed if people's needs changed.

We saw staff administer medicines to people individually. Time was taken to explain what the medicine was for and staff ensured people had taken them. We saw people were offered medicines for pain relief. This is known as, 'as required medicines'. When people received as required medicines we saw there was guidance in place for staff, stating when they could receive this medicine and how much they could have. Medicines were recorded and stored in a safe way to ensure people were protected from the risks associated to them.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for two staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

## Is the service effective?

### Our findings

Staff received an induction and training that helped them to support people. Staff told us they received an induction. One staff member said, "I did training and shadow shifts. I enjoyed the shadow shifts as they were really helpful. I did five. It made me feel more confident, learn people's routines and getting to know them". Relatives felt staff had the skills to support people. Staff told us the training they received was good. One staff member said, "I feel training is good and relevant". This demonstrated staff were supported to receive an induction and training relevant to meeting people's needs. The registered manager told us how they had implemented the care certificate for all new starters as part of their induction. All other staff were also in the process of completing this. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us there was currently no one living in the home that lacked capacity. They told us what action they would take if this changed. Staff we spoke with demonstrated an understanding of MCA. One staff said, "We have no one who currently lacks capacity, if anything changed or caused us to be concerned I would speak to the manager so the relevant assessments could be considered".

People enjoyed the food and were offered a choice. One person said, "The meals are wonderful, highlight of the day, have a menu each day and you choose but if you don't like anything you can always have something else, never a problem for me, reputation for eating anything put in front of me". Another person commented, "The food and meals are very good, there are choices. Breakfast is until 10:30 am and you can have anything you want. The cooked meal is at 1pm and tea is at 5pm the quality is very good". We saw there were cold drinks available in the dining room for people and hot drinks and snacks were offered in the communal areas throughout the day. We saw that when people needed specialist diets such as a soft diet this was provided for people in line with their care plan.

People told us they had access to health professionals. One person said, "I see the GP". Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals to speech and language therapists and dieticians. This demonstrated when a person needed access to health professionals it was provided for them.

## Is the service caring?

### Our findings

People and their relatives were complimentary about the staff. One person said, "Care is one hundred percent. The carers are kind every time, nothing is too much trouble, I can't fault the care". Another person said, "The staff are wonderful, very kind, there is nothing I would change". A relative told us, "The staff are kind. They have the patience of saints, do anything you ask". We saw that staff spent time with people talking and offering reassurance. We saw staff ask people if they would like the windows opening before doing so and staff ensured people had their personal belonging with them. One person commented, "You never see me without my handbag". This showed us people were cared for in a kind and caring way.

People told us they made choice about their day. One person said, "I am going back to my room I prefer it in there. I come down for my meals and I am happy with that bit of company". Another person said, "I make my own choices, what to wear, what to eat, where to go, who to sit with". We saw staff offering people choices about the television programmes they would like to watch and what activities they would like to do.

People told us their independence was promoted. One person said, "Staff encourage me to walk independently". A relative told us how the home had helped their relation to regain their mobility following a fall. Staff gave examples of how they encouraged people to remain independent. One staff member said, "I encourage people to do what they can, I am there if needed but always say you try first". We observed that people walked around the home freely with walking aids and were encouraged to do so by staff.

People's privacy and dignity was promoted. One person said, "Staff always knock and explain before doing anything". Staff gave examples how they used this to support people. One member of staff explained how they would always knock the doors of people's bedrooms and would ask if they would like to be left alone to use the bathroom. We saw staff spoke to people so others could not overhear and offered support in a discreet way. This demonstrated that people's privacy and dignity was upheld.

Relatives and visitor we spoke with told us the staff were welcoming and they could visit anytime. A relative said "I am made to feel welcome, they are all friendly". We saw relatives and friends visited throughout the day and they were welcomed by staff.



## Is the service responsive?

### Our findings

People told us staff knew them well and knew their needs and preferences. One person said, "They are very good and know all about me. What I like and how I like things done. That's important to me". They went on to say, "I like to look nice and have my hair done nice they always help me with this." Staff told us they were able to read people's care plans to find out about people. They went on to explain that everyone had a life history in their files. One staff member said, "It's important we have people's histories so we can relate to them".

People enjoyed the activities they participated in one person said, "I join in singing, quizzes, exercises and I like to chat at lunch time to people at the table". A relative commented, "There is always something for someone". The registered manager told us there were three activity coordinators in post. We saw that people were involved with a sing a long during the inspection. One person said, "Its great they play all the oldies". We saw there were posters displayed around the home about up and coming activities. This included singers and events. There were also pictures displayed around the home of people participating in activities that had previously taken place. This showed us people were offered the opportunity to participate in activities they enjoyed.

People were involved with reviewing their care. One person said, "I am very much involved with everything here". A relative told us, "I am always kept informed". The registered manager told us that regular review meetings were held with relatives and professionals. This demonstrated that people's care was reviewed regularly to ensure it met their needs.

People knew how to complain. One person said, "I have no complaints but I would raise any with the manager". A relative said, "No concerns all I've got is compliments". We saw the provider had a complaints policy in place. When needed the provider had responded to complaints in line with their policy.

## Is the service well-led?

### Our findings

People and relatives we spoke with knew who the manager was. One person told us, "Ever so friendly always says good morning". A relative said, "The door is always open if we want to discuss anything". The registered manager understood the responsibility of registration with the care quality commission and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.

Staff told us they had meetings to discuss changes in the home and had the opportunity to raise any concerns. They said the registered manager asked for their views and would make positive changes. One member of staff told us, "If we raise any concerns we see action is taken straight away". This demonstrated if staff raised concerns they were listened too and changes made.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "It's about protecting people if we see something that's not quite right". We saw in the minutes to a recent staff meeting that whistleblowing had been discussed. This demonstrated that when concerns were raised staff were confident they would be dealt with.

Quality checks were completed within the service. These included checks of medicines management and areas of health and safety such as the monitoring of falls. Where concerns with quality were identified we saw an action plan had been put into place. This information was used to bring about change. For example, It was identified that a medicines error had occurred. We saw the registered manager had completed an action plan and had held a reflective supervision with the staff member. The staff member had made no further errors. This demonstrated when change was required action was taken to improve the quality of the service.

The provider sought the opinion of people who used the service through relative and resident meetings. We looked at the records and we did not see any areas of improvement that had been identified. We spoke with the registered manager who told us what action they would take if areas of improvement were identified. They also told us they were in the process of commencing annual surveys and would use this information to drive improvement in the home.