S J Pittman Limited

Lodore Nursing Home

Inspection report

9, Mayfield Road
SM2 5DU
Tel: 020 8642 3088
Website: www.example.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 28 January 2015 and was unannounced. The last inspection of the service was on 21 February 2014 and there were no breaches of legal requirements at the last inspection.

Lodore Nursing home is a care home providing personal and nursing care to up to 36 older people, it specialises in care for people at the end of their lives. There was a registered manager in post. 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 and associated Regulations about how the service is run.

The service had policies and procedures in place to make sure people were kept safe. Staff were knowledgeable about the actions they should take if they suspected abuse. Staff had been appropriately recruited and all employment checks had been completed prior to them starting work. People received their medicines as prescribed.

Summary of findings

There were systems in place to make sure the service complied with the Mental Capacity Act 2005 and to ensure the service did not deprive anyone of their liberty without proper safeguards being in place.

There were enough staff employed to keep people safe and to meet their needs. The provider had ensured that staff had sufficient skills to do their jobs. The new manager had identified the need for formal meetings and appraisals with staff to consider professional development.

People were supported to maintain good health and access healthcare professionals as needed. They were provided with a varied and balanced diet and their nutritional needs were assessed and monitored. People received their medicines when they required them. People at the end of their life received compassionate and appropriate care.

People were asked for their consent to care and treatment. Where people did not have the capacity to consent, the provider had acted in accordance with legislation and guidance.

The staff were kind and caring, they had positive relationships with the people they cared for based on respect.

People received care which was individualised and met their assessed needs. They were given opportunities to voice their opinions on the service so the provider would get information on the quality of service people received.

People were encouraged to be as independent as possible and there were systems in place for them to participate in tasks of daily living even though they may have been risky to them. There was a range of activities for people to participate in, if they wanted to.

The provider monitored their service to make sure people received high quality care at all times.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and were confident with the way in which they were supported. The staff had a good understanding of procedures for safeguarding people and what to do if they felt someone was at risk of abuse.

Assessments were undertaken of risks to people and there were written plans to manage these risks in the least restrictive way.

There were enough suitable staff employed to keep people safe and meet their needs. All recruitment checks had been undertaken prior to employment.

People received the right medicines to meet their needs in a safe and appropriate way.

Is the service effective?

Good

The service was effective. People were supported by staff who were skilled and appropriately trained to meet their needs. Staff received the support they needed to fulfil their roles appropriately.

The provider met the requirements of the Mental Capacity Act 2005 to help ensure people's rights were protected.

People were helped to maintain good health, this included with a variety of meals that met their needs.

Is the service caring?

Good

The service was caring. People felt they were treated with respect and the staff were kind and supportive.

People received end of life and palliative care that was suitable and caring to their needs.

The staff respected people's privacy and dignity and enabled them to make choices and to maintain independence where possible.

Is the service responsive?

Good

The service was responsive. People received individualised care which met their needs. These needs had been assessed and people were involved in reviewing care plans to make sure they reflected their preferences.

People had opportunities to be involved in a range of activities.

People were encouraged to say what they thought about the service and felt that staff and managers would listen and act upon their comments.

Is the service well-led?

Good

The service was well led. There was a positive culture which was open and inclusive.

There were good systems for monitoring the quality of the service and working towards continuous improvement.

Summary of findings

Healthcare professionals told use the service worked well with them in order to achieve the best outcomes for people.

Lodore Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 28 January 2015 and was unannounced.

The inspection was carried out by a single inspector. Before the inspection we reviewed information we had about the service, for example notifications of significant events that had taken place since the last inspection.

During the inspection we spoke with six people who lived at the home. We also spoke with various staff which included the head of operations, registered manager, head of care and two other staff members. We saw how people were cared for in communal areas. We looked at the care records for four people, including their care plans and risk assessments. We viewed how medicines were managed and the records relating to this. We looked at four staff recruitment files, minutes of staff meetings and other records relating to staff support and training. We checked records used to monitor the quality of the service, such as health and safety checks.

Whilst on the inspection we spoke with two relatives and afterwards contacted a further three by telephone. We received feedback about the service from three healthcare professionals, a palliative care nurse, a physiotherapist and a GP.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “Don’t think you’d find a better home, if there is a problem I just tell them”. A relative said, “One of the best things we did was find this home”.

The provider had taken steps to make sure people were protected from harm. There were policies and procedures in place for safeguarding adults at risk. We spoke with staff who were able to tell us what they would do if they suspected someone was being abused or was at risk of abuse. Staff told us and we saw they had received training in safeguarding adults.

There were sufficient staff on duty to keep people safe and meet their needs. People told us, “Staffing levels are good, there’s always someone around if you need them”. Another person said, “Always staff in the lounge, sometimes two, just seeing what’s going on and helping”. Staff were available to escort people around the building if they wished, go to the dining area for their midday meal or to be supported with their personal care or meals. In addition to the nursing staff and care staff, there was also domestic, laundry and kitchen staff on duty. Throughout the visit we observed staff attending to people in an unhurried and professional way.

We looked at the recruitment checks for members of staff. These showed the provider had made checks on their suitability to work before they started at the service. These checks included a full employment history, references, criminal record checks and proof of identity. Additional checks had also been made where the home was recruiting a registered general nurse.

We saw that when people were at risk, there were effective and clear risk management strategies in place to make sure people were kept safe. The service carried out monthly assessments for falls, challenging behaviour and mental health. In this way potential difficulties could be identified early and measures put in place to minimise risks.

All accidents and incidents were recorded and analysed to see if they could be prevented in the future. For example to see if there were specific areas of the home where people fell or if they fell at particular times of the day. As a result of the analysis of the information, individual care plans had been created to make sure people were getting the support they needed when they needed it.

People’s medicines were managed so they received them safely. We saw there was an appropriate procedure for the storage, recording and administration of medicines. Medicines were stored in metal cabinets secured to the wall. Controlled drugs were also stored separately appropriately and a separate record was kept of these medicines. We looked at medicines’ records and saw there were photographs of each individual who lived in the home and a list of their known allergies. All of this helped to reduce the risks of errors occurring.

The head of nursing told us that only nursing staff administered medicines. The medicines administration records (MAR) we looked at had no omissions or errors which showed people received the medicines they were prescribed at the right time. We saw there were regular audits of medicines so any problems or issues could be rectified immediately. These included a monthly check of medicines when they came into the home from the pharmacy, a three monthly audit by the head of nursing and an external audit by a community pharmacist every six months.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to provide good quality care. One person told us, “The staff are excellent, most are willing” and a professional told us, “The staff are very good and very efficient”.

We met a relatively new member of staff who told us about their induction training and the shadowing experiences they had before starting work. They told us their competency was evaluated before they could work with individuals. Staff confirmed and we saw evidence of a range of training provided to staff. This training was regularly refreshed via computer based learning or by training offered by the local authority. We were told the provider employed a trainer who covered two homes locally. Staff told us they considered the manager and other senior staff to be supportive in their learning and with offering advice to improve practice.

In addition to formal training the staff met regularly as a team. There was a handover of information each day at the change of shift in order to provide a consistent approach to care and treatment. The registered manager since being in post had recognised staff had not had regular supervision or appraisals. The registered manager provided evidence to show that this issue had been recognised and was being dealt with. For example they showed us that appraisals had been booked in for the following day.

People told us the staff asked them for their consent when they supported them and we observed this. People’s consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, relatives and other representatives had been consulted so that decisions could be made to reflect people’s known preferences and in their best interests.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager and other staff to make sure they understood their responsibility for making sure people’s liberty was not unduly restricted. The service had referred two people to the local authority assessor in line with the Mental Capacity Act 2005 for urgent applications of DoLS. Both had been granted. Additionally, the registered manager had discussed with the assessor that a further five applications needed to be made in the near future.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. They told us they liked the food at the home, we saw it was freshly prepared and that people were given a variety and a choice. One person said, “The food is excellent”. We saw people were offered hot and cold drinks and snacks throughout the day. One relative told us how the home offered their family member a variety of food including food from their country of origin. However, as the relative has become increasingly unwell and lost their appetite, the home had continued to try and offer foods that the person might find palatable.

People’s nutritional needs had been assessed and recorded. We saw that people’s weight was monitored. Where people’s weight had changed significantly action had been taken so they were referred to the appropriate professional. We observed staff supporting and encouraging people to eat their meals.

People were supported to maintain good health and had access to the healthcare services they needed. People told us they were able to see their doctor and other healthcare professionals whenever they needed. We saw evidence of a range of professionals visiting the service and these visits were always documented. The care records we saw outlined the input individual people needed. One person using the service told us how they had been discharged from hospital and had restricted mobility. However, since arriving at the home with input from a professional supporting the care staff, they were becoming more mobile. We spoke with a range of professionals after our visit. This included a palliative nurse, GP and physiotherapist who were all positive about the care the home provided.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments from one relative included, “He [relative] always greets the staff with a smile, which is more than he does with us”. Another relative said the staff were “friendly and approachable”. The healthcare professionals told us that Lodore offered a high standard of care and was compassionate.

We observed staff caring for people in a kind and sensitive manner. They gave constant re-assurances for example, responding immediately to someone in their bedroom who was distressed. People were able to move around the home freely, and supported to spend time wherever they chose in the home. Staff were present in the communal areas throughout our visit, checking on people’s wellbeing and taking time to sit with them and chat. There was a calm atmosphere throughout the home.

The staff understood how to treat people with dignity and respect. Staff we spoke with were able to tell us what actions they undertook to make sure people’s privacy and dignity were maintained. This included keeping doors and curtains closed and talking to people whilst they were providing care. We also observed that staff always knocked on bedroom doors and sought people’s permission before entering. Where people had expressed a choice for gender specific care this was respected. A relative told us they were encouraged to be involved in providing care, but only if they wanted to. They felt this was important as their relative was receiving end of life care and they wanted to be involved, but not have the pressure of having to provide the care.

People were generally able to make daily decisions about their own care and from our own observations people did decide what they wanted to do. People could chose to eat their lunchtime meal in the dining area, the lounge on a small table or in their bedrooms. People were also encouraged to be as independent as possible. For example, one person was able to tell us how the home was already equipped with handrails, but they had also provided mobility aids so the individual could maintain their independence whilst moving around in their bedroom

The home had received the Gold Standard Framework (GSF) accreditation for end of life care. This is an accreditation to show that staff at Lodore Nursing Home had received training in end of life care and the service had been assessed as meeting a number of standards to confirm that it provides good quality end of life care to people. The home linked with the local hospice for support where required to ensure people receive appropriate end of life care. A hospice nurse told us the home worked well with them and responded to their requests and comments appropriately.

Good

Is the service responsive?

Our findings

People told us they were treated as individuals and they were able to make decisions about the care they received. One relative told us, "I talked to the staff about [my relative] wearing joggers and tee shirts and said it's not him. Now they make sure he's smart and matched up". In the care plans we looked at we saw individual's needs were identified and that these plans were regularly reviewed and updated. This plan was reviewed monthly to make sure it reflected the person's current needs and wishes.

Whilst the care plans were adequate the registered manager, who had been in post a number of weeks, had identified the care plans could be improved. They were able to show us the progress that had already been made by re-structuring the care plans so they were more person centred and contained additional life history information, so care workers could use this when talking to people.

Each person who used the service had a named nurse and named care worker. The role of these staff was to have particular responsibility for overseeing and coordinating the care and support received by the individual. People we spoke with knew who these individuals were and staff who were assigned these roles could tell us about the individual.

People were involved in a number of social, recreational and leisure activities dependent upon their needs and wishes, and the provider responded to requests made. On the day of our inspection, a singer had been booked who sang 1940's songs. A number of people told us how much they had enjoyed a previous visit and so the provider had arranged another visit. Whilst a number of people congregated in the lounge to listen and join in with the singer, a number of other people had chosen not to participate and opted instead to stay in their bedrooms.

There was a programme of organised activities which people were able to contribute their ideas to.

We saw from the timetable there were reminiscence activities twice a week, music, aromatherapy and opportunities for worship. Activities included entertainers from outside and the care staff arranging some events such as massage and aromatherapy themselves.

People we spoke with knew how to make a complaint and felt they would be listened to if they had any concerns. The home had a complaints policy which outlined the process and timescales. The service kept records which showed complaints were dealt with in a timely and appropriate manner.

The manager audited all concerns and complaints and looked at ways in which improvements to the service could be made. There was evidence of learning from complaints and concerns, for example through discussions at team meetings and changes in procedures.

Good

Is the service well-led?

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.