Nutley Lodge Care Home

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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

We carried out an unannounced inspection of Nutley Lodge Care Home 18 December 2017. Nutley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Nutley Lodge Care Home accommodates 27 people in one adapted building. At the time of the inspection 26 people were living at Nutley Lodge Care Home.

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 2008 and associated Regulations about how the service is run. Two providers ran the service as a partnership with their families and had been in the industry for many years. The service was last inspected in August 2015 and was rated 'good' overall. Well led was rated as requires improvement as the service had not submitted a notification to CQC in a timely way. This had now been rectified and notifications of events were now sent according to legal requirements.

At this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home. One person said, "It's so lovely here. I wouldn't want to go anywhere else now."

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people, some of whom were living with dementia and unable to tell us directly about their experiences. They looked comfortable and happy to spend time in the large lounge and entrance hall or their rooms. The staff were preparing for Christmas and there was a large Christmas tree and decorations throughout the home.

People were encouraged and supported to maintain their independence. There was a sense of purpose as people engaged with staff, watched what was going on, played games and pottered around the home or enjoyed a musical session with the provider's wife playing the piano. Some people were living with dementia and people were independently mobile or required some assistance from one care worker. Staff engaged with them in ways which reflected people's individual needs and understanding, ensuring people mobilised safely whilst supervising from a discreet distance.

People were provided with good opportunities for activities, engagement and trips out. These were well thought out in an individual way and the providers with their families were very involved in day to day life at the home. People could choose to take part in activities if they wished and when some people preferred to stay in their rooms, staff checked them regularly, spending one to one time with them. One person said how the 'girls' [staff] were all lovely. They said, "I can do what I want. I like to read my newspaper in the morning

then go down for lunch. They know what I like. There's lots to do. I like it here."

People and relatives said the home was a safe place for them to live. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed and people seemed happy to go over to staff and indicate if they needed any assistance. People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

People were well cared for and people and relatives were involved in planning and reviewing their care, some people were not able to be involved due to living with dementia. Care plans showed that people living with dementia were enabled to make smaller day to day choices such as what drink they would like or what clothes to choose. Where people had short term memory loss staff were patient in repeating choices each time and explaining what was going on and listening to people's repeated stories. Staff clearly were knowledgeable about people's needs, interests, background and personalities. Therefore, they could meet people's needs in a person centred way. One care worker kindly supported a person saying, "Don't please others [person's name], please yourself."

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. One person was being supported as their health deteriorated and the staff were working with the local hospice and district nurses in a clear, organised way to ensure the person was comfortable. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

People were able to access appropriate equipment, for example mobility aids. The premises was clean and hygienic with a homely feel and staff used appropriate infection control methods to ensure people were safe.

Medicines were well managed and stored in line with national guidance. Records were completed with no gaps and there were regular audits of medication records and administration and to ensure the correct medication stock levels were in place. For example, where an audit had identified any gaps in recording medication administration, this had promptly been raised in a staff meeting and additional medication training provided.

Care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. Staff also signed care plans to indicate they had read them to further ensure they were up to date with any changes in people's needs. Handover and communication between staff shifts was good so there was consistent care. The service rarely used agency staff but were able to fill vacancies if they could not cover shifts, within the staff team.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. They said they enjoyed the homely, family feel. One care worker said, "Just putting a smile on someone's face is worth it. I love it here." Staff clearly had good knowledge in identifying people's changing needs and providing appropriate care. Relatives said, "We are so lucky, we couldn't ask for better."

People's privacy and dignity was respected. Staff ensured people kept in touch with family and friends, inviting friends and family to outings and events regularly. One relative sought us out to tell us how wonderful the staff had been supporting them during their loved one's end of life care. They said, "It's a wonderful family home. The providers take people out and mingle in like a big family. We have been so well looked after, we are so lucky. We couldn't have asked for a better outcome."
People received information in a format they could understand and communication support enabled effective, accurate dialogue between the service and individuals. Therefore, they could access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment as much as they were able.

The manager and providers showed great enthusiasm in wanting to provide the best level of care possible and valued their staff team. For example, organising staff days out and showing their appreciation. They worked together to ensure people's needs were met as well as facilitating fun opportunities for people. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. Staff were very positive about working at the home.

Observations of meal times showed these to be a positive experience in a lovely setting, with people being supported to eat a meal of their choice, where they chose to eat it. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and special dietary needs were catered for as well as specialist crockery and cutlery and finger foods to aid independence for people living with dementia .

There were effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider audits.

There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire and comments and actions were displayed on the home notice board. People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

A monthly newsletter and notice board kept people up to date and organised events such as barbecues and garden parties encouraging families and children to attend. This showed that people and their families mattered to the staff, who also shared their lives, families and pets. Two relatives told us they were off on holiday and would have a good time away because they had just seen their loved one sitting singing with staff before they left and were confident they would be safe and well cared for.

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 has improved to good. There were effective quality assurance systems in place to make sure areas for improvement were identified and addressed in a timely way.	Good

Nutley 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 inspection took place on 18 December 2017. This was an unannounced inspection and was carried out by one adult social care inspector.

At the time of this inspection there were 26 people living at the home. During the day we spent time with all 26 people who lived at the home, eight people individually and three relatives. We also spoke with the registered manager, the providers, the administrator, a senior care worker and three care workers, a domestic and the cook.

We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medication records and care files relating to the care of three individuals.

Good

Is the service safe?

Our findings

The service was safe. People and relatives told us they felt the home was safe and they were well supported by staff. One person said, "It's so lovely here. I wouldn't want to go anywhere else now." The providers and registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed and people seemed happy to go over to staff and indicate if they needed any assistance.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. Two relatives told us they were off on holiday and would have a good time away because they had seen their loved one sitting singing with staff before they left and were confident they would be well cared for. They added they would recommend the home to anyone and it had been recommended to them. Relatives told us they would not hesitate to report any concerns if they had any; they felt they would be listened to and action would be taken to address any issues raised. For example, they had been concerned about their loved ones' fluid intake so the registered manager had introduced a fluid chart to record input to alleviate their concerns. Some people were not able to respond directly about their experiences due to living with dementia but appeared happy and comfortable with staff and each other.

Staff encouraged and supported people to maintain their independence in a caring way. Care staff ensured they prompted people to dress themselves and assisted with ensuring people dressed in the correct order. People were wearing appropriate clothes for the weather. The balance between people's safety and their freedom/choice was well managed. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. They escorted one person to the bathroom from a discreet distance, for example, and waited outside the bathroom to ensure the person was managing. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in sending samples off for testing and ensuring the person had appropriate treatment to keep them safe. Records showed regular monitoring.

Risk assessments and actions for staff to take were included in care files, such as for risk of pressure area skin damage, falls and nutrition. For example, ensuring people had their mobility aids within reach and to checking the person didn't put too much in their handbag hanging on their frame. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. No-one at the home had any skin pressure damage. Three people were being cared for in bed due to their condition and they were checked for re-positioning regularly. Staff ensured one person moved themselves in bed to minimise the risk of skin pressure damage and checked them regularly to minimise social isolation.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During our inspection there was the registered manager, a senior care worker and three care workers, a cook, a domestic, administrator and laundry person.

The home was very clean and tidy. There were no offensive odours throughout the home and rooms were fresh. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control. A maintenance person was available who checked the maintenance book regularly ensuring the home was well maintained and homely.

Staffing numbers were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. Most people at the time of the inspection required the assistance of one care worker, with one person using a hoist depending on their condition to mobilise. We saw that people received care and support in a timely manner at a pace which suited the individual. Care plans detailed whether people could use their call bells effectively and staff monitored people accordingly. Staff were attentive to people's needs, knowing them well and interpreting body language. For example, one care worker was offering a person their favourite drink to ensure they could take their medication more easily. Staff explained what they were doing before attempting a task such as using a mobility aid. One care worker was explaining how they would change the sheet with the person in bed, reassuring the person.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. The registered manager said there were rarely vacancies. We looked at the recruitment records of three staff who had been recruited since the last inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record that indicated they were untrustworthy.

All staff who gave medicines were trained by the local pharmacy and had their competency assessed before they were able to administer medication. The registered manager said they also ensured all staff trained in administering medication had a chance to keep up to date and staff rotated medication roles to ensure they kept up to date and got to know each person's medication needs. Medication administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded when received and prescriptions could be quickly faxed through from the GP and obtained from the nearby pharmacy. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being given to people during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. The care worker stayed with people whilst they took their medication at their own pace. Medicines were thoroughly audited by the registered manager and the local pharmacy also completed external audits. A medicine fridge was available for medicines which needed to be stored at a low temperature such as eye drops. Medication which required additional secure storage and recording systems were used in the home. We saw these were stored and records kept in line with relevant legislation.

The provider had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to manage people. Accidents and

incidents were recorded to show they were well managed and appropriate actions taken.

Good

Is the service effective?

Our findings

The service was effective. Some people who lived in the home were not able to choose what care or treatment they received due to living with dementia. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Mental capacity assessments had been carried out to determine each person's individual ability to make decisions about their lives. Where restrictions were in place appropriate applications had been made to the local authority to deprive the person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Where people were restricted, for example by the use of bed rails, best interest decisions had been made in consultation with other people involved in their care, and the decisions had been recorded. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. Staff were aware of the implications for people's care and had also included discussions about flu vaccinations, for example. The registered manager kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted. Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individual wishes. For example, one person had poor hearing. Their plan stated, "I only choose to wear the left hearing aid. I can put it in and replace my own batteries."

There were few falls at the home and the registered manager audited any falls monthly to ensure they could pick up any patterns related to time or location. Staff said they tried to promote people's independence as much as possible, ensuring people had easy access to mobility aids, drinks, call bell, visible staff and easily accessible bathrooms and room doors which had individualised pictures on for each person. This further assisted people in independently identifying their own rooms. During meal times people were encouraged to help themselves, with staff saying, "Here's the spoon, have a go", helping people put food on the cutlery or gently prompting people.

There was a very stable staff team at the home who had a good knowledge of people's needs. Most staff had been employed at the home for a number of years including their own families, one had gone on to train as a registered nurse. Their thank you card stated, "I will take fond memories with me and I am ever grateful for the support and encouragement." Staff and the registered manager were able to tell us about how they cared for each individual to ensure they received effective care and support. The providers were also very visible and knew each person and staff member well. For example, they told us how one person had been proud to pass their driving test at 60 years old, they all celebrated a couple's platinum wedding anniversary displaying their photos in the dining room and the registered manager also knew people's preferred routines. There was a real sense of Nutley Lodge being people's own home. Relatives also spoke of how the

staff knew their needs too, ensuring they had slept or eaten, reassuring them not to worry and being available to speak about their loved one at any time, treating them as part of the 'family'.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All of the staff were qualified in the national vocational qualification (NVQ) or undertaking the Care Certificate, a nationally recognised care qualification. Mandatory training was detailed in the staff new employee book and included safeguarding, comprehensive manual handling, fire, infection control, health and safety and food hygiene. New staff completed a 12 week induction following 'Skills for Care' guidelines (a recognised national training standard) with the providers. This included working with more experienced staff for a period until each new staff member felt confident to work independently. Staff said they liked working at the home and felt they could say if there was an area of training they were interested in. Training was a range of e-learning and face to face. External courses completed also included nutrition and diet, dementia training, dying, death and bereavement. A first aid trained person was on duty at all times. The induction pack included the code of conduct for social care workers and was clear about what was expected from staff. Policies and procedures were accessible to staff as well as aide memoire pocket cards.

There was a programme to make sure staff training was kept up to date. This was managed on a training matrix. Training due was highlighted and booked. Staff received regular one to one supervision sessions. This enabled staff to discuss career and training needs, any issues and for the manager or senior to assess competency using a set format.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. Staff made sure people saw the relevant professional if they were unwell and there were lots of recorded examples. Staff said they had a good relationship with local GP surgeries and they used one district nurse across all the surgeries which worked well for consistency of care. The registered manager said, "It's great, they use the same system and electronic tablet so we can communicate and run an efficient and lean company." One person had deteriorating health and records showed staff working closely with the district nurse and local hospice nurses during this time. One person was at risk of water retention in their legs so staff monitored this regularly. Records showed how staff were attentive to any changes such as sore skin. Body maps were used to identify and monitor areas requiring topical creams or bruises.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take. Staff told us, and the person's care records showed, that appropriate professionals had been contacted to make sure people received effective treatment. For example, staff had recognised that one person was at risk of choking on a normal diet. They had referred the person to the speech and language therapist (SALT) and the person now received thickened fluids, to ensure they were no longer at risk of choking. Staff followed SALT guidelines ensuring each food item was pureed separately to maintain dignity.

Everyone we spoke with was happy with the food and drinks provided in the home. There was also a tuck shop which had items added if people suggested. We took lunch with the majority of people eating in the dining room. The cook and staff knew what people liked to eat including their favourite foods and dislikes and each plate was dished up individually. Staff were also able to understand what people would like by using their recorded knowledge of their preferences in the past. There was a varied menu, which also used photographs so people could see actual meals before choosing. At the time of the inspection people were enjoying gammon or nut roast, fruit flan and ice cream and home made bread. There were various alternatives if people wished. People were offered their choice of drinks. Relatives were encouraged to visit

over mealtime if they would like to assist and share the experience or have a tea tray. People were not rushed but food was served in a timely way. Tables were set nicely with Christmas centre pieces, place mats and condiments. There was friendly banter between people and they were offered second helpings and regular snacks throughout the day, including homemade cakes. This helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake in a homely setting.

People had the equipment and environment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home, including the garden and people had individual walking aids, wheelchairs or adapted seating to support their mobility. There were two hoists and a stand-aid available. There had been a lot of investment in the premises. There had been major renovations of the exterior façade and guttering, flat roof and porch windows. Now people could sit in the porch area all year round. All areas had been re-carpeted in a carpet chosen by people living at the home. The mature gardens were well maintained and now included a large summer house with power and call bell facilities and a secure enclosed back garden.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. They were attentive, passing time with people and relatives. Relatives told us how they always felt welcomed and all staff were able to give them an update on their loved one.

Rooms were very personalised. Relatives and people said they could decorate them as people wished. Staff thought about what would be nice for people, for example positioning a bed so a person could see up over the hills out the window from their bed. Staff were sensitive when relatives were anxious about people's care. For example, putting communication systems in place to alleviate any anxiety. Photographs showed relatives enjoying days out and events with people.

Laundry was well managed by a laundry person. This was well organised with people's clothes well cared for and folded neatly and continence aids kept discreetly, showing that staff cared about people. Staff had noted that some care workers were not manicuring people's nails before painting them and this had been raised in a staff meeting and rectified. Staff ensured the garden was well maintained to offer nice views from rooms.

Some people were not able to tell us about their choices directly due to their dementia. Care plans contained people's preferences which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do and their preferred routines and topics for starting conversations. These were recorded. Tea and biscuits was offered throughout the day including relatives. We saw staff interacting with people in a caring and professional way. Staff also enjoyed their work and told us, "The staff team is very stable, people often come back to work here or their families come and work here. It's all word of mouth." Many care staff had worked at the home for some years. They said they enjoyed the homely, family feel. One care worker said, "Just putting a smile on someone's face is worth it. I love it here." There was a good rapport between people; they chatted happily between themselves and with staff. When staff assisted people they explained what they were doing first and reassured people. Staff enjoyed making people smile and they had taken up a national campaign called 'Pimp my Zimmer' which entailed decorating people's mobility zimmer frames so they were encouraged to use them independently and recognise their own.

The home had no offensive lingering odours and staff ensured people were assisted to the bathrooms discreetly to maintain their continence. If people wanted to get up and move about they were not restricted. One person moved around all day chatting to staff as they passed, whilst staff discreetly checked the person was alright. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way. Where people were not so well, staff were genuinely concerned about people and told us how they had got to know people really well, like family. Staff thought about how they could improve people's lives. For example, one person enjoyed a long bath. To enable them to have as long as they wanted, staff discussed timings with the person as the mornings could be busy. Now the person enjoyed a relaxing

afternoon bath with one care worker staying with them to chat in the bathroom as they wished. Care workers were noted as saying they would stay on after their shift if needed to ensure the person had the time they needed. Another care worker was ensuring people had a blanket that was not too heavy for them.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their changing needs. The home provided good leisure and social activities that were appropriate for people including those people living with dementia. When we arrived people were enjoying a late breakfast, chatting with staff, napping or pottering around the home and singing songs while the provider's wife played the piano. This was a regular feature. Due to most people choosing to spend most of the day in the communal areas, they were able to interact with visible and attentive staff and watch what was going on so there was a low risk of isolation. One person told us, "We all go dancing in here. We all get to know one another. We have a good laugh in here." In a recent relatives' quality assurance survey relatives had commented, "The home is a good place for Mum to live. She makes good comments about the staff and enjoys the trips, all of which makes me feel reassured", "One of the better homes, if not the best" and Mum is well looked after. It's all here, she gets very good attention, she is very, very happy, she says it all the time."

All staff worked as a team to provide activities. There was a very comprehensive activity programme on a notice board showing morning and afternoon activities on offer. Photographs of people enjoying activities such as a trip to a hilltop café, golf club, supermarket, Halloween events and growing giant sunflowers were displayed. Other activities included, games, art class, chair exercises, reminiscence and films. The registered manager told us how people had helped with gardening in wheelbarrows, planting tomato and courgette plants and sitting in the garden with choc ices. The provider had promised a BBQ recently, it rained but the provider carried on cooking the hot dogs with a big umbrella.

The service also booked a variety of regular external entertainers such as musicians and entertainers. There were CDs, books, magazines and items of interest for people to use around the home. One person was enjoying sitting caring for a doll, which is a recognised aid in managing anxiety for people living with dementia. Staff were respectful when interacting with the person and their doll. There was also available information about how to ensure five fruit and vegetables a day for older people and other health advice which people could access.

Each care file had a background information form which was completed with relatives if possible. The care plans had details of what social activities people liked and who was important to them. For example, staff knew when people regularly had visitors and whether people needed to be assisted to get ready to go out. People's care plans showed how they liked to be addressed and then went on to detail people's past experiences.

People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff said prospective people could come and visit the home at any time, they didn't need to make an appointment. The home was open to view as it was. They said they liked what they did and were proud to do it. Relatives were told to view a few homes to ensure they could feel that they had done their best for their loved one.

Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes if they were able and people's relatives also contributed.

During the inspection we read three people's care records. These support plans showed person centred language and gave good detail about exactly how staff should care for people. For example, "I can be disorientated to time so I may not know its morning. I like to have my hair washed and set." Hygiene and dressing plans showed what they liked to wear and what they could do for themselves. For example, "I am a shy person so I don't like having staff help but I'm getting used to it with staff I know" and "I feel the cold, I like to wear a woollen jumper." Night plans showed how people liked to sleep and their usual sleeping pattern, with details such as leave the bedside light on, routines and whether they could or would use a call bell.

Staff at the home responded to people's changing needs. For example, staff recognised when people were not eating so well, were not themselves or had a sore place on their skin. One care worker was sharing how happy they were that the person they were assisting had managed a whole high calorie drink, as they had not been eating much. No-one at the home had any pressure sores at the time of our inspection. One person had been anxious about using a stair lift so staff had suggested they may wish to move to a ground floor room to avoid the need to use the lift. This resulted in their anxiety being reduced.

Staff referred people to appropriate health professionals in a timely way. For example, in relation to chiropody, eye care and to the district nurses or GP. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required.

Some people were unable to be directly involved in their care planning but relatives were able to be involved if they wished. The three relatives we met said they were as involved as they felt they needed to be. They were able to chat to staff or the registered manager/provider at any time anyway. Care plans re-iterated there was an open door policy to access staff and information with plans stating, "Ensure [person's name] maintains contact with their family and their well being is enhanced." People and their representatives said they would not hesitate in speaking with staff if they had any concerns. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. Issues were taken seriously and responded to in line with the provider's policy.

There was good end of life care. Care plans had this information at the beginning of the file if people were receiving end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. For example, whether people wanted to be resuscitated, what their wishes might be and information about power of attorney and arrangements. One person's relative had commented that they thought the staff at Nutley Lodge were wonderful. They had recent experience of the end of life care for their loved one and could not fault it saying they could not feel sad as it had been perfect. They said they would miss coming to the home but had been told they were always welcome. Staffing levels could be increased if needed to provide additional support for people at the end of their lives and specialist hospital beds were sought if necessary for more dependent people if needed. Appropriate health care professionals and family representatives had been involved in end of life discussions. Nutley Lodge had successfully achieved recognition of commitment to supporting end of life best practice and ensuring high quality care through a hospice accredited training programme. Other people had benefitted from visits from the hospice nurses to manage pain control, instigated by care staff.

Good

Is the service well-led?

Our findings

The service was well led. There was a management structure in the home which provided clear lines of responsibility and accountability. The providers were present during the inspection and staff said they were usually at the home most days. The registered manager said the providers were always available for support and sometimes came in at the weekends to pick up jobs such as getting dishwasher tablets or picking up prescriptions. The provider and registered manager described their ethos. A Nutley Lodge mission statement was displayed saying, "The aim of this home is to provide the standard of care and facilities we would be happy for our own parents to have." Some staff had relatives living at the home as well as local GPs' relatives. The staff team was very stable and many care staff had worked at the home for some years. They said they enjoyed the homely, family feel. One care worker said, "Just putting a smile on someone's face is worth it. I love it here." A notice stated "Tell me and I forget, show me and I will remember, involve me and I understand". We saw this in practice. For example, people were enabled to keep busy doing household chores if they wished such as folding napkins, which made them feel useful.

People and relatives spoken with during the inspection described the management of the home as open and approachable. People were comfortable and relaxed with the management team who clearly knew them and their family well. Relatives said they were happy to talk to management and all the staff at any time and could not fault the care. A new deputy manager role was being developed to further support the registered manager. Relatives clearly valued staff at Nutley Lodge and were very positive about their experiences. They said they too felt part of the family. These relationships worked two ways with staff sharing their lives with people and their relatives, and celebrating people's anniversaries and achievements.

The providers, managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people and their families. For example, recognising and addressing family anxieties and finding ways to alleviate this with more regular communication by email. People and relatives had lots of communication about the home such as regular meetings, newsletters, the home's statement of purpose and informative notice boards. For example, there had been good communication about a lift upgrade and how this would be managed. There were systems in place to share information and seek people's views about the running of the home. A recent quality assurance survey and separate food survey had been completed. Comments were all very positive. Comments included what Nutley Lodge could do better and the notice board showed how this would be achieved. For example, introducing a visiting activity every month such as an accordion player, a new staff communication book and all new staff having mentor support.

The managers kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area and attending regular managers meetings. They were part of the National Care Home Association regionally. Following meetings Nutley Lodge had changed their probation period for example. All staff spoke positively about the home and were happy working there. There were rarely vacancies. Staff received regular supervision support, completed employee quality surveys and were regularly listened to and consulted individually and through regular meetings. For example, outcomes included ensuring a medication round staff rota enabled staff to remain competent in this role and a kitchen

assistant was appointed to assist with afternoon tea and drinks.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. For example, where people had fallen individual risk assessments were reviewed and preventative measures taken. There were very few falls. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.