

Sure Care (UK) Limited

Derwent Lodge Nursing Home

Inspection report

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23 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Derwent Lodge Nursing Home is a 'care home' providing accommodation, nursing and personal care for up to 46 younger and older adults. At the time of the inspection 26 people were living at the home.

People's experience of using this service and what we found

We continued to identify some areas requiring improvement in relation to risk assessment and safety monitoring processes. We have made a recommendation regarding this.

Medication administration was safe. New electronic medication administration recording procedures were still in the process of being embedded. Staff had received the appropriate training and audits were being regularly completed.

Staff received safeguarding training and understood the importance of keeping people safe. Staff knew how to raise any concerns and were familiar with reporting procedures they needed to follow. The registered manager had systems in place to review and monitor safeguarding incidents, including learning from any incidents.

Staff were familiar with level of support people required and relatives told us that they believed safe care was provided to their loved ones.

There were enough staff at the home. Staffing levels were effectively monitored and safe recruitment processes were in place. Relatives confirmed that they had developed positive relationships with the staff team who worked at the home.

Infection prevention and control (IPC) arrangements and processes were safely embedded at the home. The registered manager ensured that all staff were familiar with COVID-19 policies and the importance of complying with the measures that had been implemented.

The staff team and relatives we spoke with during the inspection all expressed that they had been well informed during the COVID-19 pandemic and that lines of communication had been well established.

Governance systems and processes were in place to monitor, assess and improve the quality and safety of care people received. Audits and checks were completed as a measure of reviewing the provision of care being delivered.

Rating at last inspection and update:

The last rating for this service was 'good' (report published November 2019).

Why we inspected

We carried out an unannounced focused inspection to review the 'safe' and 'well-led' domains.

Our report is only based on the findings in those areas at this inspection. We did not look at all the five key questions during a focused inspection. We found evidence that the provider needs to make improvements. Please see the 'safe' section of this report. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Derwent Lodge Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Derwent Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Derwent Lodge Nursing Home is a 'care home'. People in care homes receive accommodation, nursing or personal care as a 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.

The service had a manager registered with CQC at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we received about the service since they had been registered with CQC. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection and formulate a 'planning tool'.

During the inspection

We were unable to speak to people living at the home however we did speak with two relatives about their experiences of the care provided, along with four members of staff including the deputy manager and registered manager. We reviewed a range of records including three people's care records, several medication administration records and two staff personnel files in relation to safe recruitment. We also viewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at audit data, infection prevention and control measures and the quality assurance tools and checks that were in place.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has remained the same.

Assessing risk, safety monitoring and management

- People's support needs were assessed, and areas of risk were managed and regularly reviewed. However, we did identify some inconsistent information throughout the records we reviewed.
- There continued to be gaps in the provider's health and safety monitoring checks.

Although we were assured that people were not at risk of harm, we do recommend that the provider reviews and strengthens risk assessment and safety management processes at the service.

- Health and safety compliance certificates were reviewed and in date.
- Staff were familiar with people's individual support needs, they escalated any presenting concerns and the appropriate support was accessed. For instance, referrals were made to the tissue viability nurses and dietetics services in a timely manner.
- We received positive feedback about the safe level of care staff provided at Derwent Lodge. One relative told us, "[Staff] are fantastic with [name], [name] is completely safe, I've no concerns at all" and "Staff provide all the support [name] needs."

Using medicines safely

- Medication administration processes were in place; although we did identify minor discrepancies in relation to the new electronic medication administration recording system.
- Staff received all the necessary training and regularly had their competency levels assessed
- Medication audits were routinely completed and helped to identify areas of improvement; we saw evidence of actions taken when areas of improvement were required.

Learning lessons when things go wrong.

- The registered manager ensured that lessons were learnt when accident / incidents occurred at the service.
- Accident and incident reporting and recording procedures were in place. Staff told us they knew how to report and record any significant events and the importance of doing so.
- Regular 'trend analysis' of all accidents / incidents was completed to establish how and if 'risk' could be further reduced.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse; systems and processes were safely embedded. One relative said, "[Name] is quite complex, [name] is completely safe, I always recommend the home."

- Staff knew how to report any concerns; they received safeguarding training and were familiar with whistleblowing procedures. One staff member told us, "[We're] all clear on the reporting procedures."
- Safeguarding incidents were reported to the local authority and CQC accordingly; investigations took place as and when necessary.

Staffing and recruitment

- Safe staffing levels were in place and robust recruitment procedures were followed.
- People received support from a consistent staff team who were familiar with their support needs. One relative told us, "Staff are fantastic with [loved one], staff love [name], [name] is in good hands."
- Safe recruitment practices were followed; appropriate references were obtained, and Disclosure and Barring Service (DBS) checks were completed for all staff who were employed.

Preventing and controlling infection

- We were assured that the provider was using 'personal protective equipment' (PPE) effectively and safely and the infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and ensuring that infection outbreaks were effectively prevented or managed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'good'. At this inspection this key question has the same.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Quality performance, regulatory requirements and staff roles were all understood; there was a positive, person-centred culture which promoted good outcomes for people.
- Governance systems and quality assurance audit tools enabled the registered manager to monitor, review and assess the provision of care being delivered.
- The registered manager was aware of their legal and regulatory responsibilities; the staff team were also clear about their roles and promoting a positive, risk free environment.
- We received positive feedback about the provision of care provided. Staff comments included, "The care is brilliant, I love working here." One relative told us, "Staff love [name], [name] always looks lovely, they're great."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- Duty of candour responsibilities were complied with and measures were in place to review and improve the provision of care people received.
- The registered manager maintained open, honest and transparent relationships. One relative told us, "They [staff] do keep family informed of any updates."
- Effective processes and systems enabled the registered manager to review the quality and safety of care people received and make improvements where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, relatives and people were involved in the planning and provision of their care; partnership work had been well established at the service.
- Staff regularly attended meetings and daily handovers; staff told us they were well informed and felt involved. One staff member said, "Staff know all the updated information" and one relative said, "There's a good level of communication between staff and nurses."
- Quality questionnaires were circulated to people living at the home. These helped to capture people's thoughts, views and suggestions on the care they received.
- The home developed good working relationships with other healthcare professionals such as the falls prevention team, tissue viability nurses, infection prevention and control teams and local GP's.

