Mr S N Patel

Deer Lodge

Inspection report

Deer Lodge
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Teddington
Middlesex
TW11 0DR

Tel: 02089433013

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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 inspection of Deer Lodge care home on 1 February 2016 The inspection was unannounced. At the previous inspection of 15 September 2014 the home had met all the standards.

Deer Lodge is a home for up to 14 older people, including people who have dementia. The home has a registered manager. 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 who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible.

There were enough staff on duty to care for people, With a minimum of two care staff per shift with one waking night staff and one sleeping in staff. Staff had been trained to use specialised equipment, such as hoists, safely.

People told us that they were happy with the care they received and felt their needs had been met. Staff were able to demonstrate good knowledge of people's needs as they spoke about them and provided care in a safe and caring manner.

The provider had a clear Service User Guide which emphasised the rights of people to be treated with dignity, to have privacy and to be able to exercise choice. This was also reflected in the home's policies and procedures and formed the basis for staff training.

The provider ensured that people's independence and choice was promoted. People told us that they had been involved in making decisions and there was good communication between staff and themselves. They also confirmed that their consent was asked for before doing anything, such as going somewhere, or receiving medicines.

We saw that people's health, nutrition, fluids and weight were regularly monitored. There were well established links with GP services offering a single point of access for people.

People told us that the staff were kind and caring towards them. People's comments included; "Staff are very kind" and "I am very happy here".

Care records were individual to each person and contained information about people's life history, their

likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships.

We listened to how staff spoke with people and found this was professional and relaxed, and included friendly chit-chat between staff and people who used the service. We saw how people who used the service responded positively to the interaction. Staff responded promptly when asked a question and took time to explain their actions.

People were able to get up and go to bed at a time that they preferred and were able to enjoy activities and interests that suited them. The home also supported people to maintain relationships with family, relatives and friends.

In order to listen to and learn from people's experiences the home had an open door policy for relatives and friends as well as occasional meetings where relatives could attend and discuss issues affecting the home and the care provided to people.

The size of the home meant that staff could hold discussions with small groups of people and individuals on a daily basis. People were involved in discussions about their food, activities and how the home was run.

The provider maintained regular contact with the registered manager in order to regularly assess and monitor the quality of service that people received. People were very positive about the culture and atmosphere in the home. One person said, "It's very easy going and that makes you feel comfortable".

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and the National Care Homes Association.

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 who lived at the home were protected from the risk of abuse happening to them.

People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing.

There were clear policies and procedures in place relating to safeguarding and whistleblowing. Medicines were safely and securely stored in a locked medication cupboard.

Is the service effective?

Good

The service was effective.

Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible.

Staff had been trained to use specialised equipment, such as hoists, safely. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences.

People's needs in respect of their age, disability, gender, race, religion and belief were understood by the staff and met in a caring way.

Is the service responsive?

Good

The service was responsive.

People's requests for assistance throughout the day were responded to promptly and people told us they never had to wait too long for assistance.

Staff ensured that people were able to enjoy their preferred activities and supported them in these, where required.

The home had a complaints procedure that was understood by people. People told us felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way

Is the service well-led?

Good

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People were very positive about the culture and atmosphere in the home.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and the National Care Homes Association.

Deer 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 took place on 1 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we looked at information about the home that we had. This included previous inspection reports, correspondence, notifications and returns made to us by the provider.

During the inspection we spoke with nine people living in the home. We also spoke with the registered provider and manager, the deputy manager and three members of staff.

We looked at the homes policies and procedures, five care records, five medicines administration records and two staff records.

We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Good

Is the service safe?

Our findings

People who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. Comments included "I feel safe here. I am looked after well." and "I haven't had anything happen that makes me worried."

We observed interaction between staff and people and saw that the relationships were respectful and friendly, with people often initiating the contact and conversations. This indicated to us that people who used the service had confidence staff would keep them safe from harm.

Staff were supported with information to guide them in the event of a safeguarding concern being identified. For example we saw that the home had clear safeguarding policies and procedures and saw that staff had signed to say these had been read and understood. These included whistle blowing procedures.

No safeguarding alerts had been raised but the manager was able to tell us the procedure and actions they would take in the event of a safeguarding allegation, which demonstrated that the provider would respond appropriately to any allegation of abuse with the aim of keeping people safe.

Staff were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred. Staff described the reporting process they would follow if they witnessed, suspected or had been told an incident of abuse had taken place. This was in line with the home's safeguarding procedures.

Staff told us they had completed up to date training in safeguarding and records confirmed that staff had either attended safeguarding training in the last 12 months or were due to attend the next scheduled training in 2016. This included refresher training.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and support. Risk management plans covered aspects of care such as, nutrition, mobility, physical and emotional health and medication and they formed part of the person's care plan.

Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible. These included various aspects of people's lives such as mobility, eating and drinking and moving around the home unaided. Records showed that risks people faced were reviewed and updated on an ongoing basis.

People were free to move safely from one from one area of the home to another including an outdoor secured garden. We saw that staff took care to support people at their own pace and to make sure there were no hazards in their way.

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. We viewed a sample of five recruitment records and found that information and checks required by law for recruiting new staff were obtained. The recruitment process included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and reference checks. Staff confirmed that they had completed an application form, attended interview and underwent appropriate checks prior to starting work. This ensured staff were fit and suitable to work in a care setting.

The home had not had a high turnover in staff which meant that the staff had had time to develop a good understanding of people's needs and how to care for them safely.

There were enough staff on duty to care for people, with between two and three staff on duty at all times. The night care team consisted of one waking staff with one sleeping in staff. Staff were able to contact the manager on call if there was an emergency out of hours. We checked the staffing rota and found this reflected the staff on duty at the time of inspection. Staff told us they had no concerns about staffing levels.

Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard. The medicines cabinet was locked and could only be accessed by a key which was held by the senior staff member on duty. There was a system in place for ordering and delivery of medicines in blister packs on a four weekly basis by the local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of.

Medicines were handled and administered safely. Procedures, guidance and advice leaflets were easily accessible to staff with peoples' medicines administration records (MARs) in the medication room. This included a copy of the National Institute of Clinical Excellence (NICE) guidance on medicines management in care homes 2014. Care staff which included team leaders and experienced care workers were trained to administer medicines and refresher training was included in the home's overall training programme.

We checked a sample of five people's medicines administration records (MARs) and saw they included details of allergies, prescribed medicines and instructions for administration. MARs also recorded when medicines were administered or refused and this gave a clear audit trail and enabled the service to monitor medicines kept on the premises.

The premises were free from hazards. The building and equipment used at the service was maintained to a safe standard. Records showed that regular checks had been carried out by an approved person, on equipment and systems such as the passenger lift, fire alarms, electrical appliances and lifting equipment.

Staff had been trained to use specialised equipment, such as hoists, safely. Specialist assessments had been completed in relation to complex moving and handling issues, for example, with the support of occupational therapists. This helped people and staff to feel reassured when using such equipment.

There were procedures and policies in place to control infection. We looked around the service and saw that all areas were clean and hygienic. Staff had received infection control training and records confirmed this. The manager and staff knew what their responsibilities were for in the event of a breakout of infection within the service to safeguard peoples' health and wellbeing.

There was a good supply of personal protective equipment such as aprons and disposable gloves to minimise risks of the spread of infection. There were hand washing facilities including liquid soap and paper towels which enabled people who used the service, visitors and staff to maintain hand hygiene and reduce

the risks of cross infection. A number of people commented positively on the cleanliness of the home. One person told us, "they always keep it bright and fresh".

Good

Is the service effective?

Our findings

People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. One person told us, "The staff are good and the food is lovely".

People told us that they felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way.

Staff told us they received sufficient training and felt very supported by the manager. Some staff had worked at the home for many years and knew the people well. Training records showed staff were appropriately skilled and experienced to care for people safely. In addition to safeguarding training, training also included first aid, moving and handling, fire safety and dementia care. Emergency equipment such as fire extinguishers and first aid boxes were located around the service.

Care staff received supervision and annual appraisals. The registered manager had been on leave and a deputy manager had been appointed. This had led to a review of roles between the manager and deputy, as this was a new role for the home. This had had an impact on the frequency of supervision for staff. However, we saw that some staff had again begun to receive supervision on a six to eight week frequency and that the management team were putting systems in place to ensure this regularity was maintained for all staff.

The manager and provider also told us how they were looking at how to develop staff training beyond the basic mandatory training. This included areas such as dementia and end of life care. This planning would go hand-in-hand with supervision and appraisal to identify those areas where staff would like to develop their interests.

People told us that they had been involved in making decisions about their care and there was good communication between staff and themselves. They also confirmed that their consent was asked for before doing anything, such as going somewhere, or receiving medicines.

The manager and staff confirmed that they had an understanding of the Mental Capacity Act.
The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent. Records showed that staff in the home had received awareness training in the MCA and the manager was able to demonstrate that decisions about people's best interests were made in consultation with the person and their family.

Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. Records confirmed that the home had been making requests for authorisation to restrict people's liberty in their best interests under the Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person

should be deprived of their liberty in order to get the care and treatment they need. At the time of inspection 14 applications had been made to the supervisory body, which was the London Borough of Richmond social services. Records were securely held within people's care records.

Staff were knowledgeable about people's dietary needs and preferences. People could choose to eat in the main dining room or eat in their own rooms. A menu was clearly displayed and staff once again offered choice at the time of the meal itself. People spoke positively of the quality of the meals.

Staff were knowledgeable about the needs of people who required support during mealtimes and were observed to provide this in a way that helped the person enjoy the mealtime. People's care plans and staff training records included references to the importance of nutrition and hydration. We saw that people's health, nutrition, fluids and weight were regularly monitored. There were well established links with GP services offering a single point of access for people.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. People's comments included; "The staff are very very good to us." and "I am very happy here."

The provider had a clear Service User Guide which emphasised the rights of people to be treated with dignity, to have privacy and to be able to exercise choice. This was also reflected in the home's policies and procedures and formed the basis for staff training.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships. Each person also had a "Lifestyle Passport" which contained important information regarding the way they liked to live and be treated. Care records explained to staff how people wished to be supported as well as including detailed interventions and outcomes when delivering care to people.

People were involved in decisions about the running of the home as well as their own care. One member of staff told us, "When I go home I need to think that the residents have been able to have a good day and that they have done things that they want to do and not just the basic care that staff do."

Care staff told us that care plans were detailed and informative and that they had good relationships with relatives and families. Records confirmed that people's care plans were comprehensive and person-centred. We noted that the service had some records and information that was either duplicated or old enough to be safely destroyed. The provider agreed that as part of the changed management arrangements which now included a deputy manager, these administrative issues could be looked at with a view to streamlining the data and information held in the office.

This would have the effect of making sure that staff could deliver care as effectively as possible by having easier access to current information.

One staff member told us, "We know our people very well, and if someone cannot speak very well we know their behaviour can tell us something." Another staff member said, "I always explain what I am going to do and give people time to understand it, such as when taking them to their room."

Staff gave people choices and respected their decisions. Throughout the day we saw that people had access to all communal parts of the home and their own rooms. Some people chose to spend time in their room, others chose to sit in quiet areas or move freely around the units. People told us it was their choice to spend time alone in their rooms and that staff respected their wishes. We observed staff carrying out regular checks on people who preferred to be alone and offered drinks and snacks.

People told us they were able to choose how they spent their time during the day, what time they got up and went to bed. One person told us "I can go to bed when it suits me." Another person, whom we observed

drawing, told us how the staff helped them with their interest in art by making sure there was sufficient table space and materials available for them

Visitors were free to visit without undue restriction.

Staff respected people's dignity and privacy. For example; we saw people received personal care either in their own room or bathrooms with doors closed. During our inspection we observed how staff interacted with people who used the service and found it to be respectful and sensitive. For example, before entering a bedroom or bathroom, staff knocked and waited before opening the door.

We listened to how staff spoke with people and found this was professional and relaxed, and included friendly chit-chat between staff and people who used the service. We saw how people who used the service responded positively to the interaction. Staff responded promptly when asked a question and took time to explain their actions.

People who wished to speak confidentially or in private would do so in their own rooms or in the garden area, weather permitting. The structure of the building was such that there was not much space for private meeting rooms as such. However, the manager told us that where meeting in someone's room was not ideal, effort would be made to secure an area, or allow people to meet in the manager's office.

Care records contained information about the way people would like to be cared for at the end of their lives, if the person wished to discuss these matters and this included clear information about people's wishes in the event that they may need resuscitation. The provider told us, "We use a person centred approach to all aspects of their care, including at the end of life, where we will use palliative care nurses. We make sure we include the whole family where possible."

Good

Is the service responsive?

Our findings

We were told by people that the staff attend promptly when they rung the call bell during the day and night. We saw that people's requests for assistance throughout the day were responded to promptly.

People's needs were fully assessed prior to becoming resident in the home and at regular intervals thereafter. We looked at care records and saw that they contained assessments relating to weight, mobility, and healthcare including medicines, eating and drinking, behaviour and independence.

People said they were able to get up and go to bed at a time that suits them and were able to enjoy activities and interests that suited them. The home also supported people to maintain relationships with family, relatives and friends.

The home had its own transport to take people out. On the day of inspection this was being used to support someone who wanted to go to their hairdresser.

There was a programme of activities which included external visitors such as a musician and a film enthusiast showing old cine films. Internal activities included games and exercise classes as well as ensuring people had access to music, books and newspapers.

The home's philosophy placed great importance on ensuring that people who live at the home continued to lead as normal a life as they were able. Staff demonstrated a commitment to this philosophy by the way they spoke with and helped people and included them in the ordinary day to day life of the home and conversations about events, family life and the daily news.

People told us that they felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way. One person said, "the manager is lovely and you can tell her anything. She will sort it out for you."

Good

Is the service well-led?

Our findings

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People were very positive about the culture and atmosphere in the home. One person said, "It's very relaxed and the staff are lovely." One member of staff told us "we can always talk to the manager and it is a good place to work."

Staff told us that they could talk to the manager about anything and they would listen and be supportive and they were reassured by this. Staff said if they were concerned about the treatment of anyone they would have no problem in reporting it to the manager or provider. They also told us that they work well together as a team and all know each other as there had not been a high turnover in staff for the past few years.

Staff had a good understanding of the ethos of the home and quality assurance processes were in place, together with policies and procedures that focussed on the rights of the individual person and were clearly written to enable staff to understand them and apply them. Examples included safeguarding and whistleblowing, complaints, supervision, care planning, medicines administration and emergencies.

There was a Service User Guide, which contained a copy of the complaints procedure as well as a description of the standard of care people had a right to expect.

The home had recently increased its management with the addition of a deputy manager role. The provider explained how this would add to the effectiveness of carrying out the various management and development aspects of the home by sharing key responsibilities between the manager and deputy.

Areas for future development included modernising the record-keeping processes, developing staff training to go beyond basic mandatory training, better alignment of staff personal skills and interests with both their own professional development and introducing new activities with people.

The use of the internet was also discussed, both as a way of managing systems and processes but also in ways that could enhance people's lives, such as looking at photos, old newsreels, conversations with family and relatives and games that helped keep the mind active.

The provider told us that once the manager had formally returned from leave, these topics would be discussed with a view as to how they might best be introduced.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and the National Care Homes Association and through programmes such as the local authority provider forum.

Records in the home were held securely and confidentially.