

Completelink Limited

Prestwood Lodge

Inspection report

Wolverhampton Road
Prestwood
Stourbridge
West Midlands
DY7 5AN

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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

About the service

Prestwood Lodge is a residential care home providing personal care to 28 people aged 60 and over at the time of the inspection. The service can support up to 30 people.

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

People were treated with kindness and compassion. People had personalised care plans and risk assessments in place which helped staff understand their needs and learn about their preferences.

People were supported by compassionate staff who respected their privacy and dignity. People were involved in regular reviews of their care and encouraged to offer feedback. People were supported to receive their medicines safely.

People were supported in a clean environment and staff wore protective equipment where required to reduce the risk of infection. Any accidents and incidents were reported by staff to the management team and actions were taken to reduce any future risk. This meant people's support was flexible depending on their level of need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's privacy and dignity was respected by staff.

People were supported to maintain a healthy diet and had access to healthcare professionals should they need them. People had detailed care plans which were updated when their needs changed. This ensured the staff knew people well and provided care which was effective.

People had access to a variety of activities and the service had good links with the local community.

The provider learned lessons when things went wrong and completed regular reviews of the quality of the service to ensure continuous improvements to people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was good (published 08 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Prestwood Lodge

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 team consisted of one inspector.

Service and service type

Prestwood 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.

The service had a manager registered with the Care Quality Commission. This means that they 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and able to raise concerns should they have any. One person told us, "Its very informal here. I can ask about anything. [The registered manager] is very approachable. I know their door is always open."
- Staff received safeguarding training and were knowledgeable about the types of abuse and how to report concerns. One staff member told us, "If I had concerns I would take them straight to the [registered] manager unless they were involved then I would take it above them. If I raised concerns with [the registered manager] they would respond to these."
- Where concerns had been raised we saw these had been reported to the Local Authority Safeguarding team.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which included clear guidance for staff to manage and reduce the level of risk. For example, people had risk assessments for falling.
- Risk assessments promoted the least restrictive options for people's support. For example, staff worked with a person to enable them to continue to walk short distances.
- The provider completed regular checks on the environment and people's equipment. For example they completed checks on fire safety and wheelchairs.

Staffing and recruitment

- There were sufficient numbers of trained and experienced staff to ensure people's needs were met in a flexible way and people did not feel rushed. One person told us, "Staff come quickly when I press the buzzer for help."
- Staff were recruited safely and people living at the service were involved within this process. Staff told us they had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed by trained staff who understood their responsibilities in regard to medicines.
- Where people were prescribed medicines 'as required', there was clear guidance in place for staff to support them to receive these.
- People's medicines were reviewed by health professionals regularly to ensure they remained effective.

Preventing and controlling infection

- Staff had a good understanding of infection control and had access to personal protective equipment such as gloves and aprons. During our inspection we saw staff wearing gloves and aprons when supporting people with personal care.
- The provider had systems in place to ensure the home was kept clean. During our inspection we saw the home was well maintained by staff.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, following missed signatures being identified on medicines records a daily audit was implemented to reduce the risk of this reoccurring.
- The registered manager worked alongside the provider to investigate and analyse any adverse events at the service. We saw learning from incidents was shared with the staff team. This reduced the risk of these events reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were assessed prior to the start of and during their care.
- People, those important to them and professionals were involved in the assessment and planning of people's care.
- People had personalised care plans which gave guidance for staff on how to support them. For example, people's care plans included discussions around national guidance and people's preferences around whether and how they would like this to apply to their care.
- People had oral health care plans which gave staff clear guidance around how to support people to maintain their oral health care needs.

Staff support: induction, training, skills and experience

- Staff received an induction which allowed them to work towards the Care Certificate. The care certificate is a set of standards which staff must adhere to in their daily working life.
- New staff shadowed more experienced staff to help them get to know the people they would be supporting and to feel more confident in their role
- Staff received training and supervision which enabled them to support people effectively. Staff told us the training was 'good' and we saw the registered manager monitored training records to ensure staff training was kept up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet by staff who understood their preferences. For example, people were supported with a variety of dietary needs, such as vegetarian and gluten free.
- People told us they could make choices around their diet. One person told us, "There is plenty of choice. You can ask for something else if you don't like what's on offer. There is always two options or you can have a baked potato or omelette."
- People had access to professional support to maintain a healthy diet where they required this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals. One person told us, "The doctor comes every other week, but if needs be [staff] would call them in earlier."
- Staff worked alongside professionals to ensure people received timely support. One professional told us,

"[Staff] send referrals when they need to and escalate any concerns with us when we are in the building. They are responsive to any advice we give."

- Staff had a thorough handover to support them to keep up to date with changes in people's needs.

Adapting service, design, decoration to meet people's needs

- The home was spacious and had multiple communal areas. There were gardens which were accessible and lifts for people unable to use the stairs.
- People were able to personalise their bedrooms if they wished to. For example, we saw where staff had hung a jewellery rail on a person's wall at their request.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Whilst no one at the service lacked capacity, staff had received training and were knowledgeable about the MCA.
- The registered manager understood their responsibilities in relation to the MCA and DoLS and knew when and how to assess people's capacity, complete best interests decisions and to submit the relevant applications to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion. One person told us, "It's a pleasure to live here, there is lots of fun and laughter. The carers are all so kind and helpful."
- Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
- Staff offered empathetic care when people were anxious or distressed. For example, we saw staff offered people time and reassurance when they became worried.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. For example, the home had a religious service.

Supporting people to express their views and be involved in making decisions about their care

- Staff took time to listen to people and provide care in a personal way. One person told us, "[Staff] are pretty good and will stop and have a little chat." During our inspection we saw staff spending time with people chatting and laughing.
- People, and if required their relatives, were involved in decisions around their care and support needs. One relative told us, "[Staff] always keep us up to date."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted by staff. For example, we saw bedroom and bathroom doors were closed when people received support.
- People were encouraged to maintain their independence. For example, following a person falling whilst carrying their belongings, the provider purchased a bag to attach to their mobility equipment to enable them to continue to walk independently.
- People's right to confidentiality was respected and records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were offered time and choices by staff. For example, we saw staff encouraged people to make choices about their meals and how they wish to spend their time.
- People had personalised care plans which contained details of their preferences. For example, what foods people preferred.
- People were involved in regular reviews of their care. For example, we saw people met with their keyworkers to talk about their experience of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard. For example, people could access information in large print on request. We also saw in people's care files clear details around the font sizes people would need to receive information in to support them to be able to read this clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a variety of activities. One relative told us, "[My relative] does quizzes, bingo and aerobics. There was a singer yesterday who really lifted everyone's spirits." Another relative told us, "My [relative] loves the stimulation here, it's been so good for them."
- Staff encouraged relatives to be part of activities and social occasions at the service. For example, relatives were invited to a Christmas party at the service.
- People were supported to maintain relationships which were important to them. One person told us, "I go out most days. It's one of the things I liked about the place, that I could come and go as I wished. It's just like my own home."
- Staff encouraged people to remain part of their local community. For example, they organised the local rotary club to visit with mince pies, sherry and a sleigh at Christmas time.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One person told us, "I don't think anyone would complain here but we could if we wanted to."
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations

were completed in full and involved people and their families.

End of life care and support

- People had end of life care plans in place which explored their funeral arrangements and who they would like to be contacted in the event of their death.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with offered consistently positive feedback about the registered manager. One person told us, "[The registered manager] is approachable and always willing to talk about things."
- The management team were experienced staff who were passionate about the people they supported and the quality of the care they provided.
- The service had a clear vision and strategy to help ensure they delivered high quality care and support and achieved positive outcomes for people. One relative told us, "My family and I have total peace of mind about [my relative] being here. I honestly don't think they would be here if it wasn't for this home. They are back to their old selves."
- The management team promoted an open culture which developed their staff team. We saw this meant staff were retained by the service as they felt valued within their roles.
- The registered manager was clear and had met the requirements of their registration. For example, the registered manager sent notifications to us as required about events at the service.

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

- Duty of candour requirements were understood by the registered manager if anything went wrong. The registered manager told us, "It's about being open and transparent about anything that goes wrong in the service to the person or their families. I'd apologise to people about the concerns and learn from it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager regularly reviewed the quality of the service. For example, we saw quality checks completed on various aspects of care such as people's care files and medicines records. Actions were taken in a timely way where inconsistencies were identified through audits and improvements were made.
- The management team and staff were clear about their roles and responsibilities. For example, since the last inspection the registered manager had sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.
- The registered manager monitored accidents and incidents to identify where future risks to people could be reduced.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The provider sought regular feedback from people and families during resident and relative meetings and took action in response to people's feedback. For example, they improved people's gluten free meal options following people requesting this.
- Staff were given the opportunity to offer feedback during staff meetings.

Working in partnership with others

- Professionals gave consistently positive feedback about the service. One professional told us, "I could quite happily live here myself. It's one of the nicest homes I go into."
- The service had positive links to the local community. For example, we saw local schools and groups were visiting people over the Christmas period.