

The New Careford Lodge Ltd

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Inspection report

Careford Lodge
Church Street
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Somerset
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Tel: 0146075592

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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

The New Careford Lodge is a residential care home for up to 18 people. The home specialises in the care of older people. At the time of the inspection there were 18 people living at the home. A small number of these people were receiving respite care.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

People felt safe at the home and with the staff who supported them. One person said "I feel well cared for and safe." There were adequate numbers of staff to meet people's needs and maintain their safety. Risk assessments were carried out to minimise risks to people.

People received effective care and support from staff who were well trained and competent in their roles. Staff monitored people's health and made referrals to healthcare professionals according to people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a warm and welcoming atmosphere which helped to create a comfortable home. People told us, and we observed, that staff were kind and caring towards them. One person said "The staff here will do anything for you. They really are excellent."

The staff were responsive to people's individual needs and wishes. People were able to make choices about their day to lives and follow their own routines. One person said "I choose what I want. I like to think I'm still in charge." There were organised and informal activities available to people in accordance with their interests and abilities.

People benefitted from a management team who were open and approachable. People were kept informed about any changes and there were ways for people to make suggestions and give feedback about the running of the home. The provider had systems in place monitor quality and safety and make improvements where necessary.

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 remains Good	Good ●

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Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection carried out by one adult social care inspector. The inspection took place on 25 April 2017.

The provider completed a Provider Information Return (PIR) in November 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in December 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with nine people who lived at the home and one visiting relative. We also spoke with three members of staff. The registered manager was available throughout the inspection.

We observed care practices in communal areas and looked at a number of records relating to individual care and the running of the home. Records seen included three care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care to people.

People told us they felt very safe living at the home and with the staff who supported them. One person said "I feel well cared for and safe." Another person told us "We are extremely safe, comfortable, happy and warm."

There were adequate numbers of staff to make sure people received their care safely and staff were available when people asked for assistance. Each person had a call bell in their room and people said staff responded quickly if they requested help. One person commented "If you ring they are here."

The provider used a dependency tool to make sure staffing levels were reflective of people's needs and to ensure they were able to respond to changes in need. No one raised any concerns about staffing levels and during the inspection visit we saw staff had time to meet people's needs and to socialise.

The risks of abuse to people were minimised because the provider had a robust recruitment procedure which included seeking references from previous employers and checking their suitability to work with vulnerable adults. All staff also received training in how to recognise and report any suspicions of abuse. Staff asked said they would not hesitate to report any concerns and were confident action would be taken to make sure people were safe. One member of staff said "When I reported something it was dealt with."

Risk assessments were carried out to make sure people received care safely. One person was being cared for in bed and there was a care plan in place to minimise the risks of pressure damage to their skin. A pressure relieving mattress was in place and staff assisted the person to change position regularly. There was a chart in the person's bedroom showing staff were following the plan of care. The person did not have any damage to their skin showing the control measures in the risk assessment were effective in reducing the risks of pressure damage. The person told us "I'm very comfortable and warm. They are lovely to me."

People received their medicines safely. Some people had their medicines administered by staff who had received specific training to carry out the task and others self-administered their medicines. People told us they were confident they got the right medicines at the right times. Where people chose to administer their own medicines risk assessments had been carried out to make sure they were safe to do so. One person said "Staff asked me when I came if I wanted to do my own tablets. They made sure I knew what I was doing and so I take full responsibility for them."

Clear records were kept of all medicines administered, refused or handed over to people who self-administered. Medicines that required additional recording and storage were administered in accordance with relevant legislation and guidance. We checked a sample of records against stocks held and found them to be correct showing that the procedures in place to administer and record medicines were effective.

To make sure medicines were stored at the appropriate temperature, records were kept of storage facilities.

We noted that the cupboard where the medicines were kept was above the recommended 25 degrees centigrade which could reduce the effectiveness of some medicines. The registered manager had already reported this to the provider as part of their weekly audit and they were looking for alternative storage facilities within the home.

Is the service effective?

Our findings

The service continues to provide effective care and support to people.

Throughout the inspection we found staff had the skills required to effectively support people. We saw staff were able to engage with people and support them to be as independent as possible. Staff told us they received the training and support they required to meet people's needs. Staff said they received a good induction when they began work and there were opportunities to update and refresh their knowledge and skills. One person told us "The staff here are all very good. The new ones get the training they need before they let them loose on you."

The majority of people were able to make choices and give consent to the care they received. One person said "It's still my choice what I do." Where people lacked the capacity to give consent the staff worked in accordance with the Mental Capacity Act 2005 (MCA)

The 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. One person had been assessed as requiring specific equipment to keep them safe. The registered manager had assessed the person's capacity to consent to the equipment and found they lacked the capacity to do so. Therefore a best interest decision had been made. This showed the staff were working in accordance with the law to make sure people's rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals to the Local Authority where people required this level of protection to keep them safe.

People's physical needs were monitored by staff and they sought advice and support from healthcare professionals when needed. One person told us "You always see a doctor if you need one." Records showed staff helped people to see other healthcare specialists, such as district nurses, chiropodists and opticians, according to their needs.

People were complimentary about the food at the home and said there was always a choice of meals. One person said "There's a good choice of food but if you don't like it you can ask for something else." Another person said "There's always plenty to eat."

People had their nutritional needs assessed and action was taken when these assessments highlighted concerns. One person had lost a significant amount of weight and had been seen by their GP which resulted in them being prescribed food supplements. Other people were provided with snack bowls during the day to

make sure they always had access to easy to eat food.

Is the service caring?

Our findings

The home continues to provide a caring service to people.

Throughout the day we heard and saw kind and caring interactions between staff and people who lived at the home. Staff assisted people at their own pace and supported them to retain their independence. One person told us they had lost their confidence when walking around but staff were helping them to mobilise around the home. In the afternoon we saw this person walking round the corridors with a member of staff. The staff member offered gentle encouragement and chatted to them. One person told us "Their kindness and patience has helped to reduce some of the anxieties I have."

People's privacy and dignity were respected and people told us staff were always respectful of them. Each person had a single room where they could spend time in private if they wished to. Throughout the day staff were very discreet when offering support. Staff spoke quietly to people and all personal care was provided in private to maintain people's dignity.

People were very complimentary about the staff who supported them. One person told us "Staff are very kind." Another person said "The staff here will do anything for you. They really are excellent." The home had received a number of thank you cards from people who had stayed at the home and their relatives. One card thanked the staff for their "Love and care." Another person had written "Thank you for being so kind and looking after me so well during my short stay with you."

There was a very warm and welcoming atmosphere which created a comfortable place for people to live. People were supported to maintain contact with friends and relatives and visitors were always welcome. One person said "It's lovely that friends from the village can just drop in." We heard there were regular coffee mornings where people were able to invite friends and relatives to enable them to socialise together.

Some people had formed friendships with other people at the home. We saw people chatting together and after lunch a small group of people sat playing dominoes. One person said "There's a little group of us who get together most days for a game."

People were able to make decisions about their care and support and were involved in the review of their care needs. One person said "They do ask about how you like things done." Care plans were reviewed on a monthly basis and people had signed to say they understood and agreed with the content.

Is the service responsive?

Our findings

The service continues to be responsive.

Everyone had a care plan that set out their needs and wishes. Care plans we read were basic but due to the size of the home staff had an excellent knowledge of how people wanted to be supported. Staff responded to changes in needs and wishes. For example one person told us they had made a specific request to change the time staff assisted them to get changed for bed. We saw this had been recorded in their care plan and staff were able to tell us about the person's request. One person's mobility had reduced and, in addition to referring them to a healthcare professional, staff had adjusted the support they gave.

People told us they continued to make choices about their day to day lives and follow their preferred lifestyle choices. One person said "I choose what I want. I like to think I'm still in charge." People said they were able to choose whether to socialise with other people or maintain their privacy.

A number of people who lived at the home had previously lived in the local area and told us they continued to feel part of the community. One person said "I'm still doing the things I did before, just from a different place. I'm still in the village and part of the community." Another person continued to attend their local church which was very important to them.

Since the last inspection the home had employed an activities worker to support people to take part in activities of their choosing and increase social and mental stimulation for people. This had proved very popular and people were complimentary about the changes that had been made. One person said "There's some lovely things being arranged."

The activity worker told us they were trying to make sure everyone had opportunities to make suggestions for activities and feel part of what was going on. Some people preferred not to join in but were kept involved by pictures and chats from the activity worker. One person said "I don't join in but it's nice because [activity worker's name] comes to see me to chat. She keeps me up to date."

People felt listened to and said if they made a complaint action would be taken to address their concerns. One person said "I have everything I need. If I didn't they would sort it."

Where complaints had been made action had been taken to identify any shortfalls in the service and make sure the complainant was satisfied with the outcome. For example one person had made a complaint about an element of their care. The registered manager had met with them to discuss their concerns and then taken action to address the issue raised. They had then met with the person a fortnight later to make sure they were happy that the action taken had addressed their issue. Another complaint made had resulted in additional support and supervision for a member of staff. These examples showed the registered manager treated complaints seriously and took action to make sure they led to improvements in the service provided.

Is the service well-led?

Our findings

The home continues to be well led.

Since the last inspection a new manager had been appointed and registered with the Care Quality Commission. 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.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care. The registered manager kept their skills and knowledge up to date by training and reading. At the time of the inspection they were working towards a level five award in management and leadership. The nominated individual for the provider visited the home regularly to monitor quality and supervise the registered manager.

People benefitted from a clear staffing structure which meant there was always experienced senior staff available to monitor their well-being and meet their needs. The registered manager was supported by a care co-ordinator and a team of senior care staff. Other care staff told us there were always senior staff to ask advice from to make sure people's needs were met. One member of staff said "There is always someone here to ask. It's better to ask than get things wrong."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. People and staff said the registered manager and senior staff were open and approachable and we saw how they responded to complaints and concerns to make sure the service continued to improve.

The registered manager made sure people were kept up to date with changes and were able to make suggestions about the running of the home. There were monthly meetings for people who lived at the home where they were able to make suggestions. The minutes of one meeting showed people had asked for an opportunity to grow plants. At this inspection we saw people using the greenhouse and they showed us some plants they had raised from seed. At another meeting staff had suggested a date for an Easter coffee morning but as people disagreed with the date the event was held on the date suggested by people living at the home.

The registered manager and provider had quality assurance systems in place to make sure standards were maintained and to plan on-going improvements. These included satisfaction surveys and audits of practice and records. The last satisfaction survey showed people, staff and professionals were very happy with the care and service provided. The registered manager completed a weekly audit and information document for the provider to make sure they were fully informed about things happening in the home. It was also an

opportunity for the registered manager to highlight improvements that needed to be made. For example the need for alternative storage for medicines.

People lived in a home which was well maintained and safe. Regular audits of the building were undertaken and there was a maintenance person who ensured checks were carried out to promote the safety of people. These included regular checks on the fire detecting equipment, hot water temperatures and equipment such as wheelchairs. Where equipment, such as hoists, required regular servicing by specialists, the provider had contracts in place with outside contractors to make sure they were regularly serviced.