

Jackman's Lodge Ltd

Jackman's Lodge

Inspection report

The Mount
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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

Jackman's Lodge is a care home without nursing for a maximum of 30 older people, including people living with dementia. There were 29 people living at the home at the time of our inspection, two of whom were receiving respite care.

People's experience of using this service:

People's care was designed and planned to meet their individual needs. Care plans were personalised and developed with the input of people and their families.

People were supported to maintain good health and to access healthcare services when they needed them. Staff worked well with other professionals to ensure people's needs were met.

Staff were kind and caring and treated people with respect. They encouraged people to make choices about their care and respected their decisions. People's religious and cultural needs were known and respected.

People felt safe when staff provided their care. Measures had been implemented to minimise any risks involved in people's care. Guidance was provided for staff to ensure they supported people safely and in a consistent way.

Staff received the training they needed for their roles and had access to management support through supervision and appraisal. Staff shared information effectively to ensure people received care that reflected their needs.

People who lived at the home, their families and staff had opportunities to give their views about the service and these were listened to. Residents', relatives' and staff meetings took place and satisfaction surveys were distributed regularly.

People had access to a range of activities and events and had opportunities to access their local community. People's friends and families could visit whenever they wished and were encouraged to be involved in the life of the home.

The home had a strong management team which provided good leadership to staff and communicated effectively with people, relatives and professionals. The management team maintained an effective oversight of the service, which ensured people's care was well-planned and managed.

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.

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

At the last inspection the service was rated Good. The report of this inspection was published on 16 March 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence 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.

Jackman's 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Jackman's 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. The registered manager was not at the home on the day of inspection. We were supported during the inspection by the home's deputy manager.

Notice of inspection

This inspection was unannounced.

Before the inspection

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with eight people who lived at the home and two visiting relatives. We spoke with six staff including the deputy manager, the chef and four care staff.

We looked at care records for four people, including their assessments, care plans and risk assessments. We read minutes of staff meetings, residents' and relatives' meetings and the results of surveys. We checked four staff recruitment files, medicines management and recording, accident and incident records, quality monitoring checks and audits.

After the inspection

The registered manager sent us information about the activities scheduled for the remainder of the year.

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.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely.
- Assessments had been carried out to identify any potential risks to people, including the risks associated with mobility, skin integrity and eating and drinking. Where risks were identified, measures were put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone.
- A personalised risk assessment had been carried out to identify the support each person would need in the event of a fire.
- Health and safety checks were carried out regularly and we saw documentary evidence of fire, gas and electrical safety. Equipment used in people's care, such as slings, hoists and wheelchairs, was checked and serviced according to manufacturer's guidelines.
- The home had a business continuity plan to ensure that people would continue to receive their care in the event of an emergency.

Staffing and recruitment

- Staff were available when people needed them. People told us they did not have to wait when they needed support and did not feel rushed when staff provided their care.
- The management team checked call bell response times as part of their monitoring of the care people received. We saw that any issues identified through the monitoring process were followed up.
- The number of staff deployed on each shift was calculated based on people's assessed needs. This calculation was reviewed regularly to ensure staffing levels took account of any changes in people's needs.
- Vacancies on the permanent staff team at the time of our inspection meant that agency staff were deployed on most shifts. The provider was actively recruiting permanent staff and we were told that three permanent staff were scheduled to start work the month after our inspection.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities in protecting people from abuse.

Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Safeguarding and whistle-blowing had been discussed at team meetings and staff reminded of their responsibilities in these areas.

- If concerns or allegations had been raised about people's care, the provider had reported these to the relevant agencies, including the CQC and the local authority. The provider had investigated allegations when asked to do so and shared their findings openly and transparently. Where investigations had identified areas for improvement, action had been taken to improve.

Using medicines safely

- Medicines were managed safely. There were appropriate arrangements for the ordering, storage and disposal of medicines. Staff who administered medicines received training and their practice was assessed before they were signed off as competent.
- People's medicines profiles recorded any individual needs or risks in relation to medicines. Profiles also contained instructions regarding the administration of any medicines people had been prescribed 'as required'.
- People were able to manage their own medicines if they wished to do so. Any support people needed to do this safely was recorded on a risk assessment. No-one was receiving their medicines covertly (without their knowledge) at the time of our inspection.
- The sample of medicines administration records we checked were up-to-date and accurate. Charts and body maps were used to record the administration of topical creams and transdermal patches.
- Medicines were audited regularly by the management team and had been audited by an independent pharmacist in December 2018. These audits confirmed that medicines were managed safely.

Learning lessons when things go wrong

- If accidents or incidents occurred, staff recorded the circumstances and factors that may have contributed to the incident. Incident records were reviewed by the management team to identify actions to reduce the risk of similar incidents happening again. For example, one person exhibited behaviours due to their dementia that potentially put themselves and others at risk. The person often displayed these behaviours as a result of not being able to leave the home independently as they wished. To minimise the risk of these behaviours occurring, guidance had been put in place for staff to ensure they supported the person in a consistent way when they expressed their wish to leave.

Preventing and controlling infection

- Staff kept the home clean and hygienic and maintained appropriate standards of infection control. Cleaning schedules were in place to ensure hygiene was maintained in all areas of the home. These were signed off by housekeeping staff when completed and checked by senior staff.
- Staff attended infection control training in their induction and regular refresher training. They had access to personal protective equipment, such as gloves and aprons, and used these when necessary.
- Infection control audits were carried out regularly to ensure people were protected from the risk of infection. The home's kitchen was subject to separate hygiene audits and had been deep-cleaned by a specialist cleaning company.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain good health and to access healthcare services when they needed them. People were able to see a regular GP who visited weekly. Staff recorded a summary of any advice given by the GP during their visits, such as changes to people's medicines and referrals made to other professionals.
- Staff worked effectively with healthcare professionals to ensure people received the care and treatment they needed. If people had ongoing healthcare conditions, such as Parkinson's disease, staff monitored these conditions as directed by healthcare professionals and supported people to attend appointments if necessary.
- People's care plans contained hospital passports, which contained information about their needs and preferences in the event of a hospital admission. This ensured that hospital staff would have access to important details about the person's medical history, medicines, healthcare conditions and dietary needs.

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

- People's needs in relation to nutrition and hydration were assessed and recorded. Personalised care plans had been developed in relation to nutrition and hydration which recorded people's individual needs and preferences.
- Action had been taken to reduce risks if these were identified. For example, one person had been referred to a speech and language therapist as staff were concerned about the person's safety when eating and drinking. If people were at risk of failing to maintain adequate nutrition, staff monitored their weight and recorded their food intake. Any adaptations people needed to enable them to eat and drink independently were provided.
- People's nutritional needs and preferences were communicated by the care team to kitchen staff. This included information about food textures, allergies and fortified fluids.
- At lunchtime, staff offered people a visual choice of meals. Staff checked that people were happy with the meal they had chosen when it arrived and offered them alternatives if they were not. If people were reluctant to eat, staff offered them an alternative meal, including dishes that were not on the menu, or a smaller portion. People who needed support to eat were assisted by staff in a dignified and unhurried way.
- Staff made the lunchtime meal an enjoyable experience for people. Staff encouraged people to join others for lunch in the communal dining area but respected people's decisions if they chose to remain in their rooms. Tables in the dining area were attractively laid and people were offered drinks of their choice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they moved to the home to ensure staff could provide their care. People's needs were reviewed regularly to ensure they continued to receive appropriate care and support.
- Care was delivered in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.
- The home had spacious and comfortable communal areas and people had access to well-maintained gardens. People's bedrooms were personalised according to their tastes and preferences. Adaptations and equipment were in place where necessary, including adapted bathroom facilities.

Staff support: induction, training, skills and experience

- People told us staff had the skills they needed to provide their care. Relatives were confident in the competence of staff who cared for their family members. One relative told us, "All the staff I see are very good."
- Staff had an induction when they started work, which including mandatory training and shadowing colleagues. Refresher training in mandatory areas was provided regularly and staff had access to training relevant to the needs of the people they cared for.
- Staff were expected to complete relevant qualifications, including the Care Certificate, a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
- Staff met regularly with their managers for supervision and appraisal. Staff told us these sessions were useful opportunities to discuss any issues they had in their roles. One member of staff said, "I find them really useful. You can discuss any issues or how you can do something better." Another member of staff told us, "We talk about how I'm getting on, anything I'm not happy about, anything I want to improve."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. People told us that staff asked for their consent on a day-to-day basis and respected their decisions.
- People were asked to record their consent to the care they received. If they chose not to consent to any aspect of their care, this was recorded and their decision respected. For example, one person had recorded their consent to their care plan, their medicines and the use of pressure sensors in their bedroom but had chosen not to give consent for the use of bedrails.
- Assessments had been carried out to determine people's capacity to give informed consent. If people lacked the capacity to give their consent, the provider communicated with representatives legally authorised to act on people's behalf to ensure that decisions were made in people's best interests. Applications for DoLS authorisations had been submitted to the local authority where necessary.

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.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff who supported them were kind and caring. One person told us, "We are very well looked after."
- Relatives told us staff treated their family members with kindness and respect. One relative said of staff, "You can tell that they care about the residents." Another relative told us, "They care about [family member], they enjoy looking after her."
- People received their care from a consistent staff team. People said staff knew their needs and preferences about their care. Staff knew the people they cared for well and were able to tell us about people's life histories and interests.
- Agency staff were deployed on most shifts as there were a number of vacancies on the permanent staff team. However, the impact of this on people's care had been minimised as the agency provided staff who worked at the home regularly.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity. People told us staff were respectful when providing personal care. We observed that staff offered people choices and respected their decisions. People told us that they could have privacy when they wanted it.
- Staff engaged positively with people, sharing conversations and humour. Staff treated people in a way that was friendly yet respectful.
- People told us staff respected their decisions and preferences about the care and support they received. Relatives said staff knew and respected their family member's choices about their care. One relative told us, "[Family member] prefers to stay in her room, that's her choice and they respect that."
- People were supported to maintain relationships with their friends and families. Relatives and friends were encouraged to be involved in the life of the home and were invited to events. Relatives told us that they were able to visit at any time and that they were made welcome when they visited. One relative said, "There are no restrictions, we can come whenever we like." Another relative told us, "I am always made welcome."
- People's religious and cultural needs were known and respected. Church services were held in the home and religious leaders visited some people individually. One member of staff had been nominated to establish people's religious and cultural needs and ensure these were met. We heard how one person's individual needs had been met through this approach. A member of staff had prayed with the person when they wished and joined them in saying a blessing before their meals. Staff had also ensured that the person

knew how to access religious programming on the television in their bedroom.

- People were supported to manage aspects of their own care where they were able and wished to do so. Care plans detailed the aspects of care people could manage themselves and the areas in which they needed support. For example, one person had expressed a wish to manage their own laundry and we saw that this was reflected in the person's support plan.

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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans were individualised and person-centred. They contained information about people's needs and preferences about their care, their life histories and interests. Relatives confirmed that they and their family members had been encouraged to contribute to the development of their care plans. A member of staff told us, "We get as much information from residents and families as we can to create the care plan."
- We saw that care plans had been developed where needs had been identified in areas including personal care, mental health, continence, tissue viability and oral health. Care plans were detailed and contained clear guidance for staff about how people's care should be provided.
- Care plans were reviewed regularly to take account of any changes in people's needs. The views of people and their relatives were sought when reviews took place.

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 opportunities to take part in a range of activities and outings. In-house activities included arts and crafts, gentle exercise, word games and events such as cheese and wine events and film showings. Entertainers visited the home and people were encouraged to access the community through trips to the local village, cafes and garden centres. People were able to pursue hobbies and interests, such as gardening. The provider was recruiting to the vacant activities co-ordinator post at the time of our inspection.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and individual communication plans developed to meet these needs where necessary.
- Information about the home, such as the service user guide, minutes of relatives' and residents' meetings and the complaints procedure, was available in accessible formats such as large print and Braille.

End of life care and support

- People were asked about their wishes regarding end-of-life care and these were recorded. If people did not wish to discuss this aspect of their care, staff respected and recorded this decision. Where end-of-life care plans were in place, these contained personalised information about people's wishes and preferences.
- The home was not providing end-of-life care at the time of our inspection although had done so in the past. Staff had access to training in end-of-life care and two senior staff were working towards accreditation for the Gold Standards Framework (GSF). The GSF is an evidence-based approach to care for people towards the end of their lives delivered by frontline care staff. The provider intended to implement this approach to the provision of end-of-life care across the home in the future.
- The home had access to support from local hospice staff and palliative care nursing teams to ensure the effective provision of end-of-life care.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. People and relatives knew how to complain and told us they would feel comfortable doing so.
- The home's complaints log demonstrated that complaints were managed in line with the provider's procedures and that action was taken to address people's concerns.
- Information about complaints was monitored by the provider's senior management team. The senior management team used this information to check that complaints were responded to appropriately and that improvements had been made where necessary.

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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us the home was well-run. They said they could always speak to the registered manager or a member of senior staff when they needed to. One relative said, "[Registered manager] is very approachable and easy to talk to."
- Staff at all levels met regularly and had opportunities to contribute their views and raise concerns. The deputy manager told us, "We have seniors' meetings every month and more often if we think we need to discuss a resident." The minutes of staff meetings demonstrated that the registered manager had encouraged staff to speak with them directly if they had a concern or a suggestion. The registered manager had also spoken to staff about the circumstances in which safeguarding concerns should be raised and reminded staff to report any concerns without delay.
- Staff told us the registered manager had made clear the expectations of them in their roles. They said the manager and senior staff reminded them of their responsibilities and encouraged their views about how standards could be improved. One member of staff told us, "[Registered manager] tells us every morning to read the care plans. She likes the job to be done perfectly."
- The registered manager had fulfilled their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

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

- The provider's quality monitoring process included seeking feedback from people who lived at the home and their families. Residents' and relatives' meetings took place regularly. Any issues people raised were considered and responded to. People, relatives and staff were also able to give their views through annual satisfaction surveys.

Staff told us the management team encouraged them to give their views at team meetings. One member of staff said, "They encourage input from us into how things are done, like with allocations of staffing. If anyone suggests something, management and seniors ask how they would do it."

- A newsletter written by the registered manager was distributed regularly to keep people up-to-date with developments in the home, such as new staff, outings, events and the redecoration programme. People had opportunities to be involved in the recruitment of staff if they wished. The registered manager had invited

anyone interested in participating in recruitment to contact them for information.

Continuous learning and improving care

- There were effective systems of quality monitoring, which ensured that people received well-planned and managed care. Key areas of the service were checked and audited regularly. These areas included people's assessments and care plans, standards of infection control, medicines management and health and safety. Any untoward events that occurred were reviewed to ensure learning and improvements took place.
- Staff shared important information about people's needs effectively. Staff beginning their shift always had a handover, which ensured they were up-to-date with any changes in people's needs. The handover sheet included standard items to be covered each day, including A handover list in place with standard agenda items including documentation, fire procedures, confidentiality, safeguarding and whistle-blowing. The registered manager had introduced a second handover later in the day to make sure any changes since the morning handover were highlighted.

Working in partnership with others

- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses and community mental health nurses.
- The registered manager attended 'care home networking' meetings, a group set up by a geriatrician at a local hospital designed to improve collaborative working between care homes and hospitals. The group examined ways in which people's experience of care could be improved, such as improving the discharge process from hospitals to care homes.
- Managers and staff had access to updates from relevant bodies in the sector, such as The National Institute for Health and Care Excellence (NICE) and Skills for Care.