Andrew Geach

Shedfield Lodge

Inspection report

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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

Overall summary

Shedfield Lodge is registered to provide accommodation and support for up to34 older people who may also be living with dementia. On the day of our visit 31 people were living at the home. The home is a grade 2 listed building and is located in a rural area approximately four miles from the town of Fareham. There is no public transport nearby. The home has a large living room, conservatory, two dining rooms and a kitchen. There are seating areas around the home where people can rest and relax. People's private bedrooms are on both the ground and first floors. There is a passenger lift and stair lift to the first floor. The home has a garden with a fish pond and a patio area that people are actively encouraged to use.

We undertook an unannounced inspection on 19 and 20 January 2015.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff understood the needs of the people and we saw care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were very happy with the care and described the service as very good. People were supported to take part in activities they had chosen. One person said, "I love living here. The staff are lovely people and are always so bright and cheerful". Staff spoke with people in a friendly and respectful manner. Staff told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "The home is managed well. If we have concerns we can speak to the manager or deputy manager about them".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and relative told us they were continually asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. A visiting GP told us, "I have no concerns at all over the safety and welfare of people living at the home. People are very well cared for and the staff work extremely hard".

Summary of findings

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. Staff demonstrated a good understanding of the different types of abuse and were able to explain the action they would take if they observed or became aware of an incident of abuse.

There were sufficient numbers of staff employed to ensure the needs of the people who lived at the home could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with vulnerable people were employed.

The arrangements in place for the management of medicines were satisfactory. Medicines were stored safely and record keeping was accurate.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were encouraged and supported to make their own choices and decisions.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

The catering arrangements promoted choices and flexibility. People said the meals were good and they were appropriately supported with diets.

Arrangements were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good

The service was caring. Staff engaged with people well and their privacy and dignity were respected.

People’s wishes were documented in their care plans about how they wanted to be supported.

There were regular residents’ meetings, where people had the opportunity to share their views and receive updates about events affecting the home.

Is the service responsive?

Good

The service was responsive. People’s needs were assessed.

Adaptations to equipment were made to meet people’s needs.

People were encouraged to voice their views about the service through regular meetings and feedback questionnaires.

A complaints process was in place and people were given feedback about the outcome.

Is the service well-led?

Good

The service was well-led. Staff were well supported by the registered manager and felt able to have open and transparent discussions with them through individual and team meetings.

Summary of findings

The service had processes in place to review incidents that occurred and learn lessons when mistakes had happened.

The registered manager reviewed policies and practices at the home to ensure the quality of service and make improvements.

Shedfield 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 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 inspection took place on 19 and 20 January 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service and provider. We had received two statutory notifications since our last inspection. A notification is information about important events which the service is required to send to us by law.

During our visit we spoke with the registered manager and deputy manager. We also spoke with six care staff, 13 people using the service, four relatives of people using the service and six people from the local visiting church group. Following our visit, we telephoned two health care professionals to discuss their experiences of the care provided to people.

We pathway tracked four care plans for people using the service. This is when we follow a person's route through the service and get their views. This allows us to capture information about a sample of people receiving care or treatment. We also looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audit which was dated July 2014.

Some people living at the home were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

Good

Is the service safe?

Our findings

The glass in the windows of people's rooms and in the main lounge and small dining room was not 'toughened' or did not have a 'protective film' to minimise the risk of injury if a person fell against them. We spoke with the provider following our inspection who has assured us that arrangements have been put in place to apply a protective film to all glass that was at an accessible height within the home to reduce the risk of injury.

People gave positive comments with regards to feeling safe. One person, who liked to go for walks in the grounds told us, "Staff take me out during the day if it's safe and not raining. If we can't go out they will come and sit with me and talk". Another person said, "I feel very safe here. I know the staff do everything they can to keep me safe and well". One person's relative told us that they had, "No concerns at all about their relative's safety". Another relative told us, "I've been coming here for a number of months now. It's always clean and tidy, always lots of staff around".

Care plans included assessments that identified a person's level of needs and risk. These included a nutritional assessment, a moving and handling assessment and a pressure care assessment. Assessments and risk assessments included information for staff on how to reduce identified risks and these had been reviewed regularly. For example, one care plan recorded, "If (the person) becomes agitated or distressed usher them to a quite area and talk to them about their anxieties".

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this.

We looked at staff rosters for the previous four weeks and these showed staffing to be sufficient to meet people's needs and keep them safe. From Monday to Friday between 8am and 2pm the homes staffing compliment was a senior care worker (team leader) and five care workers and between 2pm and 8pm one senior care worker and four care workers. During the day the staff were supported by the registered manager, deputy manager, care plan co-ordinator, cook, two domestic staff and maintenance person.

People who lived at the home told us there were enough staff on duty. One person said, "There are enough staff – sometimes they are short staffed but they still manage". However, another person told us that they sometimes had to wait for attention. Visitors who we spoke with told us they had observed there were usually sufficient numbers of staff on duty. One member of staff said, "At weekends (during the day) we could sometimes do with an extra pair of hands. It's not a complaint but sometimes we are very busy. I know we are recruiting new staff so maybe that will happen". The manager told us staffing levels currently met the needs of the people however staffing levels could be increased as people's needs change.

All staff had undertaken training in safeguarding adults from abuse. There were safeguarding policies and procedures in place and the registered manager submitted alerts to the local authority as required. We spoke with the local authority safeguarding adult's team and they told us they had received appropriate alerts from the registered manager. Staff were able to describe different types of abuse. They were able to tell us what action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they felt colleagues would recognise inappropriate practice and report it to a senior member of staff. Staff we spoke with were clear about the process to follow if they had any concerns about the care being provided and knew about the whistleblowing policy which was on display throughout the home. They told us that they would have no hesitation to use it if the need arose.

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to

Good

Is the service safe?

help employers make safer recruitment decisions. Written references had been obtained for all new members of staff. Only people considered to be suitable to work with people at risk had been employed.

People said they received their medication when they needed it. People's medication was stored securely. Medication trolleys were stored in the medication room and were securely fixed to the wall. There was a dedicated medication fridge and we saw fridge temperatures were recorded on a daily basis. In addition to this, the temperature of the room was also recorded each day. These daily checks ensured that medication was stored at the correct temperature.

Medication was supplied in 'pods' that recorded the person's name and the name of the tablet. The 'pods' were colour coded to match the colours recorded on the medication administration record (MAR) chart to identify the times that the medication needed to be taken. There was a separate MAR chart for 'as required' (PRN) medication that included a protocol for the use of this type of medication. Only staff members who had received the appropriate training for handling medication were responsible for the safe administration and security of medication. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medication. Out of date or no longer required medicines were stored separately and recorded in a 'medicines returns book'. The home had a contract with a local pharmacy to collect and destroy those medicines on a regular basis.

Good

Is the service effective?

Our findings

People we spoke with told us they experienced good care and support. One person said, "They are so helpful in general and they are interested in the people living here". Care workers described how they aimed to provide a 'personalised'' approach to care delivery and gave examples of how they achieved this. During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. People had been encouraged and supported to personalise their rooms with their own belongings. One person described how they had been fully involved with choosing new curtains for the lounge in home. A relative told us they were pleased with the accommodation, they said, "Its exceptional, they have been very good in making it like home".

People told us how they were supported with their health care needs. This included registering with GPs and dentists, also with making appointments and receiving medical attention. Two people described circumstances whereby care workers had been vigilant in appropriately monitoring and responding to changes in their condition. One person told us, "They are very watchful, but discreet".

People's healthcare needs were considered within the care planning process. Assessments had been completed on physical and mental health. Information had been included to describe any medical conditions. This meant staff had some guidance on how to recognise any early warning signs of deterioration in health.

Some people were living with dementia which meant they required support to make important decisions. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff we spoke with were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could put them at risk".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. No-one living at the service was currently subject to a DoLS, however the registered manager and staff understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People made positive comments about the catering arrangements at the home. They told us: "I love the meals", "The food is excellent quality", "The meals we get here are great" and "The food is generally good". There was a four week menu which was displayed near the dining room. Arrangements were in place to offer choices at each mealtime. One person explained, "We can choose, they ask us in advance", another said, "There's a minimum of two choices and we can always have something else". People told us they could have their meals in their rooms or with others in the dining room. At lunch time people were sensitively served, supported and encouraged with their meals and drinks. One member of staff was helping one person to eat their meal. Each time they asked the person what they wanted to eat next and ensured they were given an appropriate amount. They did not rush the person and continually reassured them. The meals served looked appealing and plentiful. One person commented, "It's not just the food it's the way it is presented".

Staff described the care and support they provided people with in relation to food and nutrition. They confirmed people's individual tastes, preferences and dietary needs were known and catered for. They knew the processes in place to assess and monitor peoples nutritional and hydration needs and that they liaised with GP's and dieticians as necessary. Care records reflected people's likes and dislikes and their dietary needs considered. Nutritional screening assessments had been carried out, with any support needed noted in their care plan. For example, one person who was at risk of weight loss was prescribed a nutritional supplement and was to be weighed weekly. People's weight was checked at regular intervals, this helped staff to monitor risks of malnutrition and support people with their diet and food consumption.

There were systems in place to ensure staff received regular training. Staff told us of the training they had received and that there was an on-going training and development

Good

Is the service effective?

programme at the service. Staff files included induction training records and copies of various training certificates. The provider had systems in place to ensure staff received regular training and could achieve industry recognised qualifications and be supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff received regular one to one supervision and on-going support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had appraisals of their work performance and a formal opportunity to review their training and development needs were booked for all staff during March 2015.

Good

Is the service caring?

Our findings

People said the service was caring. Comments included, "I like it here, my rooms lovely, the atmosphere is good, we're all good friends here, and it's a marvellous place". One person added, "They (staff) are good, kind, I am well fed with good food and kept warm, they're lovely people", whilst a further person said, "When staff support me they are 'gentle and respectful'. A visiting GP told us staff were 'very attentive and caring'.

People told us they could make everyday choices. One person told us, "I can get up when I want to and have a lie in if I fancy one". A second person said, "The garden is always nice and I can always go out there if the weather is nice". A further person said, "Sometimes I just want to stay in my room, the carers are quite happy to let me do that". Other comments were received from people's visitors about the care and support provided for their relative. All of the visitors we spoke with said they were very happy with the home, in particular the staff. People's comments included; "The best thing about this place is the staff", "I really feel at ease that my mum is here" and "They (the staff) are very caring, it is very personal, you don't feel like a number". One visitor added, "When my time comes, I'd be very happy to live here".

Whilst most people were able to chat about their daily lives, some people were not able to understand and make decisions about their care and support. We were told that where necessary staff would liaise with people's relatives, where appropriate, and health and social care professionals should people's needs change, so that appropriate care and support was provided. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary.

Suitable arrangements were in place when people needed support to attend appointments. The registered manager told us staff would always provide an escort unless people requested to go alone or with a family member. The registered manager told us that where necessary additional staff would be rostered to accommodate this. We were told information about people's medication and specific health needs would be shared with relevant health care staff so that people received continuity in their care.

Staff respected people's privacy and dignity. Personal care was carried out in private, behind closed doors. We heard staff knocked on bedroom and bathroom doors before entering. This helped to promote people's privacy.

Residents' meetings were held at the home. At the last meeting in January 2015 topics discussed were food, activities, décor of the home, and ways in which the home could improve. For example, one person suggested that when the weather improves more use could be made of the patio and garden area to have a meal or a snack outside. It was noted the registered manager would be looking to make more use of this area in the future and this will include outdoor activities and afternoon teas.

In each person's room there was a 'Remember I'm me' care chart. This gave staff an overview of things that were important to people using the service. For example, this included important people in their lives, important dates, religious preferences, what their hearing and sight were like, how they liked their tea or coffee and favourite pets and other animals.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs quickly. One person said, "When I ring my call bell staff come as quickly as they can". Another person told us, "When I need help staff are only a moment away. I never have to wait long and the staff are only too willing to help me". A relative told us, "I am happy for staff to help my family member manage their needs and they have been good so far".

People's needs were assessed before placement to ensure the home was able to meet their needs. This enabled staff to produce an initial care plan as to how to support a person during their first few days. The care plan was reviewed during the next seven days with people describing how they wished to be supported and what goals they wished to achieve.

One person told us how they had been encouraged to walk with the aid of a walking frame and another person told us how staff and other health professionals had helped them chose a different wheelchair that met their needs. This ensured they were being assisted to remain as mobile as possible and encouraged to be independent.

The home had recently introduced distinctively coloured (red) plates and cups that contrast with tables, trays and food to help people living with dementia. Some people may not be able to distinguish white food presented on a white plate so crockery needs to offer a colour contrast to food and drink to promote independence and well-being. One relative told us, "Mum was not a good eater at first, just shoved her food around, but since they've started serving the food on red plates she eats the lot – I don't know why it is, but it's great".

The provider had introduced new ideas to support people. The provider was in the process of introducing consistent signs throughout the home giving clear directions to communal toilet areas. There were distinctively coloured red toilet seats. Using the same signs and toilet seat colours helped people find them more easily. Ensuring good colour contrast on sanitary fittings makes toilets and basins easier to see and use. The home had kept relatives and visitors informed of this by displaying a notice in the entrance with an explanation of why these changes had been made, and the intended outcomes.

Care and support plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. People's needs were evaluated, monitored and reviewed each month. Each care plan was centred on people's personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

The home did not currently have an activities co-ordinator. A new person had been employed and was taking up the post in March. In the interim a member of staff had been organising various activities. For example, music, armchair exercise and board games. Every fortnight a singer visited the home to entertain and hold 'sing-alongs'; and on alternate fortnights, the home has an old-time singing and karaoke activity.

During the morning of our visit the local Curate and five members of the church were at the home for prayers and hymn-singing. This was attended by nine people who were smiling and actively engaged in the singing. People told us they enjoyed the activities and were supported in their individual chosen activity. People were consulted about the activities they would like to take part in. People told us they were able to choose whether to join in or not.

People who lived at the home and relatives told us that they had been asked to complete satisfaction surveys. We saw that surveys had been sent to relatives and to people who lived at the home during December 2014. At the time of our visit 12 surveys had been returned. Feedback was positive. One comment from a relative was, "Staff are always very friendly and obviously very patient and caring. An outstanding home we would never hesitate to recommend". The survey for people who lived at the home included questions about meals, social activities and responses to comments and complaints. Comments included, "very homely", "no complaints", "excellent service" and "you have your priorities right, people come first".

There was a complaints process available and this was displayed in communal areas so people using the service were aware of it. People who used the service said they had not needed to complain. We saw in the records the

Good

Is the service responsive?

outcomes of complaints which had been received. Each complaint had been responded to in a timely way and gave the method of the investigation and how it had been resolved. There were no complaints outstanding.

Good

Is the service well-led?

Our findings

People told us, “We see the manager each day and she is very approachable”. A relative told us, “If I have any worries the manager sorts them out and makes sure I am happy with the outcome”. Staff told us the registered manager was open, accessible and approachable. They said they felt they could voice concerns and their opinions were valued. Staff told us they felt everyone worked as a team and they worked well together. Staff felt supported. One staff member said, “I love coming to work”.

Staff had one to one meetings with the registered manager or her deputy every two months and a yearly appraisal with the registered manager. This gave them the opportunity to identify what had gone well, what they had learnt and any areas for development. Staff told us they enjoyed these meetings and found them of great value. One member of staff said “Although I get the opportunity to speak formally to my manager at supervision meetings, I know I can knock on her door at any time if I need to discuss anything”. Staff told us they were well supported by the manager. Comments included, “We have a good team and support each other” and “I can speak to the manager about anything I need to, she is very supportive”.

People told us they were asked their opinions on a daily basis about their needs and how they liked certain things such as the meals. We observed the registered manager and staff talking with people throughout the day and walking around the home ensuring people’s needs were being met. Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the ‘visitor’s book’. This was used to monitor the whereabouts of people in the event of a fire.

The registered manager undertook audits to check the quality of service provision and support people required. This included checking the care plan records, completing medication audits and completing environmental audits. When action was required this was detailed in the reports. The registered manager showed us the homes ‘improvement and action plan’ which was dated 1 January 2015. This highlighted specific areas where improvements or actions were needed, the reason for improvement / action and a date by which these would be met. For example, exterior decoration, replacement of carpets, and an internal decoration plan.

We looked at the processes in place for responding to incidents, accidents and complaints. There had not been many over the last year, but we saw evidence that the registered manager used them as a learning tool and ensured any issues were the subject of discussion at team meetings and staff supervision sessions so that lessons could be learned. We also confirmed that the provider had ensured that any incidents were correctly reported as required under the Health and Social Care Act 2008 to CQC, and to the local authority.