Lakeview Rest Homes Limited

Newfield Lodge Rest Home

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

Summary of findings

Overall summary

The inspection visit took place on 14 February 2017 and was unannounced.

Newfield Lodge Rest Home is registered to accommodate up to 32 older people who do not require nursing care. At the time of our visit there were 30 people who lived at the home. Newfield Lodge is part of a family owned and operated group of four care homes in the Lytham St Annes area. The home is situated close to St Annes centre.
At the last inspection in October 2014 the service was rated Good. At this inspection we found the service remained good. However a rating of requires improvement had been identified in the 'safe' domain. This was in relation to recruitment checks for staff not in place prior to employment. This had now been addressed by the management team. At this inspection we found the service remained good.

Improved systems of recruitment of staff were in place. Checks were carried out to ensure suitable people were employed to work at the home. Staff confirmed they only commenced employment when all checks had been completed.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Sufficient staff were on duty to support people. The management team were in the process of identifying times when extra staff would be beneficial for the service and people who lived at the home.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care. Further development of care plans had been implemented and a new system introduced. One staff member said, "They will be simpler and more informative when they are all completed."

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "I have bacon, egg and sausage every day, lovely." Also, "We have good cooks and always a choice. It is good food here."

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in a range of activities that had been organised. An activities co-ordinator was employed by the organisation to encourage people to participate in their chosen hobbies or interests.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of care at Newfield Lodge. These included regular audits of the service, annual surveys, 'resident' and staff meetings to seek the views of people about the quality of care at the home.

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 had received training to safeguard people from harm or abuse.

The management team had systems to protect people from potential environmental hazards.

We reviewed staffing rotas and found senior and care staff were deployed to meet people's requirements. The management team now followed safe recruitment procedures.

The registered manager ensured staff received medication training and undertook audits to maintain safe processes.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Care Quality Commission

Newfield Lodge Rest Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 14 February 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Newfield Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the home including six people who lived at the home, two relatives and seven staff members. In addition we spoke with the registered manager, manager and operations manager for the organisation.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted health and social care professionals for information they may hold about the service. This helped us to gain a balanced overview of what people experienced living at Newfield Lodge. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People who lived at the home and relatives told us they felt safe living at Newfield Lodge. A relative said, "I come a lot and yes I feel [relative] is in safe environment." A person who lived at the home said, "I do feel safe. It would be better with more staff around at times, but yes I feel secure."

Newfield Lodge management team had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. One staff member said, "We have training and it is regularly updated so we are aware of the process to follow." Staff understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

The care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people being supported. Risk assessments we looked at provided instructions for staff members, when for example delivering personal care support and moving and handling. Where potential risks had been identified action taken by the management team had been recorded. For example crash and pressure mats were put in place in the bedrooms. These were in place for people who may be at risk of falling at night time.

New improved procedures had been introduced to ensure people were recruited safely and all checks had been done. Records we reviewed included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). Staff we spoke with confirmed the registered manager had obtained their DBS and references before they started in post. Staff we spoke with told us they had not started work at the home until all checks were in place. One staff member said, "Only when all checks had been done was I authorised to commence work." Another staff member said, "The induction was good and gave me a good grounding for the role."

Sufficient staff were on duty to support people. Comments we received were mixed in terms of staffing levels for example. People at the home said, "I feel they are staffed well. I don't have to wait if I press the buzzer." Also, "I have to wait now and then at meal times but I suppose they are busy and rushing around." Staff were positive when asked about staffing levels comments included, "Yes I feel we have enough of us around." Also, "Mornings and meal times are busy but we seem to be enough of us to make sure people are attended to." The management team were currently assessing staffing levels. The registered manager informed us they were currently recruiting for extra staff. Also they were in the process of identifying times when extra staff would be beneficial for the service and people who lived at the home.

We looked at documentation and found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed a senior staff member administering medication during the morning and lunch time round. We saw the medication trolley was locked securely whilst the staff member attended to each person. People were sensitively assisted as required and medicines were signed for after they had been given out.

We looked around the home and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the premises. These were observed being used by staff when attending to people's needs. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Good

Is the service effective?

Our findings

A relative we spoke with told us their relatives were 'well looked after'. We found staff were aware of their responsibilities and were competent in supporting people with behaviour that challenged. One staff member said, "We have had training and the staff here are good at supporting people who need a lot of help."

When we arrived at breakfast time we observed the atmosphere was relaxed and people had freedom of movement. They had breakfast in the dining room, lounge areas and their own rooms. We found by observing the daily routines people had unrestrictive movement around the home and could go to their rooms if they chose to. One person who lived at the home said, "They don't bother you I go where I want to but staff are around if I need help."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager and manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

We walked around the premises and garden areas and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the rear grounds where part of the outside area was enclosed and safe for people to sit in. The layout of the building was in the process of being updated to accommodate people with complex needs. For example wooden floors and appropriate signage around the home to aid people with complex needs and dementia. A relative we spoke with said, "The decoration and furnishings of the home is very good and becoming more dementia friendly."

People we spoke with and their relatives said meals and food choices were of a good standard. Comments included, "The food is very good, two choices and if you don't like either they will knock you something up." Also, "[Cook] comes around every day and founds out what we would like for dinner there is always a choice."

We observed lunchtime was a social occasion. Staff sat and talked with people and supported people where required with meals. One person who lived at the home said, "We have to wait sometimes but it is worth it." Staff told us at times they were pushed at meal times when people required support. The management team informed us they were looking at ways to increase support for people and ensure they had sufficient staff around to support people.

During the day snacks and drinks were offered to people morning and afternoons. One person who lived at the home said, "They come around with drinks and biscuits and homemade cakes whenever you want them."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded and what action had been taken.

Good

Is the service caring?

Our findings

We found a number of people had limited verbal communication because they lived with dementia or had complex needs. However we were able to speak with six people who lived at the home. In addition we spoke with two visiting family members. Comments about attitudes of staff and how they cared for people were all positive. One relative said, "We come a lot as a family and they are brilliant with [relative]. Kind considerate and patient they all have qualities in caring for these residents." A person who lived at the home said, "Yes they have always been kind and caring to me. They do a wonderful job."

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information details on display around the building for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services to act on their behalf if needed.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We found by talking with staff they had a good knowledge of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. For example one staff member said, "I am aware people have rights and no matter what, everyone is an individual and should be treated so."

We observed staff during the day interacted with people in a calm and relaxed way. For example staff engaged in a friendly, caring way by making appropriate use of facial expressions, touch and talking with people at the same level. A staff member said, "You greet people with a smile and it does generally help and relax people."

We saw many instances during the inspection visit of how staff maintained people's privacy and dignity. For example, staff knocked on people's bedroom doors before entering and also spoke with people using their preferred name of address. One person who lived at the home said, "The staff are so friendly and I like to be called [name] and they all respect that."

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

Good

Is the service responsive?

Our findings

People we spoke with who lived at the home and relatives were satisfied at the level of activities and entertainment at the home. One person who lived at the home said, "There is always something going on. I tend not to join in but that is my choice." Also, another person said, "Summer is nicer so we can get out more. Staff are willing to go for a walk if you want to." A relative said, "They have an activity lady who is very good and she comes weekly and gets people up and at it."

Three care plans we looked at were clear about the support needs of people and how they wanted their care to be provided. People who lived at the home and relatives told us they made their views known and staff responded to what their choices and needs were. For example one person enjoyed going out to church at times and they told us staff always accommodated them.

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. Relatives we spoke with confirmed information on how to make a complaint had been provided to them.

We spoke with people who lived at the home and relatives about the complaints process. One relative said, "Never had to make one but the information is clear should I wish to. I would go straight to the manager don't worry if I had a problem. "

The management team had implemented good practice guidelines when managing people's health needs. For example, we found people had hospital passports in place. Hospital passports were a document with information which promotes communication between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

Good

Is the service well-led?

Our findings

There was a registered manager employed at Newfield Lodge. 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.

All people who lived at the home and relatives we spoke with told us they thought the registered manager and manager were always available to talk and were approachable. They told us they had good communications with the management team and always thought they were listened to. A recent staff survey in November 2016 asked the question if they felt the management team were approachable. The result was 100% 'yes'. One person who lived at the home said, "The new manager is great always available and doesn't shut herself in the office."

Staff meetings were held on a regular basis. The last took place In November 2016. This meeting highlighted further training requirements for staff in areas of nutrition and behaviour that challenged. A staff member we spoke with said, "Meetings are good they can enable people to pass on their views and talk to each other about any issues or concerns."

Resident/relative surveys and meetings were held to get the views of people so that they could improve the delivery of care for people. A person who lived at the home said, "We do have chances to pass our opinions of the home or recommend improvements to the manager. I feel they do take notice."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager and new manager worked with them. They also told us they supported them to provide quality care.

We found there were a range of audits and systems in place to monitor and improve the service. Audits undertaken were completed on a regular basis. For example recent audits had been completed in infection control, medication, staff training and the environment. The management team told us audits were an important part of assessing and improving the service. This was to ensure they continued to develop and provide quality care for people.

The management team at Newfield Lodge worked in unison with other health and social care organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. The management team also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.