

Lakeview Rest Homes Limited

Newfield Lodge Rest Home

Inspection report

93-99 St Andrews Road South
Lytham St Annes
Lancashire
FY8 1PU

Tel: 01253721322

Website: www.lythamresthomes.co.uk

Date of inspection visit:
17 September 2019

Date of publication:
09 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About The service

Newfield Lodge Rest Home is registered to accommodate to 40 older people who do not require nursing care. At the time of our visit there were 25 people who lived at the home. Newfield Lodge has wheelchair access and private parking available. There is lift access to the other floors. The home is situated close to St Annes centre.

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

People were protected from the risk of abuse and kept safe by staff who were trained to protect them. The registered manager recorded and audited any incidents and accidents and learnt from them. Staff continued to be recruited safely and sufficient numbers of staff supported people to live an independent life as possible whilst living with dementia. Medicines were managed safely. Infection control systems and audits continued to ensure a clean environment and reduce any risks. The provider ensured safety checks of the home environment were completed regularly.

The registered manager ensured staff received an effective induction and training programme that was continually updated, staff spoken with confirmed this. People spoke positively about the quality of meals and praised the cooks for choices and home-made foods available. People received support with their healthcare needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us staff were kind, caring, respectful and treated them well. One person said, "Friendship is so important, and the girls are all my friends." The registered manager provided information about local advocacy services, to ensure people could access support to express their views if required.

People told us staff knew them well and provided care that reflected their needs and choices. Activities were varied, and people told us there were trips and entertainment regularly provided. Notices around the home confirmed this. People's communication needs had been assessed and where support was required these had been met. The registered manager managed concerns and complaints in a timely manner. Records showing concerns had been dealt with appropriately.

The management team were clear about their roles and obligations to people and provided care which resulted in good outcomes for them. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager and provider used a variety of methods to assess and monitor the quality of the service on a regular basis to ensure Newfield Lodge continued to evolve and improve.

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

Rating at the last inspection

The last rating for this service was good (published 30 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Newfield Lodge Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Newfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this

to plan our inspection.

During the inspection

We spoke with five people who lived at the home, two relatives, and the registered manager. We also spoke with the operations manager, deputy manager and four members of staff. We also spoke with the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records of two people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

We did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because people who lived at the home and relatives were able to speak with us and tell us about their experiences living at the home.

After the inspection

We continued to communicate with the provider to corroborate our findings and further information was sent by the provider in response to the feedback provided during the inspection visit.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager protected people from the risk of abuse and their human rights were respected and upheld. A visitor said, "We, as friends, know he is safe." A person who lived at Newfield Lodge said, "You just have to call, and someone comes to you, so I do feel safe."
- Effective safeguarding systems continued to be in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff told us safeguarding training was provided and updated. One said, "Yes all the time safeguarding training is updated it is so important."

Assessing risk, safety monitoring and management

- Risks were managed well. The management team assessed and managed risks to people's safety appropriately. Care plans contained completed assessments of people's risks and how to keep people safe. The management team documented assessments information for staff about people's risks and how best to support the person to reduce that risk. The management team kept these under review and updated where required to ensure staff had access to information and support people safely.

Staffing and recruitment

- Staff continued to be recruited safely. The registered manager continued to ensure checks had been carried out prior to personnel commencing employment. We confirmed this from records we looked at and discussion with a member of staff who said, "Everything was completed before I started my induction. It all had to be in place."
- The service was staffed sufficiently, and staff spoken with confirmed this. One said, "We have enough time to spend with residents and that is vitally important." We observed during the inspection visit staff were visible around the home to support people and provided help and attention when required. One person said, "The staff are kind and you just have to call, and someone comes to you there is always people around."

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should. Our observations and people spoken with confirmed this. Medicines were recorded within people's medication administration records. This meant the registered manager had oversight of medicines taken and ensured they were administered in line with the prescriber's instructions.
- Staff who administered medicines had completed relevant training to administer medicines safely and confirmed to us they had done so.
- We observed medicines being administered at breakfast and lunch time. We saw good practice was followed to ensure people received the correct medicine at the right time and safely. People were assisted

as required and medicines were signed for only after they had been administered.

Preventing and controlling infection

- The registered manager continued to have safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed and reduce the risk of infection.
- Staff received training and regular audits were undertaken to ensure standards were maintained. Discussion with staff confirmed this and people were protected from the risks of poor infection control and any improvement were implemented.

Learning lessons when things go wrong

- The registered manager had systems were in place to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to reduce the risk of future occurrences. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

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

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

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

- People's assessments were comprehensive and detailed to ensure their needs could be met and a plan of care developed from the information. Care records continued to contain details about people's care needs, and their ability to help themselves and what support was required. Records were consistent, and staff provided support that had been agreed during the assessment process. People we spoke with confirmed this.
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care plans continued to be regularly reviewed and updated when required. Records we looked at confirmed this. This meant staff had up to date information and ensure people received the right support.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt confident staff had skills and expertise to support them with their care needs. A visitor said, "The staff understand dementia and are well trained."
- Staff confirmed they had received training that was relevant to their role and enabled them to develop. One staff member said they went through an induction period when commencing their duties. Staff continued to feel supported by the registered manager and received regular supervision and appraisal of their work.

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

- People's nutritional needs were managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed. They were monitored to make sure people received a balanced diet.
- We received positive comments about food. They included, "I do enjoy my food and the girls always ask me what I want. The chef is really good." And, "The food is very good, and we get a choice."
- We arrived at breakfast time and observed a relaxed atmosphere with people eating their breakfast in various areas of the home including their own rooms and dining areas. Lunch was organised, managed well and sufficient staff were able to support people who required help. We observed people were supported in a sensitive and encouraging way.

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

- The management team continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. The registered manager worked closely with healthcare services including GPs, and district nurses.
- People were supported by staff to attend healthcare appointments when required and they confirmed this when spoken with.
- People spoke positively about the way staff and registered manager had improved their quality of life and ensured all healthcare appointments were met. One person said, "My [relative] is very happy here. His doctor appointments and prescriptions are all dealt with by the home. I don't have to worry."
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome was. This confirmed people's assessed needs were being met and changed when required.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- People told us staff always asked for their consent before supporting them. Care records contained consent to care documentation that was signed by the person receiving care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People continued to be treated with respect and kindness, by staff who promoted equality and valued diversity. Comments included, "Friendship is so important and the girls here, as well as the other residents, are my friends." Also, "He is treated with respect."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- Care plans contained information and action to support a person if they became distressed in ways that would help the persons anxiety. A staff member said, "It is important to understand residents to help them if they are anxious or upset."
- The service had carefully considered people's human rights and supported to maintain their individuality. Documents included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

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

- People and relatives continued to be consulted about care and make decisions. Staff encouraged people to make daily choices in their lives. One relative said, "He is safe but not restricted. He is treated with respect and his many needs are met."
- The culture of the service was caring, kind and compassionate. This reflected the attitude of staff and management team worked there and their core values. One relative said, "The staff are brilliant, caring with a great attitude."
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with respect and their dignity was upheld. We saw this was demonstrated by how staff supported people to express themselves and make individual choices. For example, one person was encouraged to choose an option of an activity that they liked to do. We saw the staff member joined in with their choice and enjoyed the game.
- Staff were knowledgeable about accessing services, so people could have equipment and adaptations to be able to support them and promote their independence.

Is the service responsive?

Our findings

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

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

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

- People continued to receive care and support which was personalised to them. Care records of people contained information about their preferences, needs and choices. Staff were familiar with people's likes and preferences including activities, and signs to indicate distress or anxiety. They also understood people's individual communication methods. This created a person-centred environment for people to express their views. A staff member said, "We know how people communicate and when in distress."
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to spend their time.

Meeting people's communication needs

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

- The management team assessed people's communication needs as part of the assessment process. They documented in people's care plans any support they needed and how that should be provided. The service provided large print information for people with visual impairment and provided training guidance for staff, so they could support people with their communication needs.

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 were encouraged to take part in events at the home and develop relationships. People were encouraged to have as much control and independence as possible. Care records highlighted the positive impact this service had on people and support provided to enable them to pursue activities of their choice.
- The registered manager had kept a record of activities people had undertaken and advertised on the notice board of trips arranged and itinerary for planned events. There had been a variety of activities carried out such as planned trips to local seaside venues. One person said, "I look forward to that, there is a few of us going." Also, "We go out on trips with the staff and it's lovely to enjoy the outside world."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be acted upon. The registered manager told us they learnt from complaints or concerns as a positive experience to improve the service.
- People told us they had no reason to complain about anything however they were sure concerns would be

dealt with appropriately. One person said, "If I had a problem I would tell the staff and I know they would deal with it."

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. No one was on end of life care. Staff had completed end of life care training and they confirmed this when spoken with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager planned and delivered effective, safe and appropriate person-centred care. Current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who lived at Newfield Lodge were met.
- The service continued to have systems to make sure people received care which met their needs and reflected their preferences. The management team led by example, treating people as individuals and encouraging people to be involved in the running of Newfield Lodge. People who lived at the home confirmed this.
- Staff meetings were held to discuss issues and matters relating to people's care and support. Staff told us they found these useful and a chance to discuss any issues or improvements they felt may be beneficial to the running of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found they had clear lines of responsibility and accountability. People spoke positively about how Newfield Lodge was managed.
- The management team encouraged candour through openness. People told us good communication and relationships had been developed between staff, the management team, people who lived at the home and relatives. One visitor said, "Everybody gets along here, and we have a good relationship between staff, relatives and all people who live here. It is really nice."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced, and staff were knowledgeable with the needs of the people they supported. A staff member said, "At present we have a great staff team, very knowledgeable and we work well together."
- Discussion with staff confirmed they were clear about their role and between them and registered manager provided a consistent and organised service.
- The registered manager understood legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The registered manager created an open culture and encouraged people to provide their views about how the service was run. For example, satisfaction surveys given to people and relatives were completed for feedback about the service. Results from recent surveys were positive about the home. The operations manager told us any negative comments would be acted upon to ensure they continued to develop the service.

Continuous learning and improving care

- The service was regularly assessed and monitored by the provider and management team. A wide range of audits such as medication, care planning and infection control were completed. We saw evidence the registered manager had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop the home for the benefit of people who lived and worked there.

Working in partnership with others

- The management team continued to work in partnership with other organisations to ensure sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs and district nurses and documentation in care records confirmed this. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

- People were encouraged to build links with the local community and people we spoke with felt this had enhanced their daily lives.