

Down Lodge Residential Care Limited

Down Lodge Residential Care Home

Inspection report

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Date of inspection visit:
11 October 2018

Date of publication:
31 October 2018

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

This inspection took place on 11 October 2018 and was unannounced.

Down Lodge Residential Care Home 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.

Down Lodge Residential Care Home accommodates up to 16 older people in one adapted building. There were 15 people at the service at the time of inspection, some of whom were living with dementia.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also the provider. They took a prominent role in the day to day running of the service. The registered manager had a good rapport with people, approaching them with kindness and humour. The registered manager understood their regulatory responsibilities and was experienced and knowledgeable in their role.

There was a calm, warm and friendly atmosphere in the home. There were sufficient numbers of suitably skilled and qualified staff in place. The provider had recruitment processes in place to identify suitable candidates for the role. Staff were well acquainted with people's needs and were given the opportunity to spend meaningful time with people throughout the day.

People's care plans reflected how they would like to receive care. The registered manager had developed these plans using information from people, relatives and healthcare professionals.

The provider had an electronic care planning and monitoring system in place. This system was used to effectively monitor people to help ensure changes to people's health and wellbeing could be quickly assessed.

Staff received training which was relevant to their role. The registered manager monitored staff's ongoing performance and there were systems in place to ensure staff understood their responsibilities and duties.

People were treated with dignity and respect. Staff understood people's individual preferences and needs with care organised to help ensure these needs were met. When people received care at the end of their lives, they were given compassionate support which reflected their needs and preferences.

There were a range of activities which people could take part in and people were able to give feedback to the registered manager to suggest new things to do.

Staff understood the need to gain appropriate consent to care. 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.

The home was a clean, hygienic environment, which was suitable for people's needs. The registered manager carried out a series of audits and checks to help maintain the safety of the environment and the quality of care.

Risks to people's health were assessed and mitigated. The registered manager assessed people's needs to help ensure appropriate plans of care were in place. People had access to healthcare services when required and the provider had established effective working partnerships with other stakeholders to promote people's wellbeing. People followed a diet which was in line with their preferences and dietary requirements.

There were safe systems in place to manage people's medicines.

When incidents took place, the registered manager looked for trends and lessons that could be learnt to reduce the risk of reoccurrence.

There were systems in place to respond appropriately when people had complaints or concerns. The provider had policies and procedures in place to safeguard people from the risks of abuse or harm.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Down Lodge Residential Care 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 comprehensive inspection took place on 11 October 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with three people and two relatives. We also spoke with the registered manager and three care staff.

We looked at care plans and associated records for four people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in April 2016 where the service was rated good.

Is the service safe?

Our findings

People told us Down Lodge Residential Care Home was a safe environment. One person said, "I like it here. It is a nice place. I feel safe" Another person joked, "I must like it, I have been here long enough!"

There were safe systems in place to manage people's medicines. People had clear care plans in place in relation to how their medicines were managed. These care plans detailed which medicines people were prescribed and why. There were clear systems in place to record people's medicines administration. Senior staff regularly checked medicine administration records to pick up mistakes or discrepancies. The provider had an effective working partnership with the dispensing pharmacy for ordering and returning medicines.

There were enough suitably skilled and qualified staff to meet people's needs. The registered manager had calculated staffing levels in accordance with people's needs. The provider had many staff who had been working for the provider for a sustained period. This helped to ensure that staff were very well acquainted with people's needs.

The provider had safe recruitment processes in place. The registered manager oversaw the recruitment of new staff and had processes in place to assess prospective candidates experience, character and suitability for their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

Risks associated with people's health were assessed, monitored and mitigated. The registered manager assessed the risk to people of falls, malnutrition and dehydration and pressure injuries. Where a risk was identified, an assessment documented the steps staff needed to take to minimise the impact on people. For example, some people were assessed as being at risk of developing pressure injuries. The registered manager had made appropriate referrals to medical professionals to develop and implement plans to reduce the risk of people's skin breaking down. This included the use of pressure relieving mattresses and monitoring people's fluid intake.

There were effective systems in place to record and analyse incidents. Staff completed reflective analysis of incidents when they took place. This included possible reasons why incidents occurred and measures which could potentially decrease the possibility of reoccurrence. The registered manager followed up on incidents by contacting relevant professionals where appropriate, to ensure people had appropriate care, equipment and professional input to promote people's safety and wellbeing.

The registered manager oversaw the recruitment of new staff and had processes in place to assess prospective candidates experience, character and suitability for their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

There were systems in place to protect people from the risk of abuse and harm. All staff had completed safeguarding training. This training helped staff recognise abuse and the actions required in these circumstances to help keep people safe.

There were systems in place to protect people from the spread of infections. Staff were aware of their responsibilities in maintaining a clean and hygienic environment by regular cleaning and good infection control practice when supporting people with their personal care.

Is the service effective?

Our findings

Staff possessed the skills and knowledge to provide effective care. Staff were confident in adopting a range of strategies when working with people to manage their anxieties and promote their wellbeing. Staff received a range of training relevant to their role which was regularly updated to help ensure their knowledge and skills were following best practice.

The registered manager monitored staff's ongoing skills and performance through observation of work practice and formal supervision meetings. In supervision meetings, staff were asked to reflect on their training needs and the registered manager gave staff feedback about their working practice and behaviours. This helped to ensure they were working to a standard which was competent and effective.

The registered manager assessed people's needs to ensure that they received appropriate levels of care. The registered manager regularly met with people and families to review if the care provided met their needs. They also used information from reviews and assessments from health and social care professionals to formulate appropriate care plans. When people's needs changed, the registered ensured that their care plans were adjusted accordingly to ensure they received the required care.

People had regular access to healthcare services they required. Some people had complex health needs and required specialist input from medical and health professionals. Where people had experienced changes in their health, the provider had ensured that appropriate referrals were made to professionals involved in their care. This helped to ensure that people had access to the correct healthcare input.

There were clear processes in place to ensure the continuity of care when people transferred between services. The registered manager made staff available to support people if they had to attend healthcare or hospital appointments. The providers computer based care planning system enabled staff to print out an overview of people's care plans to take with them to hospital. This document gave medical professionals up to date information about people's health, medicines and overall wellbeing.

People were supported to follow a diet in line with their preferences and dietary requirements. One person said, "The food here is good. I get a choice and it's freshly made." People dietary requirements and preferences were recorded in their care plans. Where people had specific requirements recommended by healthcare professionals, staff were aware of how to meet these needs.

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 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff understood the need to obtain appropriate legal consent to people's care. Where people were unable

to consent to their care, the registered manager assessed their capacity to make specific decisions about aspects of their care. Where appropriate, they documented how and who was involved in making decisions in the persons 'best interests' as they were not able to do so themselves.

The home was a suitable environment to meet people's needs. The provider had installed a stair lift which assisted people when moving between floors. The provider had made adaptation to enable easy access to secure garden space at the back of the home. People told us they enjoyed accessing this outside space and that they could use it when they chose.

Is the service caring?

Our findings

People told us staff were friendly and caring. One person said, "I think all the staff here are lovely." Another person commented, "It is a lovely atmosphere in the home here. The staff are always jolly."

The provider gave staff time to provide care and support in a personalised and unhurried way. The registered manager had organised staffing levels to enable staff to spend time talking or doing activities with people. Staff were a visible presence throughout the day and people were calm and unrushed in their approach. Staff were very attentive to people's needs and were patient if people were confused or unable to articulate what they wanted. People enjoyed laughing and joking with staff and clearly enjoyed the time they spent together.

Staff knew the people they are caring for including their preferences, personal histories and backgrounds. Staff told us about people's families and life history, using this information to engage people in conversation or reminisce about the past. When people were confused or disorientated, staff referenced loved ones or events from people's lives to reassure them, helping them feel more comfortable in their surroundings. In one example, staff took time to read a book with someone when confused. The book detailed information about the circumstances which led them to live at the service. This helped the person to reacquaint themselves with their surroundings and staff.

Staff understood the importance of celebrating important milestones with people such as their birthday, family's birthdays and anniversaries. They tried to make these events special through cards, gifts, parties, cakes and correspondence with loved ones. Family members were welcome to visit the service and staff arranged for them to have private spaces with their loved ones during these visits.

People told us that they appreciated the efforts the provider had made to make the service a homely, friendly place to live. People personalised their bedrooms, many people brought items from home such as furniture, pictures or items of sentimental value. One person said, "I brought all my own things from home. My room is like my own little apartment." Another person said, "I got to choose how to decorate my room." The registered manager said, "We always decorate people's rooms to their liking when they first arrive. I believe it is important that they are comfortable and happy with their environment."

People were treated with dignity and respect. People were supported to dress and keep their personal appearance in a way they wanted. Where people were unable to communicate their choices, staff referred to guidance in their care plans about their preferences about dress, make up or hairstyle. Care plans had been developed with people and their families. This helped to ensure that their preferences were respected. Staff supported people with their personal care in a respectful and discrete way. This included ensuring that people were supported away from communal areas and were unhurried when offered support.

People were encouraged to be as independent as possible. Some people accessed the local community independently to visit shops or friends. Other people were encouraged to participate in domestic tasks they enjoyed such as hanging out the washing. This helped to ensure they carried out aspects of their previous

daily routines which they still enjoyed.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. This included considering any cultural or spiritual considerations that may be relevant when supporting people with their daily routines and personal care.

Is the service responsive?

Our findings

People's preferred routines around their personal care were understood by staff. The level of support that people needed to carry out these routines was identified in their care plans. People's specific personal care routines were documented for staff to follow. This helped to ensure that staff could provide care in a way which was personal to the individual.

People's care plans detailed their life history, family connections and contained details of any spiritual or cultural needs people had and how staff needed to meet them. For example, some people who had expressed a preference for the gender of staff supporting them, told us these preferences were respected.

People were supported to participate in a range of activities to support their interests. One person said, "We have a sing along in the afternoons, that's good fun." Staff were available to offer activities to people daily. These included, games, sing along and exercise. People were encouraged to develop friendships with other people and told us they enjoyed spending time with people and staff at the home.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. People's specific communication needs were identified in their care plans. People used a range of verbal and non-verbal communication strategies to make their choices and preferences known. Staff were aware of these strategies and followed them in practice. One person had a sensory impairment which meant they struggled to communicate their everyday needs to staff. To facilitate effective communication, staff were patient in explaining things to the person, using eye contact, gestures and items as points of reference to help the person articulate their needs.

The provider used technology to support people to receive timely care and support. The provider had an electronic care planning and recording system, which staff used to record observations about people's health and wellbeing. The registered manager used this system to review people's daily care notes or observations to pick up changes to people's health and wellbeing. For example, one person needed their food and fluid input monitored due to risk of malnutrition and dehydration. The registered manager compiled all relevant data to provide an accurate picture of the person's condition when making a referral to speech and language therapists. The use of this technology helped to ensure people received timely care interventions.

There were systems in place to deal appropriately with complaints. One person told us, "I am [number of years] old. If I can't complain now, then, when can I? I would feel comfortable making a complaint if I had one." The provider had a complaints policy which detailed how and to whom a complaint could be made. The provider had not received any complaints since the last inspection, but the registered manager was confident in following the requirements of the provider's complaints policy, should a concern arise. They told us, "I have an open-door policy. I like to think people can come to me with anything and we will nip it in the bud there and then, before it becomes a real issue."

People received personalised and dignified care at the end of their lives. People had care plans in place which documented people's preferred wishes around how they received care at the end of their lives. These care plans were developed in partnership with people, families and health professionals. Care plans included how people would like to be supported with their personal care during their last days and the care they would like to receive after they had passed away. This helped to ensure that people's preferences and wishes were respected.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was a prominent presence, promoting a positive culture within the service. They regularly worked with people to provide support with personal care, activities or attending appointments. This helped ensure they understood people's needs and could offer staff practical guidance and advice in relation to people's care. The registered manager often came in to spend time with staff during nights and weekends. They told us, "It is important that I get to see all the staff, to see how they are doing." The registered manager had a caring, warm and jovial approach when speaking with people, often using humour to encourage people with daily activities. They led by example by promoting a positive atmosphere in the home.

People told us that they enjoyed the registered managers company and they felt he was effective in his role. One person said, "He [the registered manager] is very funny, but when he needs to be serious, he does that well too." Another person told us, "The home is very good, I think it is managed very well."

The registered manager understood their regulatory responsibilities. Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. Although they had not needed to submit a notification to CQC, they were confident in the circumstances where this would be required.

The registered manager carried out audits and checks to monitor the quality and safety of the service. These audits included medicines management, infection control and health and safety. They also carried out maintenance checks on equipment and utilities to ensure they were safe for use. These included maintenance checks of gas and electricity, water and emergency equipment such as fire alarms. This helped to ensure there were systems to monitor the quality and safety of the home.

There was a clear management structure in place, with staff focussed and motivated in their role. The registered manager was supported by two senior staff, who supervised staff and assisted with auditing. The registered manager had implemented clear guidance around staff's duties and responsibilities during each shift. The registered manager also held regular staff meetings where themes from feedback and reflections on staff performance were discussed. This guidance and feedback helped staff to be organised and effective whilst carrying out their role.

The provider worked in partnership with other stakeholders to help promote good quality care. Where some people required ongoing input from external health professionals, such as District Nurses, the registered manager had established effective working partnerships to promote people's health and wellbeing. This included implementing effective systems between stakeholders to communicate people's changing needs.

The registered manager sought feedback about the service to make improvements. They regularly held resident's meetings, which offered people opportunity to feedback about the service and make suggestions for improvements. Outcomes from recent meetings included, changes to the menu and trials of new activities from people's suggestions.