Anchor Trust

Nelson Lodge

Inspection report

Whinfell Close, Off Nelson Road
Eaton Socon
St Neots
Cambridgeshire
PE19 8AB

Tel: 03001237245
Website: www.anchor.org.uk

Date of inspection visit:
01 March 2018

Date of publication:
28 March 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

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

Nelson Lodge accommodates up to 64 people. There were 26 people using the service when we inspected in one adapted building, with bedrooms arranged over two floors and a number of communal areas.

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This unannounced comprehensive inspection took place on the 1 March 2018. This is the first inspection since the provider registered this location with the Care Quality Commission in March 2017.

This service requires a registered manager as a condition of its registration. 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. There was a registered manager in post who had been managing the service since its registration in March 2017.

People were kept safe and staff were knowledgeable about reporting any incidents of harm.

People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were looked after by staff who were trained and supported to do their job.

The provider had systems in place which assessed potential risks to people and guidance was put in place to minimise the risks.

People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were supported or cared for by kind, respectful staff who enabled them to make choices about how they wanted to live. People participated in a range of activities within the service or in the community.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

Care plans were in place detailing how people wished to be supported and had been produced jointly by

staff and people living in the service. People and or their relatives had agreed and were fully involved in making decisions about their care and support.

People and their relatives were given opportunities, such as written questionnaires and meetings, to give their views about the service and how it could be improved. There was a process in place so that people's concerns and complaints were listened to and were acted upon.

The home had strong links with the local community.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

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.

Staffing levels were sufficient, to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action taken.

People were supported to take their medicines as prescribed

Staff understood their roles and responsibilities in safeguarding people.

Is the service effective?

Good

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements. This ensured that people did not have illegal restrictions put on them

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were being provided with a specialist diet if needed.

People were supported to access all healthcare services they required.

Is the service caring?

Good

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors

were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Support plans were in place for each person and the support was personalised to meet individual needs.

Activities, entertainment and outings were arranged. A complaints procedure was in place and complaints and concerns were responded to well.

End-of-life care was planned and provided when required.

Is the service well-led?

Good

The service was well led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

Nelson 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 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 took place on 1 March 2018 and was unannounced. The inspection was undertaken by two inspectors, an assistant inspector (observer) 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.

Before the inspection we reviewed the information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked commissioners for their views on the service.

We spoke with 11 people living at the service who were able to give us their verbal views of the care and support they received. We spoke with 1 relative who was visiting the service. We also observed care throughout the inspection.

We spoke with five care staff; the deputy manager and the administrator.

We looked at care documentation for four people living at Nelson Lodge, medicines records, three staff files, staff training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their visitors told us they felt it was safe at Nelson Lodge. Comments included, "Of course we feel safe, and the staff are very nice." and "I feel very safe here, the staff are lovely." and "I'm safe and I'm well looked after, it's a lovely home."

Staff were aware that a safeguarding policy was in place. This policy supported staff with guidelines to use if any person was at risk of harm or poor care. Staff had received safeguarding training and they told us they were confident of the action to take and who to contact if they had any concerns. One member of staff said, "I would have no hesitation of using the policy and contacting the [registered] manager if I had a concern."

The deputy manager and staff we spoke with understood their responsibilities to raise concerns, record safety incidents, near misses, and to report these internally and externally as necessary. When staff had concerns about people's welfare they liaised with the management team as necessary, who then submitted safeguarding referrals to the appropriate agencies. This meant that there were processes in place to safeguard people from harm.

There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The registered manager had systems to investigate any issues reported to them.

Where an injury had occurred, body maps were in place to record the injury. An explanation had been written as to how the injury had happened. These were reviewed by the registered manager. This provided a clear record to demonstrate any patterns or concerns. One staff member said, "All staff are aware of the need to report anything they are concerned about. I am positive that [name of registered manager and deputy] would take the appropriate action that is necessary."

Risk assessments had been completed to identify people's assessed risks and any potential risks, such as risks of harm to people and staff when supporting them. Risk assessments provided instructions and guidance for staff members when delivering care and support to people. This guidance included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. Equipment was also used to support people to stay safe for example, the use of a mobile hoist and call bells.

There were personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

All appropriate recruitment checks had been completed to ensure suitable staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

The service had sufficient numbers of staff to meet the needs of people. There was a skill mix which meant peoples varied needs were met by a staff team who were knowledgeable and able to deliver care safely. We

observed staff were patient and unhurried in their duties. Staff acknowledged that some people like to have a lie in or stay in their rooms. They explained they made frequent checks on each person to check if they were ready to get up or needed anything e.g. a drink or something to eat. Where people may require frequent re-positioning to prevent pressure damage to their skin, staff told us they would always explain to the person why they had to keep checking on them and that it was for their comfort and to protect their skin condition. It demonstrated staff understood the importance of acknowledging a person's choice but also how to continue to support that choice with more regular observations.

Accidents and incidents were recorded by staff in people's care records. A form was also completed. This form was then given to the registered manager to analyse at the end of each month or before if necessary. For example, if a person was having frequent falls, they may require advice from another professional (falls advice team). This meant that any patterns or trends would be recognised, addressed and the risk of reoccurrence was reduced. Staff confirmed that any learning as a result of incidents that occurred were discussed in handover meeting to reduce the risk of them occurring again.

Medicines were administered to people by staff who were competent to carry out the role safely. There were regular training updates to ensure practice was up to date and staff were working to current pharmaceutical guidance and legislation. Observations showed that staff administered medication with patience and gave people an explanation of what they were taking and why.

Medicines were stored appropriately and records showed that room and fridge temperatures were within an appropriate range. Medication records had been completed appropriately and we saw that a best interest process had been followed for a person who took their medication covertly (hidden within food or drinks) that involved family members and health care professionals. Protocols and risk assessments were in place for those people who were able to self-medicate. One person told us, "I am on medication and I get them on time." Another person said, "I am on medication three times a day its always on time and they stand and watch me take it." A third person told us, "I am on medication, but I take it all myself." A fourth person said, "I suffer with a lot of headaches, and they [staff] know this, I only have to ask for pain relief and they will get it."

Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine. There were regular checks in place on cleanliness and staff used personal protective equipment such as aprons and gloves appropriately. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were also checked and serviced to ensure they were safe for use.

Good

Is the service effective?

Our findings

People's needs were assessed prior to being admitted to the service. This included an assessment of physical needs, mental health and social needs. The staff referred to up to date legislation and guidance. The initial assessment enabled a plan of care to be formulated as information for staff and was followed by on-going assessments when people's needs changed.

Observations showed that staff had the required skills and knowledge to meet people's needs. Members of staff all said they would be happy for a relative to be cared for at the service. Staff confirmed they received an induction when they joined the service and had been supernumerary (an extra member of staff) for a period of time. This was until the management team felt the staff member was confident and competent to deliver care. All staff spoken with said they had received training appropriate to their roles and gave relevant examples.

Staff told us that staff meetings took place regularly. Most staff told us they had received supervision. One member of staff commented, "I am supervised by [name of deputy manager] monthly. It's helpful but I can go straight to any member of the management if there are problems." Another member of staff said, "I have not yet had supervision but feel very well supported and can ask questions of any member of staff." Annual appraisals were to be held with each staff member. The service has just been operational for a year. The deputy Manager told us a record of this meeting would be taken. They said it will be a two way (joint) conversation meeting with the staff member and the appraiser. Staff will have the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "We are very well supported. There is no doubt about that." This demonstrated staff comments were valued and supervision was a two way process.

We observed the lunchtime meal and found this to be a relaxed and social experience for people. We found that there were conversations taking place between some of the people and staff. The tables were pleasantly laid with cloths, flowers, condiments and napkins. Assistance provided by staff was in a manner that was both respectful and inclusive. Staff regularly checked with people they were okay and enjoying the food.

People's individual dietary needs were catered for. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's dietary needs.

We found that people who had been assessed as being at risk of malnutrition were provided with a fortified diet to increase their calorific intake and to encourage weight gain. Adapted cutlery was available to assist people to eat as independently as possible.

Staff worked together with various professionals in implementing people's care and treatment. We saw regular visits from the GP took place. One person told us, "I get to see a chiropodist every six weeks, and they [staff] would call a doctor without hesitance." Another person said, "A doctor is called if you need one they

[staff] are very good like that." A third person said, "I get regular chest infections and they [staff] are very quick at calling the doctor, my own chiropodist calls to see to my feet, but they [service] do have everything on hand if you need anything."

The building was well maintained, with a good standard of decoration. Wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had made applications to lawfully restrict some people of their liberty.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. One member of staff said, "MCA is to protect people who can't make their own decisions." Another member of staff told us, "Everyone is assumed to have capacity to make their own decisions. We also support people in their best interest." The service had clear records for people who had families appointed as lasting powers of attorney, to act on their behalf when they did not have the capacity to do this for themselves.

Staff were seen to seek consent from people about their daily routines. Staff spoke about how they supported people to make decisions and about the importance of offering people choice. Mental capacity assessments and best interest decisions were recorded for aspects of people's care.

Good

Is the service caring?

Our findings

People who lived at Nelson Lodge told us they were happy living there. This was because they felt well cared for by a committed staff and management team. One person said, "I think they are genuinely caring girls (staff) they are easily approachable, always ask if it's okay to do things, I wouldn't live anywhere else, it's a lovely place." Another person told us, "They [staff] are very kind, very respectful, always knock on the door and say (name) are you okay ? Look, it's not the same as living at home but it's the next best thing."

People told us that their relatives were welcomed to the service by staff at any time. We were told they were always offered drinks but could also help themselves in the kitchen on each unit.

Staff had a good understanding of protecting and respecting people's rights and choices. We observed staff had a sensitive and caring approach throughout our inspection. A staff member said, "Everybody has a very different life and we need to respect each person." People's life histories were taken where possible on their admission to the service. Staff told us that these can be added to when they hold conversations with people and they mention something that has not been recorded. Staff were knowledgeable people's backgrounds and past lives. Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. One staff member said, "We encourage people where possible to do what they are able to do themselves." One person said, "They [staff] know I like to wash myself but they will always say if you need a hand let us know." Another person told us, "They [staff] know I like to wash myself as far as I can, they pass me the flannel and I wash my face, my hands and arms, they do the rest, they don't rush me, they let me do it at my pace."

Systems were in place to ensure people's privacy and dignity was upheld. For example, people had their own rooms and doors were closed when personal care was being delivered. One person told us, "The girls [staff] are respectful, they do knock before coming into my room and always wear gloves when assisting me to have a bath or wash, they will wash me so far, then cover me up with a towel, to keep me warm." Another person said, "I do need help with my personal care, but they [staff] do this at my pace, and they are respectful. They will always knock before coming in, and address me by my name."

People were relaxed and comfortable with each other and the staff around them. A couple of people had become good friends they told us that they always sit and chat together. People were assisted by staff in a patient, respectful and friendly way. Staff frequently checked on people's welfare, especially those that remained in their own rooms. Records recording any daily interventions supported this. Staff were seen to always have time to stop and engage with people. People were relaxed in the presence of staff which put a smile on their face. One person said, "I feel I can talk to the staff about anything". Another person pointed at a member of staff and said, I could tell her anything she's like a friend to me." This demonstrated the patient and caring approach.

People said they were involved in the care and decisions about how they were being supported. People were encouraged to make decisions about their care, for example when they wanted to get up, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in developing their care plans and being part of the review. One person told us, "I choose what I like to wear." Another person said, "I can have a bath when I want there are no restrictions here."

The deputy manager and staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe peoples care and support needs. Also what action and prompts that might be taken if people were in an anxious state of mood. This showed staff understood the care and support people needed.

Information about local advocacy services was available to support people if they required assistance. Staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and were available when they needed them. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner. One person told us, "Staff are quick to respond if you're not feeling well. They will always explain what they are going to do like calling the doctor."

Prior to people moving into the service, they all had their needs assessed to ensure the service was able to meet their needs and expectations. People and their families were involved in the development of care plans where appropriate. Care records contained good life history information and staff demonstrated they knew people well. Records had been reviewed and changes were being made to ensure people needs continued to be met appropriately. Daily care notes were completed by staff who were providing the care each day. As well as the handover at the start of each shift, the daily notes provided staff coming on duty with a quick overview of any changes in people's needs and their general well-being.

On the day of the inspection there were no activities provided as the activity co-ordinator was off, but people told us about the variety of activities they enjoyed which included bingo, quizzes, a knit and natter session, reading newspapers and having a chat with friends. The registered manger very often sourced outside entertainment, for example, a regular museum evening had been introduced, and themes included, 'old cooking utensils' and 'years gone by holiday photos. People had the opportunity to pass around the photos or items and discuss their memories. Cocktail theme evenings had been organised for people to try various drinks. Children from the local school had visited the service and sang songs. The local co-op had kindly offered the use of a couple of large cars which enabled people to go out for excursions, for example at Christmas time people were taken on a trip round the Christmas lights and to garden centres. One person told us, "The entertainment is there if you want it, I like to help the chap (gardener) with the gardening when it's nice. That was my job, so I like to keep my hand in." Another person said, "I like the entertainment provided and I love the bingo."

There was also a beautifully decorated tea room, where people were able to enjoy afternoon tea. Families could also arrange to hold private tea parties, or birthday celebrations with their loved ones.

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the deputy manager told us they would meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health these directives had been clearly identified in their care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. At the time of the inspection no one at

the service was receiving end of life care.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 service had a registered manager in post although they were not available for this inspection. People, the relative and staff told us the registered manager was approachable, listened to and acted on information that was presented to them. One person said, "[Name of registered manager] is always walking about. She's very approachable. They would, always deal with your concerns."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The deputy manager and all members of staff understood what was expected of them. The registered manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

People and their relatives had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend. One person said, "I go to the residents meetings, the main issues that are brought up is the food and laundry, they have said on previous meetings 'ok we will call the chef in at the next meeting' and they do." Another person told us, "I have not been here very long to say although I have seen a lot of changes from these meetings." Relatives were also able to provide feedback on the 'Care Homes UK' website. Comments included, 'Overall the home is excellent and staff are warm, friendly and helpful and always put the resident's needs foremost.' And '… have recommended to others as by far the best in the area.'

The registered and deputy manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

Staff meetings took place regularly for all staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. A staff member told us, "There is an expectation if you can you attend the meeting you do. If we can't make it, minutes are available so we don't miss anything." There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.

The provider had a system in place to monitor the quality of the service being delivered to people by the staff. Senior staff and managers undertook a number of audits of various aspects of the service to ensure that where needed improvements were made. Audits covered a number of areas including medication,

health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, infection control statement to be completed and some care plans require further information to be added.