

The New Careford Lodge Ltd

# The New Careford Lodge Limited

## Inspection report

Careford Lodge  
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Merriott  
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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

### About the service

The New Careford Lodge Limited is a residential care home registered to provide personal care and accommodation to up to 18 people. The home specialises in the care of older people. The home is a single storey building and all rooms have en-suite facilities.

At the time of the inspection 18 people were living at the home.

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

People lived in a home where they felt safe and well cared for. People told us staff were friendly and kind. People were very comfortable and relaxed with all the staff who supported them.

Staff morale was good which created a happy atmosphere for people to live in. Staff had access to a range of training and people had confidence in their abilities.

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 told us they were able to make choices about all aspects of their day to day lives.

People were cared for by staff who were respectful of them as individuals and provided care and support in accordance with people's wishes. Staff adapted the care they provided to meet people's changing needs and preferences.

People were supported to maintain contact with friends and family and visitors were always made welcome at the home. There was a variety of activities available to people if they wished to take advantage of these.

People lived in a home which was well managed by the registered manager and provider. There were systems to monitor standards and plan improvements. People's and staff's views were listened to and used to influence changes and improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (Published 24 May 2017.)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The New Careford Lodge Limited

## **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.

#### Service and service type

The New Careford Lodge Limited 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.

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 looked at all the information we had received from and about the home since the last inspection. We

also used the 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.

We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and three visitors about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service including minutes of meetings.

# 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 has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe at the home. One person said, "I have no worries here." Another person told us, "I feel safe. The staff are always nice to me."
- The provider had systems in place which helped to minimise the risks of abuse to people. These included a safe recruitment process and training for staff. Staff told us they would not hesitate to report any concerns and were confident action would be taken by the management of the home to make sure people were safe.
- There were adequate numbers of staff to keep people safe and meet their needs. The provider made sure staffing levels were reflective of the dependency and needs of people. One member of staff said, "The really nice thing about working here is you always have time to spend with people."

Assessing risk, safety monitoring and management

- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system, water temperatures and quality and all lifting equipment.
- Individual risks to people were assessed and measures were put in place to make sure people received their care with minimum risk to themselves or others. Where specific risks were identified, such as a high risk of pressure damage to skin, suitable equipment was made available to minimise these risks.

Using medicines safely

- People who required support with medicines were helped by competent staff. People told us they received medicines at the correct time. One person told us, "I always get my tablets at the right time."
- People received their medicines in accordance with their prescription. Clear records were maintained of when medicines had been administered or refused. This enabled the effectiveness of medicines to be monitored.
- People were able to self-medicate if they wished to. Risk assessments were carried out to make sure people who chose to take responsibility for their medicines could do so safely. Records showed when medicines had been given to people to self-administer.

Preventing and controlling infection

- Staff had received training and followed good infection control practices. This helped to protect people against the spread of infection. During the inspection we noted all areas of the home were clean and fresh and staff wore personal protective equipment, such as disposable aprons, when needed.

#### Learning lessons when things go wrong

- The provider had systems to collect and analyse information regarding incidents, falls and infections. Any trends identified were highlighted and any lessons to be learnt were shared with the staff team if appropriate.
- The registered manager audited all accidents and ensured people had the support they required. For example, if a person had a number of falls they would be referred to appropriate professionals to make sure they received the treatment or equipment they needed to minimise the risks of reoccurrence.

# 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.

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

- The home was purpose built to meet the needs of older people. All accommodation was arranged on the ground floor to ensure people could access all areas.
- People were provided with specific equipment, such as raised toilets and suitable seating, to meet their specific needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had their needs assessed before they moved to the home. This helped to make sure the care home was able to meet their needs and expectations.
- People's care was provided in accordance with their wishes and preferences. From initial assessments, care plans were written to give staff details of how people wanted to be cared for. Care plans we saw were comprehensive and reflective of the people we met.
- The home was in the process of changing to an electronic care plan system. Tablet computers were being used to help staff to involve people in writing their care plans.
- Staff received regular training in subjects relevant to people's needs and health and safety issues. This helped to make sure care was provided to people in accordance with up to date best practice guidance and legislation.
- People had confidence in the staff team and their ability to meet their needs. One person told us, "Girls [staff] are well trained and very good at what they do."

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

- People had their nutritional needs assessed and met. Where people required a particular diet, this was catered for. For example, one person needed their food and drinks to be served at a specific consistency to minimise the risk of them choking. During the inspection we saw this person received a meal and drinks in accordance with their assessed needs.
- People were able to make choices about their meals and all said if they did not like anything on the menu an alternative would be offered.
- People also chose where they ate their meals. Some people ate in the dining room and others chose to eat

in their rooms. Lunch in the dining room was a sociable occasion and people had the equipment they required to support their independence.

- People were complimentary about the food. One person told us, "They take a lot of trouble with food. The cook is lovely. We have homemade cakes and they always make a birthday cake when it's your birthday."

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

- Staff monitored people's health, supported them to manage long term conditions and responded appropriately to acute illnesses. One person said, "They always get the doctor out if you need one. If they give you tablets, like anti-biotics, then they make sure you get them quickly."
- Staff worked with other professionals to make sure people received the treatment they needed. One person told us a community nurse visited them regularly. Another person said they had been assessed by a speech and language therapist and staff were carrying out all the recommendation made. One visitor told us, "They are very good at noticing things and getting them sorted."
- People were supported with oral health and hygiene by staff who had received specific training and understood the importance of good oral health. The provider had also arranged an annual dental visit to the home to ensure everyone had access to dental services.

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

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who had capacity were able to make choices about all aspects of their life and care. One person said, "You can do whatever you like here."
- Staff knew how to support people who did not have capacity to make some decisions. For example, staff had consulted with one person's family to make a decision, regarding medication, in the person's best interests.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

# 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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and compassionate. Interactions between staff and people were respectful and friendly. One person said, "The staff here are lovely. So, kind." Another person told us how they enjoyed a laugh and joke with staff.
- People's religious and spiritual needs were respected. During the inspection a number of people met with a visiting religious representative. A quiet space was made available for people to practice their faith.
- People were cared for by a consistent staff team who knew them well and who they had built trusting relationships with. People looked comfortable and relaxed with staff and they chatted happily together.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Some people liked to spend time in their rooms and pursue their own interests and staff respected people's choices. One person told us how much they liked their room. They told us, "I'm very lucky to have this room. Staff here know that I like my own company and the telly. They always knock before they come in."
- People who needed help with personal care were supported by staff in private to promote their dignity. One person said, "They are very kind and respectful. Very gentle and sweet when they help you with washing and stuff."
- People were supported to maintain their independence in accordance with their choices. One person told us, "I like to do as much as I can for myself. I ask for help when I need it. They are very obliging."

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

- People and their representatives were fully involved in planning their care. People told us they had been asked about the things they liked and their personal routine. One person said, "I feel fully involved and make my own choices." A visitor told us they and their relative were, "Fully involved in everything."
- The registered manager involved people in decisions about the home through meetings and individual chats. There were regular meetings for people where a variety of issues were discussed. Recently people were provided with colour samples and carpet swatches to enable them to make decisions about decoration of communal areas.

# 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 received individualised care and support because staff knew them well and how they liked to be supported. Care plans gave information about people's likes, social histories and lifestyle choices. This helped to make sure staff had the information they needed to provide person centred care.
- People were able to follow their own routines and make choices about what they did each day. One person told us, "I decide how I spend my day. I have my way of doing things and they let me be. That's how I like it." Another person told us, "It's all very liberal. You can do as you please."
- Staff responded to changes in people's needs and wishes. For example, if people were unwell staff created care plans to support them until they had recovered. One person said, "At the moment they are doing more for me because I've not been myself." Another person, who had lived at the home for some years, told us, "Things have changed. I used to do much more for myself. They just work with me."

End of life care and support

- People were cared for with kindness and compassion at the end of their lives. Staff spoke affectionately about people they had cared for and told us how they tried to support people's families as well as the person who lived at the home.
- Staff worked with other professionals to make sure people were kept comfortable and pain free at the end of their lives. Staff ensured appropriate medication was available at the home for community nurses to administer to maintain people's comfort and dignity.
- The home was part of a project with the local hospice which provided mentoring and teaching sessions for staff via video conferencing and other technology. This helped to ensure staff had the skills and knowledge required to provide holistic care to people at the end of their lives.

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.

- People had their communication needs assessed and met. The registered manager told us everyone at

the home was able to understand written information. However, they said they always read things to people with poor sight.

- The registered manager stated they would be able to make information available in different formats if people required it.

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 helped to keep in touch with friends and family. Visitors were always welcomed at the home which helped people to maintain their relationships. One person said, "You can always have people to lunch." A visitor said they were always made to feel at home when they visited.
- Some people had formed friendships with other people who lived at the home. At lunch time people chatted happily together.
- Since the last inspection the provider had increased the number of activity staff to make sure people had access to activities and social stimulation every day of the week. There were organised activities every day and informal one to one sessions for people who chose not to join in with organised activities. For example, some people liked to spend time chatting and some liked to go out for walks with staff rather than take part in formal activities.

Improving care quality in response to complaints or concerns

- People felt able to share concerns and make complaints. One person told us, "I don't have any complaints, but I would certainly speak to the manager if I wasn't happy."
- The provider had a formal complaints procedure and all complaints were fully investigated and responded to. Where complaints identified shortfalls in the service action was taken to make improvements to the care and support offered.

# 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 now 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; 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

- The home was well led by a registered manager and provider who were committed to providing care and support which met people's personal needs and wishes. Staff respected people's individuality and provided care that fitted around their routines not the needs of the staff.
- People lived in a home where they felt able to express themselves and follow their own routines. One person told us, "I feel safe and very much at home here." Staff said they aimed to create an environment where people were comfortable to live their own lives.
- The registered manager's office was situated by the main lounge area which made them easily accessible to people, visitors and staff. They operated an open-door policy and during the inspection a number of people sat and chatted with the registered manager.
- Staff were well motivated and happy in their roles. This created a happy environment for people to live in.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where the provider had systems to monitor quality, identify risks and plan on-going improvements. There was a schedule of audits and health and safety checks which were overseen by the provider. This ensured any shortfalls in the service were identified in a timely way and action was taken to ensure on-going improvements to the care people received.
- The provider consulted with people to make sure any changes made were in accordance with people's wishes and needs. There were regular meetings for people and relatives, satisfaction surveys and daily contact with the registered manager. At the time of the inspection people were being consulted about redecoration of some areas of the building.
- People always had access to senior staff. There was always a senior member of staff on duty which ensured people's care was always monitored by experienced staff. One person said, "The place is very well run and organised. Always someone to ask things and get an answer."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People lived in a home where they continued to be valued members of the community. Pre-school children visited the home regularly, a monthly church service welcomed local people and people attended coffee mornings in the village.
- People's views were listened to and acted upon where appropriate. For example, people had requested paper napkins and hotter plates at lunchtime and we saw this had been implemented. People had also been asked if they wished to rehome two cats that were looking for a new home. The majority of people did not support this, so it did not happen.
- Staff were able to take on additional responsibility to support them to learn and develop their skills. Some staff undertook 'champion' roles which enabled them to take a lead role in subjects such as nutrition and moving and handling. This helped to promote good practice and ensure people received a good standard of care.
- Staff worked with other professionals to ensure people's needs were met in a timely way. Staff said they had good relationships with healthcare professionals which meant they could seek advice when needed.