

Folcarn Limited

The Old Lodge Nursing Home

Inspection report

Sandypits Lane
Etwall
Derby
Derbyshire
DE65 6JA

Tel: 01283734612

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Old Lodge Nursing Home provides support and nursing care for up to 47 older people, some of whom are living with dementia, have an acquired brain injury or neurological disorder. At the time of our inspection there were 39 people living in the home.

The service is provided over two floors. There is a lounge with a conservatory and dining room on the ground floor and a lounge on the first floor. Bedrooms and bathrooms are located on both floors. The home is located in a rural area on the outskirts of the village of Etwell.

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

The registered manager and staff team were committed to developing their knowledge and working with other agencies to improve the lives of the people they supported based on best practice. All professionals we spoke with gave positive feedback about the leadership and management of the home. There were quality assurance systems in place to identify and address any shortfalls and the staff team were passionate about continually striving to improve the service. People were encouraged to share their views to support the development of the service and share concerns. Staff were proud of the service and felt well supported by the registered manager and the provider.

The staff were committed to ensuring people experienced excellent care. Positive and caring relationships had been developed between people and the staff. People felt that staff were compassionate, and they had developed meaningful relationships with them. People were treated with dignity and respect by staff who understood the importance of this.

There was an emphasis on supporting people to lead full and interesting lives. People were encouraged to have fun and enjoy a broad range of social activities. The staff were motivated and committed to provide people with personalised experiences that exceeded their expectations. Staff valued people's differences and responded to each person's wishes. People's diversity was fully recognised and promoted by the staff; people were supported to follow their religious beliefs and to maintain important family relationships.

The registered manager encouraged staff to provide care which recognised that people were at the heart of their service. People were central to deciding how care was planned and their care was reviewed with them to ensure it reflected their wishes. Staff recognised people's individual preferences and organised care that reflected their individual cultural preferences. People felt well looked after and supported and had developed good relationships with staff who they felt were kind and caring and were dignified and respectful when providing their care. People were supported to express their views about the support they wanted during the end of their life. Staff ensured people received dignified personalised care towards the end of their life.

People's care needs were identified and assessed before they moved into the home to enable staff to know

and understand how they wanted to be supported. Risk management plans were in place to protect people from harm and to support them to remain independent. People were not restricted due to perceived risk and supported to try new and different experiences. There were enough staff working in the home and they understood how to recognise signs of abuse and people felt safe. Incidents and accidents were reviewed, to determine if lessons could be learnt. Medicines were well managed, stored in line with national guidance and people received them at the time they expected.

People made their own decisions and staff respected the choices they made. 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. People had a choice of meals and were happy with the quality of the food that was cooked. Where people need a specialist diet, this was prepared in consultation with people.

People benefitted from receiving a service from staff who were well trained to support people in line with best practice guidance. The staff had support to enable them to identify personal development opportunities and to raise any concerns they had. The staff worked in partnership with health care professionals to meet people's health care and dental care needs were met. There was a culture within the organisation of striving for excellence and assisting people to reach their maximum potential.

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

Rating at last inspection

The last rating for this service was Good and outstanding in caring. (This report was published on 20 April 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

The Old Lodge Nursing 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

An inspector and an Expert by Experience carried out this inspection. 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

The Old Lodge Nursing Home 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection.

During the inspection

We spoke with six people who used the service, three relatives and one friend about their experience of the care provided. We spoke with five members of care staff, the activity co-ordinator, the cook, two student nurses, the training manager the registered manager, the provider, and the deputy manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we sought feedback from the local authority and professionals who work with the service. This including feedback from three health care professionals, a clinical educator and end of life facilitator.

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

- People felt safe living at the home and there was a calm environment. Relatives were confident that people were being supported to promote their well-being.
- The staff understood how to identify potential safeguarding concerns and knew how to report these to the management team or to the local safeguarding team. The staff confirmed they would have no hesitation in reporting any concerns, were aware of whistleblowing procedures and confident their views and concerns would be listened to.
- Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and were accessible to staff and visitors.

Assessing risk, safety monitoring and management

- Potential risks had been identified and risk assessments were completed. These were reviewed with people to agree to measures to keep them safe and reduce any risk of potential harm.
- Some people used mechanical equipment to help them to move. Staff had received training to use the equipment safely and risk assessments recorded the level of support people needed. One member of staff told us, "The training takes place here and we use the actual equipment that we have, so it's all relevant."
- Staff carried out checks before leaving people's bedroom to make sure they could reach the call bell or had means to alert them through sensory equipment. We saw everyone had access to a call bell and one relative told us, "The staff always make sure they can reach the bell without fail."
- There was an analysis of any falls which included identifying any patterns which could indicate risk. The staff were proud that there were suitable measures in place to help to prevent falls. Where people did fall, the incident was reviewed, and measures put in place to protect them from future falls.
- There were personal emergency evacuation plans in people's care plans. The staff were knowledgeable about people's individual needs and told us what support would be provided. The registered manager arranged for fire drills to be conducted at different times including at night to ensure the staff responded appropriately. They explained how the fire officer had used a smoke canister in one area of the home and reviewed how staff responded. They told us, "We needed to make sure that action was taken to keep people safe."

Staffing and recruitment

- People felt there were enough staff to provide their care and support. The number of staff on each shift was kept under review to ensure there were sufficient numbers of staff to meet people's needs and ensure their safety. One person told us, "It's quite regular staff here, which makes things better as you feel more comfortable."
- Staff were always available in each area of the home to support people and offer assistance. One member

of staff explained, "We all work together but we work in four small teams to make sure we have all areas of the home covered and can be near to people and provide their care."

- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.
- Nursing staff were registered with the Nursing and Midwifery Council. To ensure they were safe to provide nursing support, the registered manager carried out regular checks to ensure they continued to be registered and updated their skills and knowledge.

Using medicines safely

- People received their medicines when they were expected, and they were offered a drink and given time to take them.
- There were suitable arrangements for the safe storage, management and disposal of medicines. We checked a sample of boxed medicines and found that stocks agreed with the records maintained which demonstrated safe systems were followed.
- The staff worked in partnership with the GP to ensure medicines were discontinued when they were no longer indicated or reviewed.
- Where people were prescribed medicines to be taken 'as required' to help to manage pain or acute health conditions, we saw that there was clear guidance in place for staff to understand when this should be given. Staff knew people well and understood how people may show they were in pain if they were unable to tell them.

Preventing and controlling infection

- People were happy with how the home was maintained and the cleanliness. Domestic staff supported the staff team to ensure that the home was kept clean and any spillages or accidental damage was addressed promptly.
- There were systems in place to manage infection control and staff had received infection control training to ensure standards were maintained.

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the staff team through meetings. This meant the staff team knew about any developments or changes within the service. One member of staff told us, "The staff meetings are compulsory, so we know what has been happening and any improvements. They are important."
- Working in partnership with other agencies, the registered manager reviewed local safeguarding incidents in other services to identify the potential impact on care within the home and how procedures could be improved. For example, the registered manager had introduced new monitoring checks to be completed following a fall. These forms recorded how to identify if people may need medical attention and were completed at intervals to ensure the person was monitored.

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 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

- Care assessments were completed before people moved into the home to ensure their needs could be fully met.
- People agreed how they wanted their care to be delivered and individualised care plans were developed. The staff explained that this meant they had clear guidance on how to meet those needs.
- People were satisfied with the care and support they received, which we saw was delivered in line with current legislation and best practice guidelines. National alerts were displayed in the home for staff to read to enhance their knowledge of changes in care and guidance.

Staff support: induction, training, skills and experience

- People felt the staff had received training to ensure they understood how to provide their care.
- New staff completed an induction at the start of their employment and shadowed experienced staff until they, and the management team were satisfied they were competent to work unsupervised.
- There was a training officer who had designed the mandatory training for staff with opportunities to do role play and experience receiving care. For example, some interactive training had been developed for staff to experience what it may be like to live with dementia. One member of staff told us, "We had to try and do everyday tasks with gloves on and had glasses to wear. It really made us think about how it might be for some people."
- Staff were positive about how they were supported with personal development and one member of staff told us, "Everybody's needs are different, one condition does not have the same impact for different people. As everyone is different and we have individual training designed around people, so they can have their individual needs met."
- Training materials included pictorial support and had been translated into other languages to support staff whose first language was not English.
- Staff received supervision and appraisals which gave them an opportunity to discuss any issues and concerns and they felt listened to.

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

- People could choose what they wanted to eat and drink from the menu or an alternative was prepared. People were asked what they would like to eat in advance, so meals could be prepared but relatives told us there was always more food available if people changed their mind. One relative told us, "[Name] has what they want to eat and loves having salmon for dinner."
- The meal time was a pleasant experience and people sat with others they enjoyed spending time with. People chose how much to eat, and we saw there were portions of varying sizes which catered for people's needs. Staff observed people eating and if they saw someone looking at another's plate they quickly offered

them some of the same food. People used adaptive cutlery or plate guards which allowed them to maintain their independence when eating. We saw staff sit with one person and with gentle reminders they ate their meal; we saw they responded positively to staff, chatting and laughing with them during the meal.

- Where it had been identified that people may be losing weight or at risk of dehydration, diet and fluid charts were completed and reviewed. Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours.
- People were weighed regularly where there were concerns. For example, if they had been identified of malnutrition.

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

- People were supported to keep well with support from staff, their GP and other health care professionals. The staff team had strong relationships with community health teams to ensure people's health needs were met.
- People had an oral health plan and checks were made through a local dentist to ensure they had an oral health check. One relative told us, "[Name] has their own teeth and the staff look after them well. The dentist can visit, and a dental hygienist has visited too." Staff knew the importance of good oral hygiene and one member of staff told us, "It's really important and one of the first things we look at if people aren't eating is to check their mouth. This is especially important if people are able to communicate."
- A record of health appointments, investigations and outcomes were maintained to ensure staff understood how people needed to be supported to keep well.
- Where people needed to move into hospital, information was accessible to ensure that hospital staff were aware of people's care needs.

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

- There was an on-going refurbishment programme in place to improve the environment for people. New bathrooms had been installed and the home was well maintained.
- The home had wide corridors and large rooms which meant there was sufficient room for people to move around safely with their mobility aids.
- There were comfortable lounges and dining rooms with different seating for people to choose from on both floors of the home. People's individual bedrooms included personal items to help create a homely feel.
- There were regular health and safety checks in place to ensure all the equipment staff used to support people was safe and in full working order

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.

- Consent was sought from people before providing any support. Where people had limited communication, the staff recognised how people used body language and facial gestures to indicate consent and to make choices. Where possible, people were asked to sign their care plans to evidence their agreement.
- Where people lacked capacity to make a decision, capacity assessments had been completed which recorded specific details about how capacity had been assessed. Best interest decisions had been made, which had been reached with people who were important to them.
- Staff knew which relatives had Lasting Power of Attorney (LPA) to enable them to make decisions for people. An LPA gives someone a person trusts the legal authority to make decisions on their behalf, should they lose the ability to make decisions for themselves.
- People could move around the home and choose where they spent their time. We saw that some people were being restricted because they were unable to leave the home safely without the supervision of staff. The registered manager had recognised this, and made the applications required to ensure that any restrictions placed on people were assessed and legally agreed.

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 outstanding. 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

- Staff knew people well and thought about what they should do to make people happy. Without exception, people, their relatives and care professionals told us the staff were extremely caring, kind, attentive and dedicated in their approach. We observed staff constantly interacting with people with warmth and dedication and one relative told us, "I watch the staff and I am impressed with what they do."
- The staff provided an inclusive and respectful environment for people to be able to discuss and explore their sexual views or gender expression. Events were organised in the home which included having opportunities to discuss what this meant for people and to talk about their feelings, opinions and sexuality.
- The provider was responsive and committed to maintaining high standards. The registered manager told us, "The provider is always responsive; if we need something then all I have to do is ask." We observed a discussion with the registered manager and the provider who had purchased additional equipment to enhance the home; we saw the provider trusted the registered manager's judgement and they both had the wellbeing of the people living in the home as their first priority rather than the cost.
- To ensure people's dietary needs were met, the registered manager ensured that people had food that was freshly prepared. Where people needed a fortified diet to maintain their weight, fresh foods were used such as fortified milk shakes, and butter and cream were added to food. One member of staff told us, "It's much better for people if we use fresh food and ingredients and much tastier. People really enjoy these." Where people needed a specific diet to meet their cultural needs, staff travelled to different shops and restaurants, to ensure the food was prepared to meet their cultural preferences.
- Different members of the staff team shared a meal each week with people. The staff told us this was a wonderful opportunity to sit with people, share a meal and talk with them, it also gave them an opportunity to ensure people were happy with the meal and to be part of the care experience. One member of staff told us, "It used to be 'tea with Matron' but now we all get this opportunity and it's wonderful to have this time with people."
- Relatives were extremely positive about the care and support people received and told us they were always warmly welcomed. There were no restrictions in the home and relatives told us they appreciated how staff always went out of their way to make sure they were welcomed. One relative told us, "It's all about the care here not the money; I tell people to use this service because the care is the priority here and it feels like a proper home." The registered manager had considered how the home could be more welcoming to families with young children and changing facilities for babies and young children were available in one toilet.
- The registered manager led by example to ensure the service had a very strong, person centred culture and the ethos was that of an extended family. One relative told us, "The staff are like their family here when we can't be with them." Staff valued the people they supported and the relationships they had with them.

Staff spoke fondly of people and knew what was important to them and how they wanted to be supported.

- The staff recognised the value of family relationships and encouraged links with the local community and relatives of people who had previously lived in the home to continue visiting. Staff explained that some visitors had originally visited family members and continued to visit other people in the home when their family member was no longer receiving a service. The visitors continued to be welcomed and played an active role in the home and were also invited to share meals with people.

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

- People were made to feel as if they mattered and were spoken with politely and were not ignored. Staff knew what was important to them and they were empowered to make their own decisions and express their choices. Where people were not able to express themselves verbally, staff ensured they used other methods of communication to express their views. This included using photographs and pictures and aided by electronic aids, so people could express themselves. This ensured there were no barriers to communication and people could share their views and thoughts.

- Staff ensured people were supported to make their own choices in how they wished to spend their day. People made decisions about how they spent their time and were asked if they preferred a shower or wash in the morning and they would encourage them to choose their own clothes and whether they would like a lie in or breakfast in bed before they arose.

- Where people needed help to make important decisions, the staff knew how to assist people to access advocacy services to support people to make decisions. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Where people were visited by an advocate, their views were listened to.

Respecting and promoting people's privacy, dignity and independence

- People were shown respect and we heard staff address people with the utmost respect and kindness. Staff told us they would always knock on people's doors and would not wake them up in the morning if they wished to lie in. Where people had expressed a preference for the gender of staff supporting them with their personal care needs, these preferences were respected.

- Staff spoke with people discretely about their care needs and when any treatment was needed, for example checking their blood pressure, people were asked whether they wanted to go to their bedroom to ensure this was carried out in private.

- We saw all care was dignified and there was a strong person-centred culture within the home. Staff were kind and compassionate when providing people's support. Staff took the time to talk with people as they went about their duties and they were quick to help when they were needed.

- Staff were supported to develop their role and expand their skills by becoming a 'champion' in different areas of care including for dignity. They explained that being a champion meant they proactively discussed how to support people and they challenged staff's knowledge and practices to ensure people did not experience discrimination. There was a 'dignitree' design on a wall which displayed people's views about what dignity meant to them and how the staff provided dignified care.

- The staff recognised the important relationships people had with their pets. Upon admission, it was agreed with some people that they brought their pets to live with them in the home. People told us this was important to them. Other people's pets were brought in by family members to visit them and there was a pet rabbit in the home which people enjoyed looking after.

- The staff respected people's individuality and did everything possible to support people to be as comfortable and to enjoy every aspect of their lives. People were supported to remain as independent as possible and were encouraged to do what they could to enable them to keep their skills.

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The staff were extremely responsive to people's needs. Some people came to stay in the home as they were assessed by health professionals as nearing the end of their life. The staff team spoke passionately about providing care and support that meant their condition and quality of life improved.
- Care for people at the end of their life was extremely responsive. There were end of life champions who were trained in palliative care and committed to providing best practice care. The staff had achieved the end of life quality award, which was based on NICE guidelines and the Gold Standards Framework for caring for people at the end of their lives. These focused on the quality of care for people nearing the end of their life enabling people to live well and die well in the place of their choosing. One health care professional confirmed the service had continually achieved this award due to the high standards of care they provided and told us, "The staff have a very good understanding of how to respectfully support people."
- People were able to share how they wished to be cared for and supported towards the end of their life. The care records included information about their life history including family relationships and important events and religious beliefs. The staff knew how to support people's individual cultural beliefs including who was able to care for them following their death. One relative told us, "We have spoken about this and it's like they are trying to cushion it when they talk about it so it's not such a shock and we can plan for everything."
- Where advanced care planning had been completed; there was information about what people had requested and who had been involved within the care records. One member of staff told us, "It's important that we know what people want so we can respect their wishes."
- Following people's death, the staff team discussed how they provided their support and if anything could have been improved. One member of staff told us, "We want people to experience a dignified death and the meetings help us to look at whether we achieved this and to review our practices. We also share our feelings as this also has an effect for us, as the people here are important to us."
- Following people's death, staff had opportunities to say goodbye to people and show their respect; the staff formed a 'guard of honour' in the corridor from people's rooms when they left their home.

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

- The staff recognised that people had different experiences and views and this influenced how they wanted to be supported. People were consulted about the activities that were provided and talked enthusiastically about the opportunities they had. Staff spent time with people, so they knew what they wanted to do. For example, one person had lived on a farm and they spoke enthusiastically about visiting a farm and spending time with goats. People enjoyed spending time with animals and animals also visited the home, including dogs and alpacas. Other people told us about the trips they had enjoyed; including, visiting Iron bridge, Chatsworth House and Twycross Zoo. People felt the staff were responsive and flexible in ensuring they lived

as full lives as possible and family members were encouraged and welcome to join in all activities.

- The registered manager ensured people had opportunities to leave the home and be involved with every day activities they enjoyed. One person told us how staff supported them to do personal shopping and they enjoyed visiting the local town.
- We saw a range of different activities took place in the home and observed people making owls in the arts and crafts session. The staff were exceptionally patient and kind and helped people to choose the colours and whether, to use paint or chalk. People were encouraged to use brushes and their hands, and we saw people laughing at the colour their fingers had become. One care professional told us, "It's lovely to see activities taking place and the staff include everyone to enrich their lives."
- For people who were cared for in bed a member of the activity team visited them to engage with a favourite past time or to sit with them reading. The activity staff recorded information about the activities people did to identify people that did not participate in as many activities as others. They told us this meant they could easily recognise where people would benefit from further interaction to support their well-being.
- Staff recognised that people may want private time and 'do not disturb' signs were used. Staff understood that people wanted to share intimate relationships and the registered manager told us, "It's important that we have these frank discussions with staff and people, so we know what people want and how this can be facilitated."
- Staff were innovative in involving people and their family in determining precisely what care they needed and what outcomes they wanted to achieve. This had resulted in people being helped to achieve any wishes they had, and staff had arranged for special trips or occasions. People had expressed a wish to visit the beach but felt unable to go due to the distance. The staff purchased sand and beach items and the dining room was transformed to a beach. Takeaway fish and chips were served for people to enjoy.
- People were offered a stimulating range of activities, which had a positive impact on their physical and mental wellbeing. For example, the staff supported people to do exercises which helped to prevent muscle wasting, to improve mobility and to prevent falls. People had hand massages which relatives told us helped people's circulation and reduced pain.
- Staff took time to help people feel important and they valued people's differences and responded to each person's wishes. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. People chose if they wanted to attend the religious services in the home or their preferred place of worship. Staff explained that most people practiced Christianity and services such as Holy Communion and mass were arranged in the home. Where people practiced different faiths, we saw people had chosen to listen to recordings of prayer readings and these were played before providing personal care or at significant times during the day in accordance with their religious beliefs. People were also given the opportunity to have time to have private reflection.
- The staff recognised the importance of social media in connecting with other people and electronic tablets were used to enable people to talk and see relatives and friends. The home had WIFI and we saw people using social media and internet-based communication services to speak with family and friends.

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

- People's care was extremely person-centred and delivered consistently and responsively after having their individual needs agreed at assessment. The assessment included how they could support people in relation to their individual needs and diverse cultural and human rights. The staff understood they should not ask directly about information relating to protected characteristics; such as people's sexual orientation, to ensure they did not experience discrimination when they were looking to find a service to use.
- People felt that they had complete control over their lives through their involvement in the development of their care plans. People remained at the centre of their care, with all aspects detailed in their care plan. People were extremely positive about how staff had ensured they were happy with how the care plan had

been developed.

- There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided. People had opportunities to positively influence the service they received. This included consultation about the decoration and design of the home and new bathrooms had been installed.
- People and relatives were supported to be involved in their care decisions and the development of the care plan and attended regular care reviews to ensure these continued to reflect people's needs. One relative told us, "We are involved with the care and have full input with any review. The staff go through everything and are very respectful." Where significant events occurred, with people's consent, the staff informed relatives to ensure they continued to be involved with their care.

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's communication needs were recorded in their care plan. Information was available in a variety of formats when required, such as easy to read and pictorial information to meet the communication needs of people and to give them more control over their lives.
- The registered manager was knowledgeable about their responsibilities to ensure information provided to people was in an appropriate format to enable them to read and review it. Where people and staff needed support to access and understand information, there were arrangements in place to ensure information could be interpreted. One member of staff told us, "We use flash cards and some of the staff also know how to use Makaton sign language as we have had people with a learning disability use the service." This showed the how staff valued people and ensured they could express themselves and speak with other people.

Improving care quality in response to complaints or concerns

- A copy of the complaint's procedure was displayed within the home and people were extremely confident that if they had any concerns, these would be acted upon.
- The registered manager walked around the home and spoke with people on a daily basis and if anyone raised anything with them, then it was recorded, and action taken.
- Any comments received by the service were acted upon. One member of staff told us, "We always want to raise the standards here and its lovely that people who know us will use our services again for other family members because they are so happy with the service we provide."

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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- Quality assurance reviews were completed to ensure high quality standards of care and legislation was complied with. These included checks on personal support plans, medicines management, health and safety and care records. Where any concerns were identified, action was taken to ensure people were safe. Accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had then been taken to reduce the likelihood of the same thing happening again.
- The registered manager had considered how they could learn and implement innovative practices to enhance people's care. They were proud of how the home had been developed and were continually reviewing the quality of the service to make improvements and put people at the heart of the service. For example, the staff worked closely with hospice services to provide a consistent service for people who also used these services. The registered manager recognised how hospice services used additional complimentary therapies; as a result, they were reviewing how additional services such as a sensory garden and water therapy to would enhance people's lives.
- The registered manager had developed strong links with community health and social care professionals and worked in partnership with them to enhance people's lives and wellbeing. They had developed links with community organisations to ensure other care providers could share their knowledge and expertise which could help to enhance the care provided within other services. They met with other managers and teams to share best practice and share learning. We saw recently the registered manager had developed forms to alert staff to changes in people's condition and highlighted that staff should, 'Please look at me, have you noticed a change in me?'
- The staff worked in partnership with community health professionals to support people during the end of their life. Staff had recently taken part in a project which focused on showing respect for people following their death and acknowledging the impact this had for staff. One member of staff told us, "Following people's death, we spend time with them to say goodbye and show respect by acknowledging the full life of the person." A health care professional told us, "This reflective practice recognises the relationship staff have with people and makes sure the staff look after themselves too."
- The registered manager and provider listened to what people said and acted on their views. People expressed they would like to have music in the bathroom. The provider had upgraded the ground floor bathrooms to an excellent standard with an integral music system and a Japanese style smart toilet which met people's hygiene needs it also including cleaning, deodorising and drying facilities. People spoke positively about the new bathroom and one member of staff told us, "The provider always listens to people and if they can do it they will."
- The registered manager offered the services of the home for staff from other services to receive further training and to meet to share ideas. One health professional told us, "They will host training at the home to

share their experiences and support other services." New alert documentation was shared at local practice meetings with the local authority safeguarding team, social care professionals and other registered managers to help them to identify and record changes so prompt action could be taken to ensure people's welfare.

- The service had an excellent reputation with other professionals and had gained achievement awards in care delivery which were displayed in the home. One health professional told us, "This is a very special nursing home both for people, staff and visitors."

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

- There was a positive culture within the home which promoted honesty and respect for each other. This culture supported staff to ensure that people's rights were upheld, and they received individual, respectful care from a dedicated and committed staff team.
- The registered manager valued members of staff, recognised their potential and supported them to obtain additional training and qualifications and develop their career. Staff had opportunities to complete specialist training to care for the specific needs of people. Many of the staff team had attended training to support people with Huntington's disease and to understand the impact this had for people and their family.
- The registered manager had developed links with Wolverhampton University and student nurses and nursing associates worked in the service to gain experience. One former student told us. "I felt very privileged to have spent some time there. It was a fantastic and valuable placement as I was allowed to have the time to build relationships with the people and given protected time to learn about their conditions."
- Staff were highly motivated and felt supported by the registered manager to understand their roles and responsibilities. One health care professional told us, "The registered manager is very person focussed and sees them all as individual people with individual needs and works very hard to ensure that all staff follow this through."
- The registered manager recognised the staff achievements and openly praised staff for the work they did.

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

- Everyone without exception spoke highly about the management team. People, their relatives, staff and professionals felt the service was extremely well-led by the registered manager who was committed to ensuring high standards were maintained.
- The registered manager understood how they needed to act to ensure lessons were learnt when things went wrong. Where new forms or procedures were developed we saw this included information about the duty of candour and recorded any action that needed to be taken.
- The registered manager submitted statutory notifications to us in line with her legal responsibilities.
- The staff understood the whistleblowing procedures and were confident that any concerns would be acted upon to ensure protection to people.

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

- The registered manager kept updated on current best practice guidelines and shared their learning with staff to further improve the home. For example, if there were any updates in legislation, this would be shared with the team in meetings and through notices posted within the offices.
- Compliance checks were completed on aspects of care and procedures. The last compliance checks focused on charts in people's room, how these were completed and how accurate these were. We saw as a result, where people come downstairs for meals, the charts were brought down with people to ensure

records could be completed easily to record what people had eaten and drank and maintain an accurate record.

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

- Everyone we spoke with told us the home was well-led. The registered manager spent time working alongside staff so that the people who used the service knew them and they could engage with them regularly. We saw that people knew who the registered manager was, and we saw them chatting happily with them.
- People and their families were regularly involved with the service in a meaningful way. People were encouraged to share their views about their care and how the service was managed. They had an opportunity to comment on the quality of the service and their views were regularly obtained by way of satisfaction survey and within meetings organised for the 'Friends of the Old Lodge' which were used to drive improvements. One relative told us, "We have regular questionnaires which we complete about the quality of the service and we get regular newsletters about what is happening and any changes."
- The staff were clear about their role and spoke passionately about how the registered manager supported them, so they could assist people to lead meaningful lives and to have an exceptional quality of life. Staff meetings offered staff opportunities to reflect on practices in the home and share experiences. One member of staff told us, "We talk about how we are supporting people and are always looking to improve. This way we can make sure the service grows around the diversity of people who live here."