

The Hanley Care Group Limited

Feltwell Lodge

Inspection report

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25 November 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Feltwell Lodge is a residential care home providing personal care and accommodation to up to 45 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 33 people using the service. The home is an adapted period building with accommodation over two floors.

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

Some areas of the service required improved oversight of safety and quality monitoring. An uncovered and hot radiator in one person's bedroom presented a burn risk. Monitoring of people's fluid intake wasn't always completed to reduce the risk of dehydration.

The provider did not follow the latest COVID-19 government guidance and required people's relatives to make an appointment to visit them. We have made a recommendation that the provider work in accordance with the guidance and remove restrictions on visiting.

People were practically supported, by care staff to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, records did not evidence this approach as required by the Mental Capacity Act 2005 (MCA). We have therefore made a recommendation regarding adherence to the MCA. Some relatives told us they were not always involved in their family members care planning.

Most medicines practices were safe, and people received their prescribed medicines in the way they preferred, however improvements were needed to the record keeping of topical medicines.

Feedback from relatives and people was positive about the care and support people received, and the friendliness of the staff team. However, end of life care plans were not completed where people were receiving care at the end of their lives or to prepare for this. We have made a recommendation to the provider to review their care planning process. Staff were positive about how the service was managed and the culture and morale of the team.

There were sufficient safely recruited staff on duty to keep people safe. People were kept safe from the risk of abuse and staff understood their safeguarding responsibilities and any action they needed to take.

The registered manager was transparent and committed to learning lessons when things went wrong. Throughout the inspection, the registered manager displayed a transparent approach. They spoke openly about challenges caused by the COVID-19 pandemic and shared the plans they had in place to address them.

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

Rating at last inspection

Following a change to the providers legal entity, this service was re-registered with us in November 2020 and this is the first inspection since that date.

Why we inspected

We inspected this service due to it being a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. We also made three recommendations that the provider work to best practice in end of life care, ensuring they work to The Mental Capacity Act and in ensuring people do not have any restrictions applied to their visitors.

We will continue to monitor the service and will take further action if needed. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Feltwell Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Feltwell Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Feltwell Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. At the time of our inspection there was a registered manager in post

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 November 2022 and ended on 25 November 2022. We visited the home on 14 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the service, however, not all people were able to tell us about their experience of living in the home, so observations of care and support were also made. We spoke with 6 relatives, received written feedback from a further 8 relatives and spoke with 7 staff members. These included the registered manager, the deputy manager, the head of care and care staff.

We received written feedback from a further 11 staff members. A selection of records was also viewed, and these included the care plans and associated records for 5 people who used the service. The medicines records for 8 people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were not always managed effectively. A large radiator in one person's bedroom was not covered and was very hot to touch. This posed a risk should a person have fallen against it. The registered manager took immediate to action to ensure this was covered.
- Some people had charts in place to record their fluid intake due to a risk of dehydration. Several of these charts were not being completed correctly meaning staff did not have sufficient oversight of what these identified people were drinking.
- In other areas staff had a good understanding of identified risks people might face and the action they needed to take to prevent or safely manage those risks. We observed staff support people to mobilise safely using equipment such as a mobile hoist. The staff were patient and continuously explained to the person they were supporting, exactly what they were doing and why.
- People's care plans were up to date and contained detailed risk assessments and management plans to help keep people safe. They addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safely cared for. One person said, "It is lovely, people care for you, they are good mannered, there is no fuss or bother, I feel safe because they care."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- Staff received training to recognise and protect people from abuse. They told us what they would do if they had any concerns and information was available for them to refer to. One member of staff said, "I feel the training and support we receive in our job is very good and I am well aware how to identify abuse and the relevant procedures to report this."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was not always facilitating visits for people living in the home in accordance with current government guidance. A visiting appointment booking system was in place which the registered manager told us was to reduce the risk of COVID-19 infections. Whilst some people's relatives found this approach challenging, others were fully supportive of it. The registered manager told us their intention was to keep the care home clear of COVID-19, but they still supported visiting that was flexible and that they would re-iterate this message to people and their relatives to ensure they knew they could visit when they wanted to. We recommend that the provider follows current guidance in visiting in care homes to ensure people have unlimited contact with their family members.

Using medicines safely

- Systems were in place for the safe management of people's medicines. However, during the inspection we identified records were not being maintained fully for the application of creams and emollients. Following our discussion with the registered manager, they advised this was addressed with staff.
- Stocks of people's medicines were monitored.
- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and pharmacies.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Staff were busy and at times some told us they felt the staffing levels were challenging but they were well deployed and worked as a team. One member of staff told us, "There are times when we are short staffed and shifts can be very busy, but I am confident the care the residents receive is unaffected, all staff are happy to lose some break time if we are short staffed. This isn't asked of staff it's something staff choose to do." Another staff member commented, "Mostly there are always enough staff on duty but in cases that we may be short, management and above will always step in to assist."
- People and their relatives told us staffing levels were sufficient to ensure people's needs were met in a timely manner.
- The provider assessed staffing levels based on people's needs and ensured enough staff were on duty to meet these.
- Staff were recruited safely. The provider carried out suitable checks before employing staff, including obtaining proof of people's right to work in the UK, references from previous employment and carrying out checks with the Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning and to prevent similar incidents from occurring again. Learning and outcomes were shared with staff.

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.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Whilst we identified that the service was working in people's best interests in practice, records did not demonstrate this as required by the MCA. The provider lacked understanding of how to fully apply the principles of the MCA.
- Improvements were required to ensure all mental capacity assessments undertaken were decision specific and supported by best interests records where people lacked capacity to make certain decisions.
- Consent records were not always been completed by the appropriate person. The registered manager was aware of this and had already begun to implement the necessary changes and informed us that they were systematically reviewing the records and undertaking new MCA assessments.

We recommend the provider and registered manager seeks expert advice in relation to best practice guidance to improve compliance with the MCA.

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

- A pre-admission assessment was completed for people prior to admission to Feltwell Lodge both to ensure their needs could be met and to give staff information about their needs and wishes when they were admitted.

- Nationally recognised tools were used to assess people's needs

Staff support: induction, training, skills and experience

- People and their relatives thought staff were well trained and understood how to meet the needs of the people they supported. For example, a relative told us, "They [care staff] are well trained, none are unkind."
- Staff felt well supported. They told us they received the required level of training, regular supervision and could approach the management team at any time in between should they need to. One staff member said, "I feel we have great support and always some form of training being taken...the management and head of care are very supportive and if I have any questions I feel confident to go to any of them and get help and support."
- Staff new to caring roles completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People and their relatives were positive about the meals provided.
- We observed the lunchtime meal experience and found it a very calm and a social experience for people. Staff had excellent relationships with people and where assistance was required to eat or drink, staff supported the person at their own pace and with encouragement.
- People who were at risk of malnutrition were weighed monthly and calculations completed to ascertain their malnutrition universal screening tool (MUST) scores. This is a way to monitor unplanned weight loss so support can be sought from medical professionals when required.

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

- People accessed health and social care professionals support as needed. Referrals were made when necessary and we saw records evidencing input.
- Care plans reflected the guidance provided. A healthcare professional told us, "When visiting Feltwell Lodge I am always made to feel welcome, the care staff are always happy to help, show me around and answer any questions I have. I am impressed by the staff to resident ratio there and how there are always carers around supporting their residents, the interaction they provide, i.e. an impromptu dance with residents or a singalong."

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

- Most areas of the premises were in a good state of repair, however there were improvements needed to some areas such as redecoration and some replacement flooring that was worn, required. The registered manager showed us the refurbishment plan in place which covered re-decoration and new flooring.
- There were various lounges and seating areas for people to use across the service. These included two lounges, one a more quiet space where people could spend time away from the main lounge.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. 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 using the service were well cared for. One relative said, "[Family member] has been here [period of time]. It is brilliant, since [family member] came to Feltwell Lodge they look a lot better, it is the care, the staff are brilliant."
- Interactions we observed between staff and people were positive and promoted their dignity.
- People and their relatives felt well cared for at Feltwell Lodge and gave us positive feedback about the caring approach of the staff. One person's relative told us, "Staff are very caring, even new staff are very caring, they have a nice banter with [family member] and with us [relatives]."

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

- Whilst formal engagement and feedback with people and their relatives was not always carried out, we consistently saw staff involve people and offer choices.
- Care staff took time, even when busy, to spend time and interact with people.
- People were encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.

Respecting and promoting people's privacy, dignity and independence

- All of the care we observed and overheard demonstrated compassion. There was a calm atmosphere throughout the home and staff were respectful, knocking on doors before entering and crouching to people's eye level when communicating with them.
- Staff were discreet when supporting with personal care and bedroom doors were closed to maintain privacy.
- People's care plans were stored in locked offices and were only available to staff who needed access to them.
- People and their relatives told us that staff were kind and caring.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not consistently met.

End of life care and support

- Improvements were needed to ensure people had plans in place to support them at the end of their lives. End of life care plans were either blank or were brief and did not demonstrate how staff were to respond to a person's specific and individual needs, choices and preferences at the end of their life and to support a dignified and pain free death.
- Whilst no one was receiving end of life care at the time of our inspection visit, the service did offer end of life care to people where required.

We recommend the provider reviews the end of life care planning and improves how people's end of life care wishes are recorded. We will follow this up at the next planned inspection of the service.

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

- We received mixed views about the activities provision on offer within the service.
- During our visit there was an external entertainer who was performing and singing to people. However, records we viewed did not show activities were available every day. People who were cared for in their bedrooms did not have frequent opportunities to engage in activities. One relative told us, "My [family member] just has the TV on in their room all the time, nothing else happens for them."
- The registered manager acknowledged the activity provision had been impacted by the COVID-19 pandemic and improvements were needed. As the activities member of staff had left the service in August 2022, interviews were planned for their replacement. In the meantime, the registered manager told us the care staff were good at playing ball games and board games with people. However, the lack of meaningful activities at the time of our inspection was an area requiring improvement.

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

- People's needs had been assessed prior to the moving to Feltwell Lodge. Assessments had been used to compile individual care plans, which were regularly reviewed. However, these reviews had not involved people's relatives where appropriate. The registered manager told us in regard to care plan reviews, "We haven't been able to due to COVID-19." However, alternative formats such as telephone reviews had not been considered to ensure care was personalised and designed around individual's needs and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded as part of their initial assessment and care planning process.
- Staff were observed following people's preferences and having consideration of people's communication support.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they were confident to raise issues or to complain and that any matters raised were listened to and acted on by the registered manager.
- The registered manager took prompt action when concerns were raised to address these to prevent a re-occurrence.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance and governance systems were not sufficiently robust, and were not always fully effective.
- The provider had not demonstrated learning from feedback of a recent inspection at another of their care home locations where similar concerns were found to those at this service.
- Systems to ensure that people's hydration needs were being met were not effective and gaps in records had not been identified through the providers oversight and management processes.
- Environmental audits had been completed and overseen by the registered manager but had failed to identify all risks and mitigate against them
- Systems were not in place to ensure the service was compliant with the MCA.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and receptive to our feedback and acknowledged where improvements could be made. They described a difficult time during the COVID-19 pandemic and told us some areas of the management of the service had been superseded by their efforts to keep the service free from the virus. They recognised improvements were needed to bring the service fully up to date and compliant.

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

- Positive relationships existed between people, relatives and staff. People and many relatives spoke highly of the staff team and their approach.
- Overall, relatives said the service provided them with peace of mind as people were well cared for. The COVID-19 pandemic had presented many challenges and many relatives told us communication had not been so effective during this time.
- Staff understood people's preferences and were keen to promote good care.
- Staff felt supported by the registered manager. One staff member said, "I feel our service is incredibly well led from the top. [Management team at the service] will also do there utmost for the staff and residents well-being." Another staff member commented, "I definitely feel comfortable raising concerns in confidence,

and they will, and have been, solved effectively."

- The registered manager had informed healthcare professionals, people and their relatives if concerns about people's care had been identified. This was in accordance with the duty of candour.

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

- The provider had not held formal consultations with people for some time and told us this was due to the COVID-19 pandemic. They said they were intending to reintroduce this next year.
- Despite the lack of consultation people's relatives were positive about the service and the engagement they had with the registered manager. Relatives told us, "The [registered] manager is so genuine and fair. [Registered manager] is extremely approachable and I always feel welcome in the office. [Registered manager] never makes me feel I am wasting their time. ""No one wants to end up in a care home and I didn't like the thought and guilt of leaving my [family member] in a care home but it is what is and I have peace of mind knowing my [family member] is safe in a clean, cosy, comfortable, competent and friendly environment 24/7."

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care . We received positive feedback from a healthcare professional who told us, "I have enjoyed a good working relationship with [management team]...I always find they have time to speak with me when discussing [people's care needs]."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.