

Indigo Care Services (2) Limited

Nesfield Lodge

Inspection report

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10 May 2023

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02 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nesfield Lodge is a residential care home providing personal and nursing care for up to 44 people aged 65 and over. At the time of the inspection, 40 people were living in the service. The building is purpose built with accommodation over two floors.

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

People told us they felt safe and enjoyed living at Nesfield Lodge. One person told us, "I like it here, am happy here." Relatives also spoke positively about the home and were satisfied with most aspects of the care and support given to their loved ones. One relative said, "It's a happy atmosphere."

There were systems in place to minimise the risk of infection. The home was clean and cleaning records evidenced this, and some areas of the home were being renovated. The necessary checks on the building and equipment had been done to ensure its safety. Systems were in place to protect people from the risk of abuse. Medicines were managed safely. There were enough staff working at the service to meet people's needs and there were adequate staff recruitment practices in place.

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.

Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly. The service worked well with other healthcare professionals to meet the needs of people. Staff enjoyed working for the provider and told us they felt well supported. The home had a quality action plan that identified areas for improvement and timescales. People, relatives and staff told us there was an open and honest culture at the home and the management team were always approachable.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 February 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention control, nutrition and hydration and the management of the home. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nesfield 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 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

Nesfield 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. Nesfield 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 May 2023 and ended on 17 May 2023. We visited the location's service on 10 May 2023.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We 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 5 people using the service and 7 relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We gathered feedback from 3 healthcare professionals.

We gathered information from several members of staff including the registered manager, deputy manager, senior carers, care staff, activity coordinator and kitchen staff.

We reviewed a range of records. This included 3 people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the systems in place to assess and prevent the risk of infections by ways of consistent cleaning and hygiene standards were not sufficiently robust. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives shared positive feedback about the level of cleanliness of the home. People told us, "It's a clean place" and "It's a nice, clean place."
- The provider was managing the risks of cross infection well. Records confirmed cleaning was conducted regularly, included deep cleaning. Care workers had completed training in infection control prevention and told us they had access to personal protective equipment (PPE).
- 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe; their comments included, "Everything makes me safe. It was great being at home but not as safe as here, it's safe here because there are people around." Their relatives agreed; comments included, "It's an open-door policy so you feel reassured [person] is safe as they have nothing to hide. Also, feel [person] is safe because of how staff are with [them] when we are here."
- However, relatives also raised concerns about their loved ones' belongings not always being kept safe due to going missing or being misplaced and people using clothes that belonged to other people. We discussed

this with the registered manager; they told us they were aware of ongoing issues with laundry that they were in the process of addressing. We reviewed evidence showing investigation and action had been taken when items had been reported by relatives as going missing.

- Accidents and incidents happening at home were being regularly analysed by the registered manager and any patterns and trends considered and acted upon, if required.
- Systems were in place to protect people from abuse and avoidable harm. The registered manager and staff understood what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Relevant risk assessments were being completed relating to people's care such as assessment of people's skin integrity, mobility and mental health. These assessments produced plans that guided staff on how to support people against those risks.
- We reviewed evidence confirming people's health was being monitored and actions taken in a timely way to address concerns. For example, people who had unplanned weight loss or who were showing signs of emotional distress were discussed in multidisciplinary meetings, monitored closely and provided with additional support. Healthcare professionals commented, "They [staff] are receptive to my professional advice and care planning suggestions" and "I think the service works well with the MDT [multidisciplinary team], we appear to have mutual respect which means that the delivery of care is safer and of better quality. They are honest and open and appear to act on comments."
- Equipment in use in the service was maintained and serviced so that it was safe for people to use.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager understood their responsibilities under MCA. We reviewed the provider's DoLS tracker and we noted not all information was up to date and required chasing up; after our visit the registered manager confirmed this had been completed.
- Staff understood it was important to support people to make choices for themselves and continued to support people to do this where possible.

Using medicines safely

- Medicines were managed safely and people received their medicines as intended by the prescriber. We found one example of one person not having their prescribed nicotine patch available but the registered manager explained us the action they had taken in relation to this issue.
- Staff administered medication in a person centred way and kept accurate records of all medicines administered including medicines that require additional checks called controlled drugs.
- Staff had undertaken training and had their competence checked on a regular basis.
- Regular audits were conducted by the registered manager.

Staffing and recruitment

- People told us they were supported by staff who knew them well and they felt there was enough staff to provide support. Their comments included, "There are mostly enough staff around and there is always someone in the living room" and "They seem to be a nice bunch, friendly and treat me nice."
- The registered manager monitored staff's response time to call bells and feedback we received from people, relatives and healthcare professionals was that staff responded quickly. One person told us, "They don't always have time to chat because they are busy, but they answer the call bell straight away."
- The service used a dependency tool to calculate the number of staff required on shift according with people's needs. Rotas we reviewed confirmed safe staffing levels were in place.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place.

Visiting in care homes

- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People shared positive feedback about the quality of care they received. Relatives, staff and healthcare professionals also felt the service was well managed and shared positive feedback about the registered manager. People's comments included, "I think it's well managed because of the day to day running, it's all plodding along okay" and "Everyone seems to know what they are doing, all the different staff. [Name of manager] is lovely, she listens and has a joke with me. All the staff are friendly."
- There was an open culture within the service. Staff told us the registered manager and the management team were supportive, that they could raise concerns with them and they would be listened to. Relatives, people and healthcare professionals also told us there was an open and honest culture at the service. One relative told us, "Staff are good if you have any concerns they listen. They are very friendly, attentive, treat her kindly, are very pleasant with her and they always try and communicate with her."
- There had been management changes in the previous months and feedback we received and reviewed showed this did not always have a positive impact on the management of the service, but staff and healthcare professionals were positive about the management team in place at the moment. A healthcare professional commented, "I have noticed a difference in staff morale since [name of registered manager] has returned as manager as she is a professional, supportive, compassionate manager."
- The systems in place promoted an effective communication with staff including handover meetings and staff meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 registered manager and staff understood their roles and responsibilities and were well supported by the provider.
- There are systems in place to assess and improve the quality of the service provided. These included audits to health and safety, medicines and care planning documents. The registered manager completed regular checks on relevant areas of care such as care plans, medication, staffing, skin integrity. When required, actions were identified to address issues. The provider had developed an improvement plan with clear responsibilities and timescales, and this was used to drive the ongoing improvement of the service.

- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.

Working in partnership with others

- The registered manager had developed good working relationships with other healthcare professionals such as the district nurse team, mental health team and GP services to ensure people had timely access to care.
- There was a regular and varied programme of activities happening at the home and there were links with the community church, school and community centre. There was residents' committee which met quarterly to discuss ideas for the home's activities and there were also residents and relative's meetings to put these ideas before other people and relatives, and discuss other issues such as menus. One person gave us an example of how staff and management were receptive to suggestions, "You can just mention ideas to them. We described how the coronation celebrations should go and they did so."