

Bondcare (London) Limited

# Derwent Lodge Care Centre

## Inspection report

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## 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

Derwent Lodge Care Centre is a nursing home for up to 65 people. Most people using the service were older adults. Some people were living with the experience of dementia. At the time of our inspection 62 people were living at the service.

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

People were happy with the care and support they received. They had good relationships with staff and felt their needs were met. Their relatives felt good care was provided and they were involved and well informed.

There were enough suitable staff. The staff were happy and well supported. They had a good range of training and opportunities to meet with their managers. The staff explained managers worked alongside them and provided consistently good leadership.

Medicines were managed in a safe way.

There were procedures for identifying, investigating, and responding to complaints, safeguarding alerts, and other adverse events.

There were effective systems for monitoring and improving the quality of the service. The provider had made improvements since the last inspection. The managers carried out audits which included gathering feedback from people using the service, staff, and other stakeholders.

The risks to people's safety and wellbeing were assessed and planned for. People were enabled to take positive risks and do things for themselves when they were able and wanted this.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 March 2023).

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.

#### Why we inspected

We carried out an unannounced inspection of this service on 17 January 2023. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### 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.

# Derwent Lodge Care Centre

## 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 conducted by 3 inspectors, a member of the CQC medicines team 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

Derwent Lodge Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Derwent Lodge Care Centre is a care home with 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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the provider including the action plan from the last inspection, information from other stakeholders and notifications of significant events.

During the inspection

We observed how people were cared for and supported. Our observations included 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 spoke with 8 people who used the service, 5 visiting relatives and friends, and 1 visiting professional. We spoke with staff on duty who included care workers, senior care workers, nurses, team leaders and members of the management team.

We looked at the care records for 7 people, and other records used by the provider for managing the service. These included audits and meeting minutes.

We looked at how medicines were managed. We looked at the environment, equipment being used and health and safety systems.

# 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.

### Using medicines safely

At our last inspection, we found medicines were not always managed in a safe way. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Medicines were managed safely and people received these as prescribed.
- We observed staff give medicines to people. The staff were polite, and gained consent before administering medicines. However, the staff did not always follow the provider's own procedures when recording administration of medicines. We discussed this with the registered manager, who agreed to address this with the staff concerned. Medicine Administration Records (MAR) were in place for prescribed medicines. Some MARs were handwritten, and these were appropriately checked and signed by 2 members of staff.
- Medicines, including controlled drugs (CD's), were stored securely and at appropriate temperatures. There was adequate stock of prescribed medicines. Medicine care plans were in place and person-centred. These provided guidance to staff on how to support people with their medicines and health needs.
- The staff carried out regular checks to ensure medicines and diagnostic test strips were in date. Also, the staff now regularly quality-checked the blood glucose monitors as per the manufacturer's instructions.
- Some people were prescribed medicines such as pain-relief, laxatives and inhalers to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff give these medicines consistently.
- Some people were given medicines covertly. The staff had carried out the necessary assessments regarding this. Covert administration is when medicines are administered in a disguised format hidden in food or drink.
- There was a medicine policy in place. There was a process in place to report and investigate medicine incidents. The home management received and acted upon medicine alerts. The staff were regularly competency assessed for handling medicines.

### Preventing and controlling infection

At our last inspection, we found that systems for preventing and controlling infection were not always implemented effectively. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- There were effective systems for preventing and controlling infection. The provider had procedures for managing infections and keeping the environment and equipment clean. Staff undertook training to help them understand good practice for infection prevention and control.
- The provider had updated their procedures in line with government guidance around COVID-19. Staff and people using the service were provided with information about keeping safe and vaccination programmes. Staff had access to personal protective equipment (PPE). They knew how to use this appropriately.
- There were regular infection prevention and control audits. Action was taken when the provider identified concerns during these audits.
- People using the service and their relatives told us the home was kept clean. We saw staff cleaning throughout the day and taking a pride in their work. Relatives spoke positively about the laundry service. Comments from people using the service included, "The cleaning is good – there are no problems there" and "My room is kept lovely and clean."

#### Assessing risk, safety monitoring and management

At our last inspection, we found that some risks had not been monitored or managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Risks to people's safety and wellbeing had been assessed, monitored, and planned for. The assessments included information about how to keep people safe. Assessments were regularly reviewed and updated.
- The provider assessed risks within the environment. They took steps to mitigate risk and make sure the environment and equipment were safe to use.
- Staff undertook training to understand how to safely care for people. We observed staff supporting people to move safely and to eat and drink in a safe way.

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.

#### Staffing and recruitment

- There were enough staff to care for people and keep them safe. People told us care was provided in good time and they did not generally have to wait for staff. Throughout the day, we saw staff were attentive and responded to people's requests for help.



- Most care was from the provider's own staff who knew people well. They developed good relationships with people and could anticipate and meet their needs. Staff were quick to respond to signs of distress or when a person needed extra care and support.
- There were suitable systems for recruiting and selecting staff. These included formal interviews and checks on their identity, skills and competencies. The staff were required to complete a range of training as part of their induction. The management team continued to check their knowledge and skills throughout this.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. The staff had training to understand about safeguarding and they were able to tell us how they would recognise and report abuse.
- The provider had taken appropriate action to investigate and respond to allegations of abuse. They had worked with the local safeguarding authority and helped make improvements to the service following these investigations.
- People using the service and their relatives told us they felt safe.

#### Learning lessons when things go wrong

- There were systems for learning when things went wrong. The staff recorded all accidents, incidents, and adverse events. The management team investigated these and put in place improvements which they shared with staff.
- The provider had developed systems and made changes to the service following lessons learnt. For example, purchasing new equipment, retraining staff, changing staffing allocations and updating procedures.

# 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.

### Continuous learning and improving care

At the last inspection, we found audits had not always identified when things had gone wrong and where improvements were needed. At this inspection, we found improvements had been made.

- There were effective systems for monitoring and improving the quality of the service. These included regular checks and audits by staff and managers. We saw these were comprehensive, identified where there were problems and had plans to put things right.
- The management team regularly met to review the service and people's needs. They responded appropriately when things went wrong and monitored incidents, accidents, and complaints to see if any trends could be identified.
- The provider had made improvements to the service following the last inspection. They had developed a service improvement plan which was reviewed and updated each month. The plan included issues identified through their own audits as well as any findings from other organisations or following safeguarding alerts.

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

- There was a positive person-centred culture. People using the service and their relatives spoke about the 'family' atmosphere and kind staff. Some of their comments included, "The staff are friendly and polite, they are always available, and we are very happy", "We cannot speak highly enough of the home" and "The laundry service is excellent, food is really good quality and there are good activities."
- Staff also spoke positively about their experiences. They felt supported and enjoyed their work. They told us training was very helpful and they felt empowered by the management team to speak up and to try new ideas. Their comments included, "I am proud to work here" and "I would definitely be happy for my relative to live here."

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 provider understood their responsibilities under duty of candour. They had investigated when things went wrong, apologised and taken action to put things right. They had liaised with external agencies and organisations to make sure they learnt from incidents, accidents, complaints, and safeguarding alerts.
- The provider had notified CQC of significant events and understood their legal responsibilities in this respect.

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

- There was an experienced management team. The registered manager was a nurse and had a relevant management qualification. They were supported by a team of senior staff who had a range of different qualifications and experience. They kept themselves updated with best practice and changes in legislation.
- The management team knew individual people using the service and staff well. They worked directly with the staff when supporting people. This was confirmed by all the staff we spoke with. Their comments included, "There is no hierarchy here if a job needs doing, everyone mucks in, including the managers" and "This is the best team I have worked with."
- The provider had a range of policies and procedures which reflected good practice and legislation. These were shared with staff and there were regular meetings for staff to discuss guidance and procedures with their managers.
- The management team met with each other and heads of department each day to review and monitor the service.

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

- The provider engaged with people using the service and other stakeholders. They held meetings for staff to discuss the service and ask for their views. They also organised meetings and social events for people living at the service and their families. Visitors explained they were well informed and had opportunities to contribute their views. They felt listened to and valued.
- The staff undertook training about equality and diversity. People with diverse needs were supported well at the service. For example, people who came from different countries and cultures. The staff spoke a range of languages and provided culturally appropriate care and support when needed.
- People were able to make choices about the gender of the care workers who supported them. Their social backgrounds, disabilities, culture, and sexual orientation were considered when planning their care. Care plans included personalised details which incorporated people's preferences and lifestyle choices.

Working in partnership with others

- The staff worked closely with other health and social care professionals to assess, plan for, and meet people's needs. They incorporated guidance from other professionals into care plans and made timely referrals when people's needs changed. An external professional we spoke with told us they visited the service regularly. They said, "It is a lovely place to visit. I give advice to staff, and they listen and are responsive. The wellbeing of clients is very good, and the staff really work with me."
- The management team liaised with other care managers and professionals to help keep up to date with best practice and share learning.