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West Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

West Lodge Care Home provides accommodation, nursing and personal care for up to 27 older people, some of whom are living with dementia. At the time of our inspection 22 people were living in the home. The home has three floors. People have a choice of two communal lounges, a dining room and a conservatory.

At our last inspection we rated the service as good overall with improvements required in the Effective domain related to implementing care recommendations made by visiting professionals. We found that improvements had been made and maintained in this respect.

At this inspection we found the evidence continued to support the rating of good with some improvements required for people's consent. However there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service Good overall.

People were supported to have maximum choice and control of their lives however some restrictions on their freedom had not been considered.

Staff knew how to recognise abuse and understood the actions they should take to report concerns. There were risk assessments and management plans in place to support people safely. Medicines were managed to ensure people had the treatments which were prescribed for them. There were sufficient suitably recruited, trained and supported staff who were aware of infection control requirements to protect people from harm.

People were provided with food and drinks which met their needs and cultural preferences. People's health and wellbeing needs were monitored and other healthcare professionals contributed to their care whenever necessary.

People were treated in a kind and caring way and were happy with the support they received from staff. They and their relatives were involved with reviewing their care. People were encouraged to be independent and make choices on how to spend their day. People's privacy and dignity was recognised and upheld. People were supported to maintain their preferences related to their ethnicity, language, culture and religious beliefs. There were activities provided to people who enjoyed them.

There were systems in place to monitor the quality of the home and action was taken to drive improvements. People were complimentary about the management of West Lodge Care Home. People and staff and were given opportunities to share their views of the service. There were audits in place to review the care and identify shortfalls. The registered manager was fulfilling the requirements of their role

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Requires Improvement.	Requires Improvement ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

West Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

West Lodge Care Home is a nursing home registered to support up to 27 people. There were 22 people living in the home at the time of our inspection. 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.

This unannounced comprehensive inspection took place on 6 February 2019 and was undertaken by one inspector 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.

Before the inspection we looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We also reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at West Lodge Care Home and two relatives to listen to their views. We also observed the care provided in communal areas to see how staff interacted with people. We looked at two care plans to see if the planned care reflected how people were supported.

We spoke with the deputy manager, two nurses, two carers and the activity coordinator. We looked at two staff recruitment files to oversee the employment process and records relating to the management of the home.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and protected living at West Lodge Care Home. One person told us, "Yes it's safe. The staff make it safe. Everyone here is good to me. No one forces me to do anything". A relative said, "I like the security here. I like the good relationships with staff. I've seen no abusive behaviour here". Staff understood their responsibilities to protect people from receiving poor care or abuse. Staff explained what actions they would take if they had concerns about people and were confident that appropriate action would be taken to keep people safe.

People's risks had been assessed to ensure their care was provided safely. Risk assessments were in place to identify people's mobility, dietary and skin support needs. The assessments were reviewed regularly to ensure people's changing needs were met. Some people demonstrated behaviour that challenged their safety and that of others. Staff understood this was associated to their health. We saw that people living with dementia? were supported by staff offering a consistent approach to reduce their confusion and anxiety. A relative told us, "[Name of person] doesn't like noise. But staff understand and help them manage to be calm when they get upset".

There were a sufficient number of staff to support people. People we spoke with agreed and one person said, "I only have to wait a couple of minutes. They're very good". We saw that staff were available in communal areas to observe people and ensure their needs were met in a timely manner. There were arrangements in place to check that staff were suitable to work with people which were completed before they could start working in the home.

People's medicines were managed to ensure they received the treatments prescribed for them at the correct time and dose. People told us they received their medicines. One person said, "I get my medicines. The doctor and the nurse check them". A relative agreed and said, "My relative gets an injection and tablets. The nurse gives them daily". We saw that medicines were stored correctly and securely within the home.

There were ongoing refurbishments being undertaken in the home. A previous external infection control assessment had identified that improvements were required to the decoration of the home. We saw that all of the improvements had been made which included re-painting. Staff were provided with personal protective equipment and we saw that they used gloves and aprons when supporting people with personal care to reduce the risk of cross infection.

Is the service effective?

Our findings

At our last inspection 10 and 11 February 2016 we found that staff did not always follow the advice they received from health care professionals which had affected people's care and recovery. At this inspection we saw that when people required further professional support staff implemented the treatments and care which had been recommended. However, we found that improvements were required to ensure people were supported to make decisions which impacted on the freedom of their movements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with understood the principles of the Act and the importance of gaining consent from people. Mental capacity assessments had been completed for people's support, when required. However, we saw that staff used motion control monitors for some people who lacked capacity and were also at risk of falling. The monitors alerted staff that people were moving around their bedrooms and had been implemented as a safety measure. Staff had not considered that by using the monitors they were potentially restricting people's movements and had not completed capacity assessments or demonstrated that the monitors were used in people's best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We saw that applications had been made when required, in line with current legislation.

People were confident that staff knew how to care for them. One person told us, "There is no problem with the staff. They know how to lift me. They're very good". Staff received an induction and training that helped them support people effectively. One member of staff told us, "The training I've had helped me understand how dementia can affect people's behaviour". Another member of staff confirmed that they received management support and said, "We have regular supervision and we can talk about ourselves and the people we look after. I feel I can go to the manager at any time to talk about anything that's worrying me".

People were provided with a choice of meals and offered drinks regularly. People told us they were happy with the food which met their individual diverse needs. One person told us, "The food is lovely. I get more West Indian food here. I tell them what I want and they get that." A relative said, "My relative eats really well and has recovered some of their weight. They enjoy a wide range of foods and they are given a choice. They monitor their drinks intake too as they've had infections in the past". We saw at lunchtime that people who needed support were assisted by staff sitting with them. We saw that staff were patient and encouraged people to eat at their own pace. People's weight was monitored regularly and when concerns were identified, further action was taken to protect the person's wellbeing.

People had access to healthcare professionals and their health was monitored within the home. One person

told us, "I saw a doctor two weeks ago. The staff sorted it out. I have glasses and can't see very much. I've been to the hospital two or three times to get them checked".

Records we looked at included an assessment of people's health risks and there was information on specific chronic illnesses, such as diabetes and epilepsy to ensure staff were well informed. When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.

People's bedrooms had their picture, name and an image of their interests displayed. The bathrooms and toilets were identified by pictorial signage to assist people living with dementia. People had their own belongings in their bedrooms and were encouraged to bring their own furniture if they wanted to.

Is the service caring?

Our findings

People and relatives spoke highly of the caring nature and kindness of the staff. One person told us, "The staff are wonderful". Another person said, "The staff are magnificent. Lovely. Staff understand my culture". We saw staff spoke politely to people and showed an interest in what they were doing and saying. One member of staff told us, "I really like to chat with people about their culture because I can relate to it myself". We saw that the atmosphere in the home was friendly and relaxed. Both staff and the deputy manager were seen chatting and joking with people throughout our inspection.

People's privacy and dignity was promoted. People told us their self-respect was preserved when they received support. One person told us "Staff are wonderful. They know me personally. They knock on my door before coming in. When they wash me, they close the door and curtains. I have a bed bath every day and shower twice a week. Depends on how I feel". We saw that when staff moved people using equipment such as a hoist, they ensured they were covered by a blanket to maintain their dignity. A relative confirmed staff always did this and said, "I have never seen anyone embarrassed. Staff are very conscientious". Another person said of their privacy, "I can get time for myself and the staff are respectful of that". We saw and a member of staff told us, "We always knock before going into a room and make sure the door is closed when we are helping them".

People were encouraged to make choices about their daily routine. One person told us, "Staff do what suits me. I'm happy with that. They find what fits my needs". Another person explained they'd wanted a 'lie-in' and said, "Last night I told staff what I wanted for breakfast. Toast and corned beef. I got up late and had that". People were encouraged to be as independent as possible. We saw people were able to walk around if and when they wanted. A person told us, "I'm encouraged to do as much as I can". A relative confirmed, "The staff do their best to encourage independence and even if they can't walk they get people doing chair exercises and encourage them to take a few steps if they can".

People were supported to maintain the relationships which were important to them. We saw staff welcomed relatives when they arrived to visit and offered them a drink. One relative told us, "Staff know me well. I do feel welcome here and can come anytime".

Is the service responsive?

Our findings

Staff knew people well, understood their cultural diversity and knew their needs and preferences. We saw that people were supported to maintain their preferences related to their ethnicity, language, culture and religious beliefs. Staff demonstrated that they were able to understand Caribbean dialects and understood muslim needs and language. One person, living with dementia had reverted to their original language and only one member of staff fully understood them. We saw that other staff of the same nationality were being employed to improve the communication available for this person. A relative told us, "Communication is good, the staff manage differences well". Religious services took place regularly in the home and reflected people's individual beliefs. One person told us, "Someone from the local church comes every week". A relative said, "A member of our own church comes out to visit". A person who was unable to visit their place of worship was provided with spiritual support and the opportunity to pray with a member of staff. This demonstrated that staff valued the beliefs of others and supported them to maintain their spirituality.

People's care plans provided information about their past lives, social and family history. The activity coordinator told us, "I do life history when people come here and find out what job they did and their interests. Everyone has a memory box in their rooms and photographs from their past". We saw care plans and risk assessments were regularly reviewed and updated and meetings were held with professionals and families when needed. Relatives told us they were involved with reviewing care on a regular basis. One relative said, "The care plan is in the office. It is discussed and reviewed with me". This demonstrated that people's care was evaluated to ensure it met their current needs. Information was available in formats to meet people's needs. For example, we saw one person had a pictorial book to aid their communication with staff.

People were supported to spend their time as they preferred. An activities coordinator was employed to support people and told us, "I provide games with cards, dice, carpet bowls, baking in the conservatory and musical chairs. I do memory work with people about bygones and I take people out shopping". During our inspection we saw that some people were involved in a card game whilst others watched the television or listened to their own music. One person told us, "Everyone here is friendly. I join in darts and games on the floor. When it's nice I go outside". A relative told us, "The activity coordinator helped my relative make a card. It had a picture of a vehicle he used to drive for work". We saw that people were offered the opportunity to join in with the activities but when they declined staff respected their decision.

There was a complaints policy and procedure in place which was displayed for people's information. People and relatives, we spoke with told us they would be happy to raise any concerns. One person said, "I've made no complaints. I haven't had to. I'm the sort of person who would tell them straight too".

No one living in the home at the time of our inspection was receiving end of life care or support and therefore we have not reported on this. However, when appropriate, we saw that people had been asked if they had any particular wishes they would like to share in advance with staff.

Is the service well-led?

Our findings

People, relatives and staff were complimentary about the management of the home and the strong ethos of a positive, caring culture. One person told us, "The manager is on holiday and her daughter is looking after us. She says hello every day and asks how I am". A relative said, "I like that everybody is so friendly and approachable. I do think the place is well run because of the way my relative is treated, they are happy here". A member of staff told us, "It's a family run home. The owner and her daughter are lovely to all of us".

People and their relatives were offered opportunities to voice their opinions. We saw there were meetings held for them and regular satisfaction surveys to monitor their views. People's responses were positive about all aspects of living in West Lodge Care Home. Staff had meetings and we read from the meetings that they received positive feedback for their hard work. We also saw in the staff meeting minutes that an external professional had complimented the provider on the diversity of the menu they offered to meet people's multi-cultural tastes.

There was a registered manager who was also the provider, in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke with knew who the owner was and the name of the deputy manager. One person said, "She says salaam (hello) to me. She sat with me yesterday and we talked". The registered manager was fulfilling their responsibilities and notified us of any changes within the service. The ratings poster and the previous CQC report were displayed. The home worked in partnership with other agencies including health professionals to ensure people's physical, mental and psychological needs were met.

The quality of care was monitored through a broad range of audits. We saw that when improvements were identified these were addressed, for example the replacement of mattresses when required. The deputy manager spent time each month speaking individually with people and visited the home out of office hours to spot check that people were safe and being cared for appropriately.