

Down Lodge Residential Care Limited

# Down Lodge Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 28 April 2016 and was unannounced.

Down Lodge Residential Care Home is a care home providing accommodation and personal care for up to 16 older people. At the time of the inspection there were 12 people living at the service. There was a registered manager in post who is also the provider. 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 were safe at Down Lodge Residential Home and enjoyed living in a relaxed, calm and friendly environment. They were protected by staff who were knowledgeable with regard to safeguarding people and understood the procedures to follow if concerns arose.

People were cared for by staff who had undergone a thorough recruitment process and there were sufficient of them to meet people's needs. Medicines were managed safely.

Risks to people's well-being and the environment were assessed and managed. Risks were minimised while at the same time providing protection for people's freedom and choice. The property was well maintained, clean and provided a safe environment for people.

People received effective care from a well trained staff team who received regular refresher training and had the opportunity to gain qualifications. Staff felt supported and had regular, individual meetings, team meetings and appraisals.

People's right to make decisions was protected and staff understood their responsibilities regarding gaining consent and offering choice.

People were provided with nutritious, well prepared food which they enjoyed. When necessary, people's nutrition and hydration were monitored. People had access to health professionals and appropriate advice and support was sought to maintain people's health and well-being.

People told us their privacy and dignity was respected. Staff knew people well and understood their personal preferences. Interactions between people and staff were positive and examples of humour, compassion and kindness were observed during the inspection.

People were involved in their care. Reviews took place regularly and care plans were updated to reflect changes. Staff has access to up to date information regarding people at all times. People were encouraged to be independent. A programme of activities was available for people to take part in if they wished.

The quality of the service was monitored by the registered manager. Regular feedback was sought from people and their relatives and used to develop the service. People, relatives and staff spoke highly of the registered manager. They were confident in his leadership and there was a good team working spirit.

## 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.

Risk assessments were carried out and effective systems were in place to manage risk.

People were kept safe by staff who knew the correct procedures to follow if any safeguarding concerns arose.

People received their medicines safely.

The environment was clean and well maintained.

### Is the service effective?

Good ●

The service was effective.

Staff received effective training which provided them with the skills and knowledge to meet people's needs. Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions was protected. Staff sought people's consent before providing care.

People were supported to have enough to eat and drink. Food was nutritious and well prepared. People had access to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

There was a relaxed and friendly atmosphere in the service. People were treated with kindness, compassion and respect. People and where appropriate, their families were involved in their care.

Staff knew people well and people responded to staff in a positive manner.

People were encouraged to maintain their independence. Staff responded to people's individual needs promptly.

### Is the service responsive?

The service was responsive.

People's views were listened to. People knew how to make a complaint but had not felt they needed to. The registered manager saw people daily and listened to any concerns they had. These were dealt with promptly.

People's preferences were recorded and staff had the necessary information to enable them to meet people's wishes.

People had things of interest to occupy them and a programme of activities was provided.

Good 

### Is the service well-led?

The service was well-led.

People, relatives and staff spoke highly of the registered manager. They found him approachable and open. They felt the service was well managed and there was good team working.

People and their relatives were asked for feedback on the service. They felt confident to approach the registered manager with concerns or suggestions.

Regular audits were conducted to monitor the quality of the service. Actions were taken to make improvements based on feedback and audit results.

Good 

# Down Lodge Residential 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.

This inspection took place on 28 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from one local authority commissioner.

During the inspection we spoke with six people who use the service, two senior care workers, three relatives and the registered manager. We observed the lunch time activity, attended a staff handover meeting and observed people in the communal lounge taking part in a group activity. We reviewed five people's care plans, three staff files and recruitment records for the two staff most recently recruited. We also looked at staff duty rotas, quality assurance surveys and audits and a selection of policies and procedures relating to the management of the service.

## Is the service safe?

### Our findings

There was a relaxed and calm atmosphere at Down Lodge. People told us they felt safe. One person said, "I'm definitely safe" while another said, "This is the best place ever, I'm very safe." A relative told us, "It's small and we know [name] is safe here, I have never seen anything I wouldn't be happy with."

Staff told us they had received training in safeguarding people. They were able to describe different types of abuse and showed a good awareness of signs to look for that may indicate abuse. There was guidance for staff to follow with regard to identifying and reporting safeguarding concerns displayed prominently on the notice board. Staff understood their responsibilities and were confident the registered manager would take action to deal with any issues. Where safeguarding concerns had been raised they had been dealt with appropriately and reported to the relevant authorities. The provider had a whistleblowing policy. Staff were aware of this policy and knew they could raise concerns with other agencies if the provider did not take action to deal with issues.

There were sufficient staff to care for people safely. Staffing levels were based on the people's needs and could be adjusted accordingly. For example, if a person required more care due to illness additional staff were deployed. On the day of the inspection the registered manager was present with two senior care workers, one care worker and an ancillary member of staff. There was one member of staff on duty throughout the night. However, the registered manager confirmed this was increased to two staff when people's needs increased.

We reviewed the duty rotas and saw the minimum staffing levels were maintained. The service had a system whereby staff who were happy to be called upon at short notice were available to cover sickness and absence. Their contact details were displayed prominently for staff to access. In addition to this the registered manager was on call and staff told us they would contact him straight away if necessary and he was always willing to help cover.

The provider's recruitment procedures were thorough and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Other checks included seeking references from past employers with regard to an applicant's previous performance and behaviour. Although a full employment history was requested from all applicants, gaps in employment had not always been explored or explained. This had not impacted on people using the service. However, we raised it with the registered manager who took immediate action. They spoke with staff and documented explanations for identified gaps. They sent us this evidence the day following the inspection visit and confirmed this would be completed routinely for any future recruitment.

Risk assessments were carried out and helped to keep people safe. They included those relating to individual people included falls, skin integrity and nutrition. Where a risk was identified, guidance was provided which helped to reduce the risk but still respected people's choice and freedom. Risk assessments of the environment included those related to fire, use of equipment, food hygiene and infection control. All

risk assessments were reviewed regularly and whenever a change occurred.

The home was well maintained by the provider and regular checks were carried out to ensure safety. The need for any remedial work was routinely assessed and the staff could request maintenance work to be undertaken. Staff told us work was carried out promptly. Fire safety equipment was regularly tested to ensure it was in working order and other checks including those made on electrical equipment and water temperatures were carried out according to relevant policy and legislation.

Each person using the service had a personal evacuation plan which identified the help they would need to safely leave the building in an emergency situation. Regular evacuation drills were carried out to ensure staff were aware of the emergency procedures.

There was a system to record and review accidents and incidents. There had been only two in the last year. In both instances they had been reviewed and appropriate action taken to manage and learn from them. The recording system allowed for trends to be monitored and reviewed however, due to the low numbers no trends had been identified.

People's medicines were managed safely. We observed staff administering medicines and saw they followed the provider's policy and procedure. Medicines were stored and disposed of safely in accordance with current guidelines. The registered manager carried out an audit and a spot check on administration of medicines each week. They told us this was to ensure safe practice was being followed. If any issues were identified from the audit they were brought to the attention of the staff member. For example, we saw one member of staff had been asked about a missing signature from a medicines administration record. This was further discussed in a one to one meeting with their manager to ensure learning had taken place.

In addition to the internal audits, an annual audit of medicines management was conducted by a community pharmacist. The latest one conducted earlier this year had not found any concerns. Those staff with responsibility for administration of medicines received annual refresher training and their competency had been checked.

## Is the service effective?

### Our findings

People received effective care and support from staff who were well trained. Staff had an induction when they began work at the home. They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. They then had a period of time to complete the care certificate. The care certificate is a set of standards used by health and social care workers in their daily practice.

Staff told us they had received sufficient training to feel confident. They said the registered manager ensured they received refresher training when it was due and they could ask for additional training if necessary. There was a clear system that alerted the registered manager when refresher training was due for each member of staff. As well as the mandatory topics, staff had received training in areas related directly to the support needs of the people they cared for. For example, dementia, Parkinson's disease and diabetes. Staff also had the opportunity to gain qualifications in health and social care. Seven staff held a level two or three qualification while the registered manager held a level four and a registered manager's award.

Individual meetings were held between staff and their manager every two months. Staff told us these meetings were used to discuss work related matters such as health and safety and safeguarding. They said they also provided an opportunity to raise any issues relating to their work with people. They felt they always received the guidance and support they needed. One commented, "[Name] says I can go to him with anything and he always helps. We're definitely well supported." Staff had an annual appraisal of their work. This was used to review and reflect on the previous year and discuss their future development and training needs. Staff meetings were held six monthly, providing opportunity for staff to express their views as well as discuss ways to improve practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed relevant training and understood their role in protecting people's rights to make decisions. They told us they encouraged people to make their own choices. During the inspection we observed staff seek people's consent before they did anything for them. For example, people were asked if they wanted to join in an activity and an explanation of the activity was offered. We observed a person refuse to take part. Staff repeated the invitation using slightly different language to ensure they had understood and were sure about the choice they had made. Again they refused and staff respected their decision. The registered manager was aware of the legal requirements in relation to DoLS and when an application should

be made to the supervisory body. At the time of the inspection there was one DoLS authorisation in place.

People told us the food was good. One person said, "The food is excellent, I've never had a bad meal." At lunchtime people were seen to be relaxed and comfortable, tables were laid attractively and condiments were available for people to use. People chose where to eat, for example one person wished to eat in their room while another chose to stay in the conservatory with their visitors. Visitors were also offered a meal and two commented on how "delicious" the meal was. Menus were developed in consultation with the people using the service and new dishes were tried out from time to time to give greater choice. On the day of the inspection a new dessert was being tested and proved to be a big hit.

Staff supported people with their food if necessary, for example one person had their food cut up into small pieces to make it possible for them to then eat independently. The food was freshly prepared, hot and well presented. Fresh fruit and vegetables were available. People were offered a variety of drinks and snacks throughout the day. People's weight was recorded monthly and a recognised tool was used to monitor if people were at risk of malnutrition.

People's healthcare needs were met and they were able to see healthcare professionals when they required. People were supported to see their GP whenever they needed to for routine or unexpected illnesses. One person praised the staff for calling their doctor when they had recently been feeling ill. They said, "I was poorly all day but they (care staff) kept checking me and called the doctor." Records showed people had seen healthcare professionals in response to changing needs and management of existing conditions. Referrals had been made to specialist health care professionals for example, mental health professionals when necessary. People had also seen dentists, opticians and chiropodists regularly.

The design of the premises allowed for ease of movement and the service was kept free of clutter. This enabled people to move around the service freely. There was an on-going programme of refurbishment and we saw a new kitchen had recently been fitted to provide a modern facility.

## Is the service caring?

### Our findings

Without exception all the people and relatives we spoke with praised the staff. They told us staff were, "Lovely", "Kind and respectful" and "Wonderful." We were also told that staff did their job with great humanity and nothing was too much trouble. People said staff were always there when they needed them and they never felt rushed. There were particular compliments paid to the registered manager. One person said, "[Name] is a wonderful manager." They went on to tell us how he checks on each person every day making sure they are happy and everything is fine with them.

People moved around the home freely. There was a friendly, open atmosphere. People responded to staff in a positive way and we saw they were relaxed and comfortable when asking for help or seeking reassurance. We observed positive interactions throughout the day between people and staff. There were many examples of people teasing staff and light hearted banter between everyone. People were seen laughing and smiling. Staff responded and spoke to people in a polite manner and people confirmed this was always the case. People told us staff always used the name they preferred when addressing them.

People said staff respected their privacy and dignity. We observed staff knocked on doors and asked if it was alright for them to enter rooms. People said that curtains and doors were closed when they had personal care and they felt staff knew them and their personal preferences well. Relatives spoke highly of the respect shown to their family members and to them when they visited. They told us they always felt welcome and could come and go as they pleased. One told us the atmosphere in the service was always the same no matter when they visited and felt it was an ideal place for their family member.

Other relatives told us they felt they too were cared for and the service did not just look after the person living there but also the family. They described additional support that had been made available to ensure they could visit their family member as often as possible. The registered manager and staff confirmed this and told us it meant a great deal to the person using the service and their family.

It was clear that staff had detailed knowledge of the people living at the service. They knew what people liked to do and people's individual care needs. They were also aware of people's past history and interests which helped them to understand and engage with people. We saw staff apply their knowledge in the way they provided care and communicated with people during the inspection.

People had been encouraged to bring important things with them when they moved into the service. We saw some people had brought favourite pieces of furniture while others had pictures on their walls which they had painted. Family photographs and items relating to hobbies and interests were also evident. People were encouraged to continue with hobbies if they wished to. Some people enjoyed craft work such as knitting, while others read or listened to music. The registered manager explained they had a music system which they could use to make personal playlists of people's favourite music for them to listen to. People told us they felt, "At home." One person said, "I couldn't wish for a better place to be."

People were involved in decisions and planning about their own care and when appropriate relatives had

also been involved. People told us they were fully consulted about all aspects of their care and they felt they were listened to by the staff. Staff encouraged people to be independent whenever possible. We saw examples of this such as, one person being offered a spoon to use instead of a fork which meant they could still eat independently.

People had been given the opportunity to discuss their wishes in relation to how they would like to be cared for at the end of their life. Where advanced decisions had been made they were clearly recorded.

## Is the service responsive?

### Our findings

People had their needs assessed prior to them moving into the service. The care plan was then developed using this information and adjusted as the person settled into the service and staff got to know them. People's care plans were reviewed with them and if appropriate their family every six months unless a change occurred. In this case the care plan would be reviewed immediately and updated to reflect the change.

People's care plans recorded what was important to them as well as their cultural and spiritual preferences if they had any. If a person needed to go to hospital, the computerised records system was used to produce a document designed to provide vital information. Being able to produce this information from the computer system meant the document would always have the most up to date information contained in it such as current medicines. This helped to ensure people continued to receive care in the way they wanted and needed.

Staff were kept up to date with any changes to care plans or people's well-being through a variety of communication systems. Verbal handovers took place at the beginning of each shift and notes were made on each person. In addition to this the computer system alerted staff to messages left for them to read as soon as they logged on at every shift. The registered manager was alerted if messages were not read. This helped to ensure staff had the most up to date information regarding people's care needs and how to respond to them.

We observed a shift handover during the inspection. People were spoken about individually and important information discussed sensitively and with respect.

People told us the registered manager and the care staff knew them well. They told us staff understood their individual likes and dislikes. The registered manager paid a great deal of attention to ensuring people's personal preferences were adhered to. This included where they preferred to eat, times they liked to get up and go to bed and what their particular preferences were regarding food. The service respected different cultures and beliefs and adapted to accommodate what each individual person wanted. For example providing particular diets.

A programme of activities was provided and included physical exercises, reminiscence sessions, games, quizzes, music and films. In addition, other things such as visits from an organisation with birds of prey were planned. At the time of the inspection people were looking forward to one such visit in the near future. Some people went out for trips into the town either independently or with their families and visitors. A mobile library visited fortnightly, a popular and much appreciated service for some people. A relative told us this was a particular bonus for their family member who had previously used it when living in their own home.

We observed an activity on the day of the inspection. People were asked would they like to play a game. There was an eager response "yes." People were then asked what game they would like to play. People joined in if they wished to and were seen to be smiling and laughing, they interacted with staff and other

people throughout, encouraging each other.

The provider had a complaints procedure which was prominently displayed in the service. Everyone told us they were aware of how to raise concerns but said they had not needed to. People and relatives said they were confident they would be listened to and things would be put right as soon as possible if they needed to complain. The service had not received a complaint in the last year. The registered manager attributed this to listening to people and attending to any little 'niggles' that may arise. We saw the service had received compliments acknowledging the care people had received.

Feedback was sought from people using the service. Regular meetings were held every six months for people living in the service to express their views about how it was run. Topics such as menus, activities, church services and the library service had been discussed. The registered manager explained he also spoke with people individually to be sure he listened to everyone and got their views. The meetings were recorded and people's views used to improve the service.

## Is the service well-led?

### Our findings

There was a registered manager in post who was also the provider. People said they found the registered manager very approachable and were complimentary about his management style. We observed the personable way in which he approached people and it was clear people felt relaxed in his company. It was apparent that he knew people well and they knew him. People said they saw him every day and he was always available if they need to speak with him. Relatives were equally complimentary. They told us they would have no hesitation in talking with the registered manager about their family member or any issues they had. They felt confident in his ability to ensure the service was well-led and one commented, "We're really impressed and communication is excellent with the family."

People and their relatives were asked for their views on the service. They confirmed they had completed questionnaires. Records showed positive responses had been received from the latest questionnaires and no negative comments had been made. The registered manager said this was just one way he gained people's views and he constantly sought people's ideas on things by asking them. We observed him doing this during the inspection when people were asked about the new dessert introduced at lunch time.

We found there was an honest and open culture in the service. Staff were aware of the values and aims of the service and felt they were put into practice. For example, one staff member said, "We want people to be happy. We provide good care." Another said, "We care from the heart."

Staff felt well supported and said they could seek advice at any time. They said there was an open door to the registered manager. They did not have to wait for an arranged meeting to be able to voice their opinions or seek advice and guidance. Even when the registered manager was not on duty they told us he was happy to hear from them if they had any concerns. They also felt any concerns they raised were dealt with promptly. One member of staff said, "[Name] is a very good boss, he treats everyone equally and helps us." Another said, "I feel lucky to work here, because we are a small team we work together, we help each other out."

Links to the community were maintained through such things as the mobile library, church services and visiting organisations. A hairdresser visited the home on a regular basis. People told us they valued these links and enjoyed the entertainment and services provided. They said they looked forward to seeing different people coming to the home.

A robust programme of audits was completed by the registered manager. Monitoring of the premises, equipment, accidents and incidents enabled them to have a clear picture of the service and to take appropriate action. For example, when a loose panel was noted in a shower room it was promptly fixed to make it safe. In another example where a medicines audit highlighted issues with recording this had been addressed with individual staff.

The registered manager took part in continuing professional development to ensure their knowledge and skills remained up to date. In their provider information return they stated that they received regular

information from reputable organisations regarding legislation and best practice. We confirmed this during the inspection and noted they also belonged to the Berkshire Care Association, attended meetings with the local authority and made use of specialist support through the Grey Matter Group. They also received and used information and guidance available from professional bodies including the Care Quality Commission to look for ways to improve and develop the service.

Management meetings were held six weekly between the registered manager and the care supervisor. During these meetings issues regarding staff, training or care delivery were discussed to drive improvements.