

Fleming Care Homes Limited

Gordon Lodge Rest 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

We inspected Gordon Lodge Rest Home on 29 May 2018 and the inspection was unannounced.

At the last inspection in March 2017 we found two breaches in Regulation. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Effective and Well-Led to at least good. At this inspection improvements had been made and the breaches in Regulation had been met. Staff now met with a manager for regular one to one supervision to aid their personal development. Checks and audits were in place and records were accurate and complete.

Gordon Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is in a quiet residential area and provides accommodation, care and support for up to 33 older people. There were 24 people living there when we visited.

The provider was also the registered manager and was supported in the day to day running of the service by a manager. A registered manager is a person who has registered with CQC 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 said they felt safe living at the service. They were protected from the risks of abuse, discrimination and avoidable harm by staff who had been trained about keeping people safe. Risks to people were assessed, identified, managed and reviewed. People received their medicines safely and on time. Accidents and incidents were monitored and reviewed.

People were supported by a regular staff team who had been safely recruited. Staff knew people, their needs and preferences well and were trained and knowledgeable.

The service was clean and tidy and regular checks were made to make sure the environment and any equipment was safe and well maintained.

People were involved in planning their care and their physical, mental health and social care needs were assessed before they moved to the service to make sure that staff would be able to provide the right support. People were offered the support of an advocate if they required additional support to help them make decisions about their care.

People were supported to maintain a healthy diet and encouraged to drink plenty. Staff worked with health care professionals to make sure people stayed as healthy as possible. They followed any guidance given to

them.

People had access to communal areas of the service and to the garden. They could choose if they wanted to spend time with others or if they wanted to be alone. Their choices were respected by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said the staff were kind and caring. Staff knew people well and spoke with them in a compassionate way. Staff treated each other kindly and supported each other.

People's privacy and dignity were promoted and respected by staff. Records were stored securely to protect people's confidentiality. People were supported to remain as independent as possible. People's friends and relatives were able to visit when they wanted to and were made to feel welcome.

Care plans gave staff the guidance they needed to provide people with the right support in the way they preferred. People were encouraged to stay active and to take part in organised activities. People and their relatives knew how to complain and told us they had no complaints. They were confident the registered manager would handle any concerns appropriately.

People's preferences for their end of life care were discussed and recorded to make sure staff could follow their wishes. Staff supported people's relatives and each other in a caring and compassionate way at this time.

People, their relatives and staff felt the service was well-led and were involved in making changes at the service. The culture was one of openness and inclusivity. The leadership of the service was visible. The registered manager understood their responsibilities and notified CQC according to guidelines. Checks and audits were completed to monitor the quality of service and, when needed, action was taken to drive improvements. The staff team worked with health care professionals to promote joined up care.

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.

People were protected from the risks of abuse, discrimination and avoidable harm and supported to stay safe.

There were sufficient numbers of staff on each shift and they had been recruited safely. They supported people to have their medicines safely and on time.

The service was clean and regular checks were completed to make sure the environment was safe.

Is the service effective?

Good 

The service was effective.

People's health needs were assessed, monitored and reviewed by staff who were trained and knowledgeable in their roles.

People were encouraged to eat healthily and to stay as healthy as possible. Staff worked closely with health care professionals and followed any advice given.

People could choose whether to spend time in the communal areas, the garden or in their rooms and this was respected by staff.

People were encouraged to make decisions and choices about their daily life. Additional support from advocates was offered when people needed support to make decisions about their health care. Staff understood the Mental Capacity Act and people were not restricted unlawfully.

Is the service caring?

Good 

The service was caring.

People and their relatives told us the staff were kind and caring. Staff had built strong relationships with people and knew them well.

People and their relatives were involved in planning and reviewing their care.

People were encouraged to remain as independent as possible and their privacy and dignity were promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that was delivered in the way they preferred. Staff were responsive to people's needs.

Staff supported people to stay busy and encouraged people to take part in regular activities.

People and their relatives said they did not have any complaints and felt confident the registered manager would take the appropriate action if they raised any concerns.

People discussed their end of life care with staff to make sure their wishes could be followed. Staff supported people, their relatives and each other at this time.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt the service was well-led and that the culture was open and inclusive. The staff team worked closely with each other and in partnership with health care professionals.

The registered manager understood their regulatory responsibilities and had notified CQC in line with guidance.

Feedback on the quality of service was obtained and changes were made to make improvements. Regular checks and audits were completed to monitor the service.

Gordon Lodge Rest 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.

The inspection took place on 29 May 2018 and was unannounced. The inspection was carried out by two 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.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service. We spoke with 12 people and four relatives. We also spoke with six members of staff, the manager and the registered manager. Some people were not able to explain their experiences of living at the service because of their health conditions so 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 observed how staff engaged with people and their relatives. We looked at how people were supported with their daily routines and assessed if people's needs were being met. We reviewed four care plans and looked at a range of other records including three staff files, safety checks and records about how the quality of service was managed.

Is the service safe?

Our findings

People told us they felt safe living at the service. They said, "I definitely feel safer living here, I can sleep at night knowing somebody is coming in to check on me" and "I feel very secure here the staff take their work very seriously". Relatives told us they felt their loved ones were very safe living at Gordon Lodge Rest Home.

Risks had been assessed, identified and managed. There was guidance for staff about how to keep people safe and reduce any risks to people. For example, there was guidance to monitor people's health and to check their basic observations, such as temperature and blood pressure, if they felt a person's health was declining. People were referred to health care professionals in a timely way and any guidance given was followed. When people were living with diabetes there was guidance for staff about what signs and symptoms to look for if a person's blood sugar levels may be too high or too low and what action to take. Risk assessments were regularly reviewed and updated when there was any change. When people need to use special equipment to help keep them safe these were checked and maintained. For example, when people needed a special mattress to help protect their skin, staff checked to make sure they were set at the correct pressure setting.

People were protected against the risks of abuse, discrimination and avoidable harm. Staff told us they had completed training about keeping people safe and also about equality and diversity. They told us they would speak with the registered manager or deputy manager if they had a concern and felt that they would be listened to and that the correct action would be taken to ensure people were safe. The registered manager had raised safeguarding concerns when necessary and these had been fully investigated. Lessons were learnt and practice reviewed as needed to reduce the chance of incidents reoccurring. Staff said they would speak to the local authority or the Care Quality Commission if needed. The provider had systems in place, such as safeguarding policies and procedures for staff to refer to.

Staff understood their responsibilities to record and report accidents and incidents. These were reviewed by the management team to keep an overview to identify any patterns and to ensure that the correct action, such as making a referral to health care professionals, was taken.

People were supported by sufficient numbers of knowledgeable staff to keep them safe. People and their relatives said there was always enough staff. Staff duty rotas confirmed there were consistent numbers of staff on duty. Throughout the inspection calls bells were answered promptly. People said, "They occasionally use agency staff, the night staff are equally as good as the day staff" and "I think there are enough staff". Throughout the inspection staff spent time with people and were not rushed. People told us that call bells were answered quickly. Following the last inspection we recommended the registered manager review staff levels based on people's needs. At this inspection the registered manager used a dependency tool to establish how many staff were needed to meet people's needs. This was regularly reviewed and updated with any changes in people's needs to make sure there were enough staff. Staffing levels were planned to take into account any medical appointments when staff would accompany people. Staff worked flexibly to cover any emergency shortfalls, such as sickness and there were contingency plans, using agency staff, to ensure there were always enough staff.

People were supported by staff who had been recruited safely. We reviewed three staff files. Criminal record checks with the Disclosure and Barring Service (DBS) were done before people began working at the service. DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. People were involved in the interview process and their views of the applicant were taken into account. They told us they enjoyed being part of the recruitment process. The provider's disciplinary process was followed when required.

People received their medicines safely and on time. People told us, "Medicines are always on time" and "Staff are very strict with medicines. It is a top priority and they are always on time". People told us that staff checked to make sure they had taken their medicines. Staff completed training about the safe management of medicines and had their competency checked before they were able to support people with their medicines. Medicines records were completed correctly and showed that people had received their medicines at the time they needed them. When people needed their medicines on a 'when required' basis there was guidance for staff to ensure the medicine was given consistently. Staff spoke with us about people's medicines and possible side effects. Medicines were regularly checked and an annual audit was carried out by the local pharmacy. When people needed to creams to help keep their skin healthy there was guidance for staff to show where to apply the cream to ensure it worked to the maximum benefit.

The service was clean, tidy and free from unpleasant odours. Some areas of the service were in need of new carpeting and this had been identified by the registered manager who had plans in place to arrange this. People told us the standard of their laundry was good and they felt the service was always kept clean. Staff completed training about the control of infection and wore protective personal equipment, such as gloves and aprons, when they needed to.

Regular checks were completed on the environment to make sure it was safe. This included testing the hot water temperatures regularly, checks on gas and electrical appliances and special equipment. Fire alarms were checked and staff knew how to support people to leave the service safely in an emergency. Each person had an emergency evacuation plan which set out people's specific physical and communication needs to ensure they could be safely evacuated from the service.

Is the service effective?

Our findings

People received effective care from skilled and knowledgeable staff who knew them and their preferences well.

At the previous inspection staff had not received the training and supervision they needed to carry out their roles. We asked the provider to take action to make improvements and this action had been completed. At this inspection improvements had been made and the breach in Regulations found at the last inspection had been met. Staff told us they felt supported by the management team and that they had regular one to one supervision meetings with the registered manager to discuss their career development and training needs. Records showed that these were completed every few months. Staff told us that if they had any worries in between meetings they would speak with the registered manager or deputy manager.

The registered manager had purchased a new electronic training system which enabled the management team and staff to monitor when training was due to be refreshed to keep up to date with current best practice. Staff completed training in topics such as equality and diversity, first aid, and moving and handling. Additional training was provided to help staff perform their roles effectively and included, dementia care, end of life care, skin integrity and the safe use of airflow equipment.

Staff completed an induction when they first began working at the service. They shadowed experienced colleagues to get to know people and their preferences. New staff who had not previously worked in adult social care completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

When people were considering moving to Gordon Lodge Rest Home their physical, emotional and social needs were assessed by the registered manager to ensure that staff would be able to provide the right level of care. The registered manager said, "This provides a pro-active and planned approach from the start, with greater autonomy and involvement in all decisions relating to their care". The registered manager and staff worked with people, their relatives, care managers and other health care professionals to make sure people received co-ordinated and consistent care when moving into or out of the service.

People were supported to eat healthily. People told us they enjoyed the food and had plenty of choice. They said, "The food is lovely, you always get a choice" and "The meals are good, roast twice a week, Thursday and Sunday. I can't eat certain things and they always remember". The chef spoke with people each morning, offering them a choice of lunchtime meals. Some people chose to eat in the dining room with their friends, others ate in the lounge and some people chose to eat in their room. Their choices were respected by the staff. Throughout the inspection people were offered a range of hot or cold drinks and snacks. Staff told us they had been part of the local 'hydrate project' which helped them look at different ways to encourage people to drink enough. Relatives told us they were "Always offered a cup of tea when we come in" and that they were able to share meals with their loved ones if they wanted to. Some people

needed staff to support them with their meals. Staff sat with them and were patient making sure people were able to enjoy their meal. Staff worked with health care professionals, such as speech and language therapists and dieticians, and followed any guidance given. For example, some people needed to have their meals pureed to make it easier for them to eat. Each food type was pureed separately so that people could taste the individual parts of the dish. When people needed to have their fluid intake monitored there were charts in place for staff to complete. These were totalled to make sure people had sufficient to drink to stay as healthy as possible. If staff were concerned about people's eating or drinking they discussed this with the relevant health care professionals to seek advice. When people needed adapted cutlery or cups to help them eat and drink independently these were provided.

People were supported to live as healthy a life as possible. Staff monitored people's health and liaised with health care professionals to discuss any changing needs. Any advice given to staff was recorded in people's care plans to make sure people received a consistent level of care. People told us that staff gave them a good level of support to attend any medical appointments. People said, "The carer comes with me to accompany me to my hospital appointments" and "The home organises the transport for my hospital appointments and [my relative] comes with me". The local GP regularly visited the service and staff had built a good relationship with the surgery. The registered manager arranged for people to have regular visits from chiropodists and opticians.

Staff supported people to personalise their rooms and make it a home from home. One person said, "My room has been personalised, I have new curtains which I helped to choose and my book shelves have been put up". People had access to communal areas of the service and to the garden. One person told us, "We have a lovely garden which I use when the weather is good".

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they made day to day decisions and said, "I can get up and go to bed when I like" and "I choose my own clothes in the morning". The registered manager and staff understood their responsibilities and had completed training about the MCA. Staff assumed people had capacity and supported them, when needed, to make choices and decisions. When people were unable to make a decision themselves, due to their health conditions, staff liaised with the person's representatives and health care professionals to ensure decisions were made in people's best interest. Staff discussed, at regular staff meetings, the importance of consent and supporting people to make informed choices.

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 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. Applications had been made in line with guidance.

Is the service caring?

Our findings

People told us the staff were kind and caring. They said, "They [staff] are all polite and helpful, you feel completely relaxed you are at home, it's very homely", "I can't fault the staff they are marvellous" and "One of the carers is my hero, they do all my shopping for me". Relatives commented, "The staff are patient, thoughtful and very helpful" and "They are always very cheerful and have taken the trouble to get to know us and [our loved one]".

People told us they were happy living at the service and that they were treated in a respectful, kind and compassionate way. Staff had received a number of 'thank you' cards from people's relatives after their loved ones had passed away. One of them noted, 'Thank you for your amazing care [of our loved one]. Words cannot express our thanks for the whole team's professionalism and care given to [our loved one]'. Another noted, 'Thank you for all your kindness and compassion'.

Staff knew people well and helped people to complete 'lifestyle questionnaires' so they could learn more about their life history families and background. Information included people's favourite films, their school years and things they enjoyed doing. Throughout the inspection staff were patient and caring. They were happy and upbeat, enjoying their work. This was reflected in the care and support they provided. They spoke with people in a gentle manner and offered reassurance when it was needed to reduce any signs of anxiety. When people needed support staff responded to their needs quickly. Staff told us that when people needed support from an advocate that this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People and their relatives were involved in the planning, management and reviewing of their care. People were supported to make decisions about their care for as long as possible. Staff had time to spend with people and explained information in a way they could understand. Notices in the service included pictures to make them easier to understand. People's care plans included information about their likes, dislikes and their preferences for how they were supported. Staff respected people's choices.

Staff respected and promoted people's privacy and dignity. People told us that staff were always discreet and said, "I am treated with dignity and respect" and "Staff always knock. They check me twice at night. If I ring the bell they come straight away". Staff made sure people's doors were closed when they were being supported with their personal care to protect their privacy. Care plans and daily records were written in a respectful manner. Records were stored securely to maintain confidentiality.

People told us they tried to do as much as they could for themselves. One person said, "I have help in the bath but like to stay as independent as possible". People chose whether to be in communal areas or to spend time in their rooms. When they stayed in their room staff regularly checked on them to see if they needed anything. A relative commented, "There is always someone popping their head around the corner and checking on [our loved one]". Staff spoke passionately about the importance of promoting people's independence.

People told us they could have visitors at any time and relatives said that they were able to visit their family members at any reasonable time and they were always made to feel welcome. The registered manager said, "We actively promote family involvement, including overnight stays if required". During the inspection it was clear that staff knew people's families well and had built strong relationships with them.

Is the service responsive?

Our findings

People received care that was individually personalised and responsive to their needs. People and their relatives told us they had no complaints about the quality of service. A relative said, "Moving [our loved one] to Gordon Lodge was the best decision we could have made".

At the previous inspection the registered manager had not ensured that people's care plans were accurate and complete. We asked the provider to take action to make improvements and this action had been completed. At this inspection improvements had been made and the breach in Regulations had been met. The registered manager and staff had sought advice about care planning from health care professionals. Care plans were written with people and their relatives and gave staff the guidance they needed to provide people with the care they needed in the way they preferred. The management team and staff were working to continue to improve the care planning with further details and had updated care plans with information about people's past and people that were important to them. Information about people's religious, cultural and spiritual beliefs were included and staff supported people with these. People told us, "I go out with two people from the church on a Thursday generally for a coffee and someone from the church comes in once a month for communion" and "I have a visitor from my own church and a lady comes with communion".

People were supported to stay as active as possible and a range of activities were offered. A list, with pictures so that people could all understand, of upcoming activities was on display in the dining room so that people could plan what to do with their time. Included in the programme were visiting singers, arts and crafts and exercise sessions. There were photographs on the wall of people enjoying a recent royal wedding celebration. One person commented, "For the royal wedding we all dressed up, I had a very nice outfit and hat and the manager kindly emailed photos of me to [my family]". A relative told us, "We like the way there is always something going on". Although staff encouraged people, some people told us they preferred not to join in with the activities but that they were always asked. One person said, "I've got my laptop, the television and I read a lot". People were encouraged to maintain contact with their friends and family. Some people regularly went out with their visiting loved ones to the local area.

People told us they felt listened to and that they were, as far as possible, involved in the planning and reviewing of their care. Relatives commented, "Good communication, straight on the phone if [my loved one] had a fall or anything" and "Good communication between the home and us".

People and relatives told us they knew how to complain and that they felt action would be taken if they raised a concern. They said, "I would be happy to make a complaint if I needed to, I would speak to the manager, I feel I can speak up" and "I know who to complain to and if need be I would stick up for myself". Complaints and concerns were recorded, investigated and responded to in line with the provider's complaints policy. Staff were reminded at staff meetings how to raise any worries or concerns. They said they could raise a complaint with the management team and that action would be taken. The registered manager told us, "We have a diary, communications book, maintenance book, complaints book, and management open door policy is in place so staff feel confident to discuss any issues or concerns".

People and their relatives discussed their choices and preferences for their end of life care with staff. This was recorded and reviewed to make sure staff could respect and follow people's wishes. When people were nearing the end of their life staff worked with health care professionals, such as community nurses, to ensure people had a comfortable, dignified and pain free death. People had access to any pain relief and specialist equipment they may need at this time. Staff were respectful and made sure people were treated in a dignified manner. They told us how they made sure they spent additional time with people whose health was declining, sometimes just sitting holding their hand and chatting with them or reading to them. The registered manager and staff were very supportive to people and their families through these times. Staff were also very caring and supportive of each other when people were nearing the end of their life or had passed away.

Is the service well-led?

Our findings

People, relatives and staff told us they thought the service was well-led and one person said, "The management are approachable". Another person said, "I know who the manager and owner are, I speak to them regularly they are very approachable" and a relative commented, "We speak to the owner or manager and they are very approachable, it is very homely and cosy, you don't have to stand on ceremony and they are always very welcoming".

At the previous inspection there was a lack of oversight of the service, documents were not readily available and staff did not feel valued or listened to. We asked the provider to take action to make improvements and this had been completed. At this inspection improvements had been made and the breach in Regulations had been met.

Care plans were organised and regularly reviewed and updated with any changes in people's needs. Medicines records were checked to ensure people received their medicines safely and on time. People's medicines were reviewed by a GP to make sure they were still suitable. The registered manager monitored complaints and compliments to ensure that any corrective action could be taken to improve the service. They had oversight of accidents and incidents which were discussed with staff to ensure, when possible, that lessons could be learnt. They were currently working to produce a detailed overview to show any emerging pattern. People were referred to health care professionals as needed. Checks and audits were completed to make sure the environment remained clean and safe.

The registered manager was supported by a manager and they both worked at the service each day and provided on-call support outside office hours.

There was an open culture where staff worked closely with people and their relatives to ensure the right level of care and support was provided. Staff felt supported by the management team and were caring, co-operative and supportive of each other. Staff said, [The management team] are very easy to talk to" and "There is a good culture here. I really enjoy working here and I enjoy my work". Staff felt that action would be taken if they raised any concerns with the management team. The registered manager promoted an honest and inclusive culture where people's views were valued. People told us they took part in regular residents' meetings and that when they had made suggestions these were listened to and action was taken when possible. For example, one person said, "I go to the residents' meetings, sometimes things materialise. We asked for new table mats and they have happened. We also asked for more chairs with arms but they haven't arrived yet". The registered manager confirmed that the chairs had been ordered as requested by people.

Staff felt valued and that the morale was good. They met regularly with the registered manager through individual supervision meetings and also at staff meetings. The minutes from these were not consistently typed up and distributed to all the staff and the registered manager agreed this was an area for improvement. Staff understood the provider's whistle-blowing policy and knew they could take any concerns to external agencies, such as the local authority or CQC, if they needed to. Staff knew where to

access any policies or procedures and records were stored securely to protect people's confidentiality. When we asked for information during the inspection it was available and up to date.

The registered manager and staff team worked closely with health care professionals, such as community nurses, and followed any guidance they were given. The registered manager attended local forums run by a local clinical nurse specialist for older people in care homes to share ideas and best practice. When needed, the registered manager liaised with the local safeguarding team and people's care managers to promote joined up and consistent care.

The registered manager understood their responsibilities. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service. The report was also displayed on their website in line with guidance.