

Country Court Care Homes 3 OpCo Limited

Lostock 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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lostock Lodge Care Home is a residential care home providing personal and nursing care to 57 people at the time of the inspection. The service is registered to support up to 66 people.

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

Improvements to the management of medicines and governance of the service found at the last inspection had been sustained.

People told us they felt safe and received their medicines on time. One person told us, "They are so diligent in making sure that I take my medicines at the right times." There were systems in place to safeguard people from abuse and risks to people's health and safety had been assessed. There were enough numbers of appropriately trained staff on duty to meet people's needs and people did not have to wait when they needed assistance. One person said, "They really look after us here and if I want a bath or a shower they try to help straightaway."

People enjoyed the homemade meals, drinks and snacks available throughout the day. People's needs, and preferences had been assessed and planned for. One person told us "The chef is very good here and knows exactly what I need in my special diet." Staff supported people to access support from healthcare services when needed and ensured any advice they provided was followed. The environment had been fully adapted to meet people's needs, there was level access throughout and people had a choice of where they spent their time.

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.

People and their relatives gave us positive feedback about the quality of care and staff approach. One person commented, "One thing is certain, they are excellent at providing care. "We observed many caring and people were treated with dignity and respect. A relative commented, "It is noticeable here that no one is forgotten about, all credit to the staff."

People's needs, and preferences were kept under review. Staff had access to the information they needed to support people safely and effectively. People enjoyed the wide range of activities and trips on offer and staff spent time talking with people as much as possible. People were able to give their views on their care and felt listened to.

There were effective systems in place to monitor the safety and quality of service being provided. People, their relatives and staff had the opportunity to give their views on the service through quality assurance surveys. The results of which were used to bring about improvements. people and their relatives felt the

service was managed well. one person told us "Without question this home is well led, just like a 5* hotel."

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

Rating at last inspection

The last rating for this service was good (published 5 April 2018).

Why we inspected

This was a planned inspection based on our previous rating.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lostock Lodge Care Home

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a pharmacist specialist professional advisor (SPA) 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

Lostock Lodge Residential Care Home is a 'care home'. 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.

The manager registered with the Care Quality Commission for this service had left the employment of the provider. The service was being managed by one of the providers peripatetic managers and a new manager had been employed. A registered manager and the provider are legally responsible for how a service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We looked at the latest Healthwatch enter and view report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also gathered

feedback about the service from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service, seven people's relatives and a visiting healthcare professional about their experience of the care provided. We also spoke with eight care staff, two activities organisers, two cleaners, the chef, two hostesses, an administrator, the head of facilities, the registered manager, area manager and regional director.

We reviewed a range of records including, people's care plans, medication records and records of how people had spent their time. We looked at a variety of records relating to the management of the service, including staff training, accident and incidents, complaints, satisfaction surveys and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Improvements found at the last inspection in relation to the management of medicine had been sustained. Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills. One person told us, "They are so diligent in making sure that I take my medicines at the right times."
- The home had systems and checks in place to ensure the safety and quality of medicines administration was maintained.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living at the service. One person commented "I am really pleased to say that I am absolutely safe here."
- Staff had received training on safeguarding vulnerable people and information and guidance was available to them to follow.
- Appropriate action was taken by staff when any such concerns arose.

Assessing risk, safety monitoring and management

- The home was well-maintained, clean and safe for the people living there.
- Staff carried out regular checks on the safety of the environment to ensure this was maintained and the home had a variety of up-to-date safety certificates.
- Fire safety at the service was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to managed the risks associated with people's care.

Staffing and recruitment

- There were enough staff available to meet people's needs. and we observed Staff responded quickly to call bells and people asking for help were being attended to promptly.
- People told us there were enough staff at the home to help them when needed. One person said, "They really look after us here and if I want a bath or a shower they try to help straightaway."
- Staff were safely recruited by the home and underwent a sufficiently robust recruitment process before being employed.

Preventing and controlling infection

- Throughout our inspection we found the home was clean and free from unpleasant odours. one person commented "This home is as clean as it can be, you can see that for yourself."
- Staff had received training on this topic and used personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.
- This information was regularly reviewed to reflect and learning from what had occurred and to identify any emerging patterns or trends that needed addressing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People benefitted from having a choice of freshly made appetising food at mealtimes. We observed people enjoyed meal times and saw staff supported and encouraged people to eat and drink.
- People were offered regular drinks and could help themselves to snacks throughout the day.
- People's individual dietary preferences and needs were met. one person told us "The chef is very good here and knows exactly what I need in my special diet." Another person told us "I really enjoy the food, which is well cooked, varied and always a good size portion."

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff at the home were good at helping them to access other healthcare services when needed.
- People's health was monitored by staff. Referrals were made to other healthcare professionals when needed and staff followed their advice. A visiting healthcare professional confirmed this.
- Relatives were kept informed about any changes to their loved one's needs, one relative commented, "Our family are all very grateful for the clear and timely communication from staff if they need to get in touch."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and documented prior to them moving into the service, which helped to ensure staff at the home were able to safely and effectively meet their needs. People's oral care was planned for and met.
- People's individual equality and diversity needs were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff received a thorough and supportive induction into their role and staff received ongoing training to meet people's needs.
- Staff felt supported with their performance and wellbeing through regular supervisions and appraisals.
- People and their relatives spoke highly of the staff and the support people received. One person commented, "One thing is certain, they are excellent at providing care." A relative told us "The staff clearly know what they are doing here, they are superb." Another relative told us, "During visits I have seen staff responding to a number of issues and it clearly shows capability and understanding"

Adapting service, design, decoration to meet people's needs

- People's had been supported to personalise their rooms to reflect their personalities and tastes.

- The layout of the service gave people options of where they wanted to spend their time. There was level access to all areas of the service and gardens. One person told us, "Getting outside in the garden is marvellous and you can see how happy it makes us."
- Some of the people living at the service were living with dementia. We saw there were adaptations to assist people in finding their way around the and understanding other information, such as easy -read signage.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had sought and documented people's consent to their care and treatment in line with the principles of the MCA.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- DoLS applications and authorisations were effectively monitored and managed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave us positive feedback about the quality of care and staff approach. One person told us, "Whatever I want, carers will do their best to assist." A relative told us, "My own view is that staff try their very best to deliver care in a kind and considerate manner."
- Positive and caring relationships had been made between people and staff. One relative told us "I have spent a bit of time in this home and it is nice to see relationships build between residents and caring staff." Another relative commented, "It is noticeable here that no one is forgotten about, all credit to the staff."

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them. One person told us, "There is no doubt that staff listen to us and I appreciate that." Another person told us "From time to time they actually ask what we think of our care and I was pleased to compliment two staff members recently."
- Staff at the home supported people to seek the support of independent advocacy services when needed and had a good link with a local service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- People had been supported by staff to maintain their appearance. People had access to the 'in house' nail and hairdressing salon which provided an authentic experience.
- People's confidential information, was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered the opportunity to participate in a wide range of one to one and group activities such as exercise classes, singing and dancing. People and their relatives gave positive feedback about the activities on offer. One person commented, "I can't see a lot now, but I do like to join in the quizzes."
- Films were shown in the cinema room which people could access at any time and provided an authentic cinema experience. People enjoyed the visiting entertainers, trips out to garden centres and concerts and visits from community groups, pre-school children and teenagers.
- Staff recognised the importance of prevention social isolation by spending time talking with people. Several people said staff regularly took time to do so and one person told us, "With my illness I am in my room a lot and I appreciate the time and care shown by the carers who come to talk to me."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the care planning and review process. People's care plans gave staff the information needed to support people safely and effectively. Care plans had been regularly reviewed to ensure they remained accurate.
- Effective use was made of technology. Sensors had been installed to alert staff if people who needed assistance to move got out of bed unaided. People had access to call bells and pendants to call staff when they needed assistance. People had access to Wi-Fi internet and a tablet computer to use to contact relatives over the internet.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs assessed as part of a pre-admission assessment and ongoing care planning process. People who wore hearing aids or glasses were supported to wear them and information was available in large print and Braille.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. Records showed they were documented, investigated and appropriately responded to. One relative told us, "They do seem to listen and act appropriately."
- People and their relatives had access to information and guidance about making a complaint and said

they felt comfortable raising concerns.

End of life care and support

- No one was receiving end of life care, however, people's wishes on their end of life care, such as resuscitation, had been discussed and documented. Plans were in place to ensure people's preferences at the end of their life were met.
- Staff had relevant training to meet these needs and worked with other health professionals to ensure people's end of life care needs were effectively met.

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 the last inspection this key question was rated requires improvement. At this inspection this key question had improved 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements found at the last inspection to the effectiveness of the quality assurance systems had been sustained. There were systems in place to monitor, assess and improve the quality and safety of service people received.
- The manager was well-supported by the provider and senior staff. They regularly met and engaged with managers from other services operated by the provider to share knowledge, learning and ideas.
- Staff spoke positively about the newly introduced electronic care file system. They also felt the ability to use hand held devices to record the care they delivered was quicker and freed up time to spend with people.
- CQC had been notified of all significant events which had occurred, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives had confidence in the management of the service. Their comments included, "Without question this home is well led, just like a 5* hotel.", "It all seems to operate smoothly and always with a very good atmosphere", "I am very impressed and don't think there is anything I would change" and "The service is excellent with care at the very forefront."
- Staff were enthusiastic and positive about their work and there was a caring culture amongst the staff team. The management team had a good understanding of people's needs and the challenges staff faced on a day to day basis as highlighted during the morning 'flash' meeting with heads of each department. Staff worked well together to achieve positive outcomes for people.
- The manager understood their responsibilities regarding the duty of candour and a culture of openness and transparency was encouraged.

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

- People and their relatives were able to give their feedback about the service through satisfaction surveys, one to one and group meetings. One relative commented, "Communication is a strong point and having resident's meetings, with minutes circulated, is very helpful." The results from surveys were analysed and were on display in the service, the comments from the most recent survey were positive.
- People were encouraged to give their views on environment and how it was used. The provider was gathering feedback from people to find out their views on the gymnasium, which people did not use, and

whether they would like it changed to a shop or pub.

- People and their relatives told us management and staff were approachable, listened to and resolved any issues raised with them. One relative commented "All the staff are very approachable, with someone ready to help."

Working in partnership with others

- Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- Links with the local community and community groups were fostered and encouraged.