Andrew Geach

Shedfield Lodge

Inspection report

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Date of inspection visit:
16 October 2017
17 October 2017

Date of publication:
03 November 2017

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

The inspection took place on the 16 and 17 October 2017 and was unannounced.

We last inspected the service in March 2015 and rated the service as good. This inspection found that the service remained good.

The service had a registered manager. 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.

Shedfield Lodge is registered to provide accommodation and support for up to 34 older people who may also be living with dementia. The home has permanent residents but also provides respite care. This home is not registered to provide nursing care. On the day of our visit 28 people were living at the home. The home is located in a rural area two miles from the town of Wickham, Hampshire. The home has a large living room, conservatory, dining area and kitchen. People's private rooms are on both the ground and first floors. There is a stair lift and passenger lift to the first floor. The home has a garden and a patio area that people are actively encouraged to use.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were knowledgeable about strategies' in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support this was delivered quickly.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles. Training records showed that staff had received training in a range of areas that reflected their job roles.

The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the

Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People and where appropriate their relatives were involved in their care planning, Staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

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 safe.	**Good**
Is the service effective? The service remains effective,	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Shedfield Lodge

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 checked 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 the 16 and 17 October 2017 and was unannounced. The inspection was carried out 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, in this case older people and people living with dementia.

Before our inspection we contacted three visiting health and social care professionals in relation to the care provided at Shedfield Lodge. During our inspection we spoke with the proprietor, the registered manager, four members of staff, five people living at the home and three visiting relatives. Following our inspection we telephoned the relatives of four people to seek their feedback on the care provided at the home.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 last inspected the home in March 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

People who were able to speak with us told us they were safe. One person told us, "I like it here because I am looked after and don't have to worry about anything". Another person told us, "I feel very safe here. Everyone is wonderful and I'm very happy". Relatives told us they were confident that their loved ones were safe and free from harm. One relative told us there was always a staff member present in the lounge and dining areas supporting people. They said they found this very reassuring. Another relative told us they never worried when they left the home and, if there were any concerns staff would contact them straight away. Another relative told us, "We are happy with the care here. They tell me when she falls, they ring up. She falls less often now because she has become less mobile. They have put a sensor mat in her bedroom to keep her safe so staff are alerted whenever she moves". A health care professional told us, "The service is safe and good at identifying and addressing concerns as they occur".

Risks to people's health and safety were managed appropriately. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Other professionals such as speech and language therapists had been involved in advising on safe practices and equipment required.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. We looked at staff rosters for the previous four weeks and these showed staffing to be sufficient to meet people's needs and keep them safe. Staff told us there were enough care workers deployed to meet people's needs and that they were not rushed when providing personal care and that people's care needs and their planned daily activities were attended to in a timely manner. People said call bells were answered promptly and staff responded quickly when they rang for help. One relative told us, "(Person) won't use the call bell because it disturbs people. He did use it last night, he said the carer came and sorted him out very quickly. He was embarrassed by a personal issue but was pleased that the carer quickly cleaned him and reassured him". People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

There was a clear medicines policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall within a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medicines administration records were appropriately completed and staff had signed to show that people had been given their medicines.

Environmental risk assessments had been completed. Hazards were identified and the risk to people removed or reduced. Checks were made of the moving and handling equipment to ensure these were working correctly. Routine checks were also made of the passenger lift, electrical and gas appliances. Certificates and records were maintained of these checks. Staff had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. Personal Emergency Evacuation Plans (PEEPS) were kept on file with copies available at the entrance to the home to guide staff on the safest way to evacuate people in an emergency situation.

Good

Is the service effective?

Our findings

People who were able to speak with us told us they were involved in making decisions on how they wanted to be supported. Staff were observed seeking people's consent prior to any care being delivered. Staff understood the importance of people being involved and clearly described how they supported people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance. A relative told us their mother often declined personal care. They told us the staff were very skilled and their relatives physical care needs were very well met with their dignity respected. They added, "Mum came here because she started to neglect herself. She still sometimes refuses to wash or have a bath but the staff are very patient with her and given time she usually agrees to have a wash or bath".

Staff had received appropriate training and had the skills they required in order to meet people's needs. Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Training included health and safety, dementia awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. The registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people living at the home.

The Mental Capacity Act 2005 (MCA 2005) 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. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and were able to tell us the times when a best interest decision may be appropriate. An Independent Mental Capacity Advocate (IMCA) told us, "The home are exceptionally good at working in partnership with me by way of calling me or emailing when there is either issues or meetings taking place for the clients I see. The home take a client's mental health and capacity to consent very seriously and through one of my clients they work hard to ensure that the person's wishes are always considered". A health and social care professional told us, "As part of my review I have found the home has an awareness of capacity and consent and works with residents to assess capacity

and if residents lack capacity then decisions are made in residents best interests. I think they involve family members so that best interest decisions are made in a holistic and person centred way".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). Relevant applications for a DoLs had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs.

We observed lunchtime on the first day of our visit. People were encouraged and supported to eat and drink sufficient amounts to meet their needs. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. Aids to support people to maintain their independence and dignity were available such as plate guards and adaptive cutlery. People were given a choice of meals and drinks. The chef told us people were asked every morning what their choice from the menu was and if people did not like what was on offer an alternative was provided. Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "We always have a choice of meals. I've no complaints". Another person told us, "I am happy with the food, it is one of the reasons why I like it here. I am having lamb pie today. I like mash and peas. For sweet I like ice cream, yesterday I had extra ice cream". A relative told us, "(person) seems to like the food. I've never heard her complain. From what I've seen served, I think it's good".

The chef understood people's preferences and used this to guide them in their menu planning and meal preparation. The chef told us she reviewed the menu regularly with people to identify any particular dislikes or requests. They also had a good understanding of people's nutritional requirements, for example people who needed their food to be pureed to reduce the risk of choking and how taking prescribed medication such as warfarin and statins, could be affected by eating some types of foods such as certain citrus fruits and foods with high vitamin K values.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and she comes to see me". A GP told us, "We do a shared review of anyone they have concerns about. Before asking me to see a resident they carry out a full set of observations prior to my visit. I have no concerns at all".

Good

Is the service caring?

Our findings

People, relatives and health care professionals told us staff were caring and looked after them well. One person told us, "The girls (staff) are very good, very caring". Another said, "It's nice and comfy here. People are so nice to me". A relative told us, "The home is very cosy, homely and comfortable. It just felt right it's hard to explain but it has a lovely feel, a lovely atmosphere when we looked round it just felt right for mum and it still does. She has been here for a few years now and its mum's home". A Health and social care professional told us, "I have found the home delivers a high standard of care and work with residents that other homes may find too challenging".

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

Some people living with dementia can be disorientated to time and staff who work at night wear nightclothes, which helps to prompt and encourage people to prepare for bed so that normal sleep/rest and wake patterns are maintained. If people wake in the night, they are supported by staff wearing dressing gowns and slippers which offers reassurance and has a positive impact on people. The registered manager told us, "People living with dementia sometimes 'walk with purpose' at night and we have found that staff wearing pyjamas makes it easier for people to recognise the difference between day and night as it can reduce anxiety that can lead to further sleep disruption".

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I know mum can't do much for herself anymore but it is good to see the staff trying to get her up on her feet and walking around a bit".

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that

respected their dignity.

Each person's physical, medical and social needs had been assessed before they moved into the home and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also contained information on people's life before coming to the home and social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions about their end of life care were recorded. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes. A health and social care professional told us, "I feel from what I have seen that Shedfield Lodge offer a good high quality service of a person centred nature. I feel that the home excels in its person centred application of care and support, which I have seen give positive outcomes for clients".

The service had received many compliments from relatives many of which commented on the caring nature of the home and staff team. For example comments included, 'Thank you very much for all the love and care that Mum received. Mum loved this home, the people and the food' and 'We would just like to say thank you so much for welcoming Dad into your care. Your staff are an absolute credit to you, reflecting on the high standard that you expect. We will always be grateful to you',

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. "One relative told us, "I've been really pleased with my decision to move my aunt here. The home is really good. I had another relative live here some years ago so I had no hesitation at all in placing my aunt here". Another relative told us, "When (name) came to live here he just wouldn't settle at night and caused a few issues. The home let me stay over at night for a couple of weeks just to help in the settling in process and it worked out really well. He has really improved and not so anxious now".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure they remained an accurate reflection of the person's needs. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how (person) is doing".

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how to support a person who needed to be prompted with personal care. Each member of staff had an electronic data terminal that carried people's individual care plans and daily records. Staff were able to access peoples care records immediately without the need to visit the office and update them as things happened. This ensured that peoples care records were up to date and 'live'.

In each person's room there was a 'Remember I'm me' care chart. This gave staff an overview of things that were important to the person. For example, important people in their lives, important dates, spiritual beliefs and practices, how they liked their tea or coffee, preferred routine and favourite pets and other animals. One member of staff told us, "This is really important information that we see at a glance. It is especially helpful to new staff and gives us a 'snap shot' of that person and helps us to understand them and their needs and wishes".

The activities co-ordinator told us they planned activities in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities included, art and craft, pamper sessions, exercise, and music and movement. There were also monthly church services and visiting entertainers. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it".

The provider kept a complaints and compliments record. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "I don't need to complain about anything, I have trust they are doing this right". Complaints had been appropriately investigated by the registered manager.

Good

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals told us the home was well-led. One person told us, "The manager does a wonderful job. She is always on the ball". A friend who was visiting told us, "The home is well run and my friend is very happy living here". They went on to say they would recommend the home to others. A member of staff said, "I wouldn't want to work anywhere else". Another member of staff said, "I can go to my manager with any issues and she is always approachable, she is really passionate about what she does which helps drive the other staff too". A health and social care professional told us, "I believe the manager is transparent about any concerns she has and is happy to contact other professionals such as myself, health professionals or the older person's mental health team as required. She is open to accepting advice and suggestions in an attempt to support residents".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and proprietors were extremely visible leaders who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service. The registered manager was supported by the proprietor who was regularly in the service and who carried out a programme of quality assurance audits to identify areas to maintain performance and drive improvement.

The provider sought the views of people, staff, relatives and health and social care professionals through questionnaires and through the electronic visitor's record that people were required to log in and out of the service at each visit. Health and social care professionals consistently noted the service was "Excellent" and "Good". Feedback from relatives was equally complimentary. The provider also used a third party website for feedback on the service provided and the findings were consistent with feedback we had seen.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and were used to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

The registered manager, proprietor and staff of Shedfield Lodge were actively involved in raising awareness of dementia in their local community and worked in partnership with the Wickham Chamber of Trade to

raise awareness of how local businesses could support people living with dementia. Dementia awareness courses for local businesses and residents were held regularly at Shedfield Lodge and people's feedback was extremely positive. For example, "Really enjoyed the dementia training. It will help us identify when some people may be struggling and how to help them", "Never judge people as we never know what someone is going through" and "Powerful, emotional (video) made me more aware. Everybody is different". The registered manager told us, "If we all have a better understanding of dementia we can make small changes in our attitudes and behaviour, which in turn will make dementia less frightening and more "normal" for those affected".