

Joseph Rowntree Housing Trust

New Lodge

Inspection report

Rowntree Lodge
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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

New Lodge is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 45 people who may be living with dementia or a mental illness.

The service also provides care support to fourteen people who live independently in their own flats which are situated on the same site. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were supported to remain safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. People's medicines were managed safely. We found minor infection control issues that were addressed during the inspection. We have made a recommendation about this.

Care plans and risk assessments for people's oral hygiene needs were not in place. We have made a recommendation about this. People's nutritional requirements were supported by an award-winning chef. Staff received a thorough induction and completed regular training to support people's care needs.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. Staff developed positive relationships with people through meaningful conversations and spending time with them to find out their diverse needs.

People received person-centred, responsive care. Care plans and risk assessment were detailed and provided staff with information to maintain people's quality of life.

There was a programme of activities to meet people's varying interests, however consideration needs to be given as to how activities can be provided when the activity co-ordinator is not available.

End of life care wishes were explored and recorded. Complaints were dealt with appropriately.

The registered manager was passionate and enthusiastic about promoting a person-centred service. They had a clear improvement plan in place to monitor quality and make improvements. The culture of the service was positive, and staff felt fully supported by the management team. Feedback from people and relatives was positive.

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

Rating at last inspection

This service was registered with us on 17 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

New Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection, and an Expert by Experience made telephone calls to people and their relatives. 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

New Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and head of quality and compliance. We made telephone calls to three people who used the service and nine relatives about their experience of the care provided. We spoke with a variety of staff including the registered manager, the head of quality and compliance and the head of catering. We spoke with eight care workers via telephone.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the hygiene practices of the premises. For example, there were no clinical waste bins in communal bathrooms for people and staff to safely dispose of continence waste.

We recommend the provider reviews guidance and practice continuously to ensure safe working practices are in place and followed.

- The provider has policies in place to facilitate visits in line with guidance. There are measures in place to prevent people from spreading infection.
- All staff were trained in Infection and Control (IPC) procedures and received regular and up to date information.
- The layout of the premises was spacious and well maintained with effective cleaning procedures in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. The provider undertook safeguarding enquiries in a person-centred way to ensure people's wishes and views were reflected well.
- Staff had received up to date appropriate training in this area.
- People and their relatives felt the service was safe. Their feedback included, "I do think [Name] is safe and well supported, the staff are wonderful, so kind and caring, [Name] loves them all" and "I'm happy here, I feel very safe and everybody is always smiling."

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Most risk assessments were in place and reviewed on a regular basis. Staff had knowledge of people's needs and associated risks; however, documents were not always in place to support this.
- Personal emergency evacuation plans (PEEPs) were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment were safe and well maintained and regular checks were recorded.
- Accidents and incidents were analysed by the provider to look for themes and trends. Any learning was shared with staff to prevent future incidents where possible.

Staffing and recruitment

- There were enough staff available to support people, however we discussed with the registered manager how staff could be deployed more efficiently to meet people's needs.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Using medicines safely

- Medicines were safely received, stored, administered and returned to pharmacy when they were no longer required. People received their medicines as prescribed.
- Staff who supported people with their medicines were appropriately trained. Regular checks of practice were carried out to ensure they were following the correct procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Oral hygiene assessments had not been carried out and there was minimal information in people's care plans regarding oral hygiene and people's access to dental care. The registered manager informed us she would address this.

We recommended the provider seeks guidance and advice in relation to best practice for supporting people with oral hygiene.

- Systems were in place to assess people's needs and preferences, so staff knew how to support them. A relative told us, "There was an assessment before they moved in, and a careful reassessment of their needs when they moved in. Staff asked lots of questions on their preferences."

Staff support: induction, training, skills and experience

- Staff received induction, training and competency assessments to ensure they had the skills for the job.
- Staff received supervision and appraisals to support them in their role.
- Staff told us they felt supported. One member of staff told us, "Yes I feel supported, we have got a very good deputy manager who is always there if we need anything."

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

- Mealtimes were a pleasant experience for people. They were offered a choice of meals from show plates, and alternatives were available if people didn't like their meals.
- Feedback was mainly positive about food and nutrition. One relative told us, "[Name] is very pleased with the diet and enjoys the food, they go to the dining room for their meals and enjoys the social aspects and making friends."
- One person met with the catering team and developed their own menu on a regular basis.
- People were offered drinks and snacks throughout the day. The provider had hydration stations in place to promote fluid intake and independence, however, they had been removed as an Infection, Prevention and Control measure due to COVID 19.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care services such as doctors and district nurses. One relative told

us, "If [Name] needs a doctor, staff will ring after he has seen them, their take is they have to get the patient sorted first."

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

- The building was purpose built and was suitable to meet people's needs in a homely environment.
- People's rooms were personalised and spacious, with their own en-suite and shower. One person told us, "I have the best room in the house, with the best view."
- People could choose where to spend their time, there was a variety of themed areas in the building to support people with dementia. For example, a post box area with a collection time which one person regularly used to post their letters.
- There was a sensory garden for people to spend time outdoors. This included seating areas, gardening areas and a vegetable patch.

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 specific 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 gained consent from people before providing any care and support.
- Mental capacity assessments had been carried out and when people were unable to make a decision, best interest meetings had taken place with appropriate people involved.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated with kindness and were positive about the staff's caring attitude. One relative told us, "My relative is blind and they always introduce themselves before they go into their room."
- Staff knew people and their needs well. We observed kind and positive interactions between staff and people. One person said, "I am well looked after, staff are lovely and kind, nothing is too much trouble." A relative said, "They know her favourite tippie, favourite food, favourite music."

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

- People had been involved in the development of their care plans, one relative told us, "I was consulted on the care plan when they were first admitted; communication with families is very good."
- Residents meetings took place between people and staff, there was evidence within the meetings that people's choices were considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff always knocked on people's doors and waited for a response before entering.
- Staff always preserved people's dignity ensuring people's clothes were clean and their appearance was well maintained. One relative said, "I have no complaints about the personal care, they always look clean and tidy, sometimes they have their nails painted."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- A programme of activities was in place to meet people's interests. Events were arranged such as barbeques and cocktail afternoons which people enjoyed. However, staff were not always effectively deployed to deliver activities if the activities coordinator was not at work. The provider told us they would review this.
- People and their relatives were supported to maintain their relationships. Relatives regularly visited the service, and people had their own landlines or mobiles to maintain regular communication.

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

- People were happy with the support they received. One relative told us, "I do think [name] is safe and well supported. The staff are wonderful, so kind and caring, [name] loves them all."
- People were encouraged to make their own decisions and choices. People chose when and how they wanted to spend their time.
- The provider explored different types of technology to ensure least restrictive options were used to meet people's needs. For example, when people were at risk of falls they had a sensor and fall pendent rather than a chair sensor.

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 communication needs had been assessed and recorded in their care plan.
- Information was available in different formats should people require these.

Improving care quality in response to complaints or concerns

- The provider had not logged any formal complaints. However, some concerns had been received, these had been responded to appropriately by the provider.
- People and their relatives felt confident they could report any concerns or complaints.

End of life care and support

- People had been offered the opportunity to discuss their end of life care wishes if they wanted to.

- Nobody was receiving end of life care at the time of inspection. The provider worked in partnership with district nurses to support people at end of life.
- The registered manager had advocated for people's rights during the pandemic to ensure Do Not Attempt to Resuscitate (DNACPR) were only in place when appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management structure in place ensured the registered manager was well supported in her role.
- Systems were in place to review accidents and incidents and there was evidence of lessons learnt through staff team meetings. One staff member told us, "We have regular meetings; they are useful, and they provide an overview of the service."
- The registered manager arranged senior team meetings to discuss the quality of the service, plan improvements and to keep staff informed of relevant information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service, staff spoke highly of the service and each other.
- Staff told us they felt listened to and the registered manager was approachable. All staff knew their responsibilities and were keen to fulfil them.
- People told us they were happy with the care they received, one person said, "It is really good, I couldn't be in a better place" and "It honestly is really lovely living here, everybody is nice, I can't praise them enough."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of the provider's whistleblowing policy and knew how they could use this to raise concerns.
- The registered manager understood their responsibility in relation to duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The provider engaged with people receiving care, their relatives and staff. There were regular bulletins and a fortnightly newsletter providing good information.
- Feedback was sought from relatives by asking them to complete satisfaction surveys. One relative said, "I have found all the staff to be exceptionally helpful, kind and caring and I feel very satisfied that my relative is being very well cared for."
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.

