Wardour Group Limited

Britannia Lodge

Inspection report

1 Ailsa Road
Westcliff-on-Sea
Southend On Sea
Essex
SS0 8BJ

Tel: 01702432927

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 20 November 2018. The inspection was unannounced. Britannia Lodge 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. On the day of our inspection 10 people were using the service.

At our last inspection on 10 June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good but there had been a deterioration in 'effective' which was rated as 'requires improvement'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance. Staff knew what to do in the event of an accident but there had not been any accidents in the last 12 months.

The service had deteriorated to 'requires improvement for 'effective'. People did not have access to the first-floor bathroom and the ground floor bathroom was in need of some refurbishment or repair to the floor covering. The registered manager had identified these shortfalls and was planning the work required. Staff received the training and support they required to meet people's needs. People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. 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. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person. Care plans were in place for each identified need. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure and action had been taken to learn and improve where this was possible.

The service continued to be 'well led'. People and staff felt supported by and had confidence in the

registered manager. There were systems in place to monitor the quality of service provision and these included seeking the views of people and staff. There was an open and transparent and person centred culture at the service.

Further information is in the detailed findings below

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 good.	**Good**
Is the service effective? The service had deteriorated to requires improvement. People did not have access to the first-floor bathroom and the ground floor bathroom was in need of some refurbishment or repair to the floor covering.	**Requires Improvement**
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**

Britannia 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 November 2018 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with five people who used the service for their views about the service they received. We spoke with the registered manager, the chef, a registered nurse, a care support worker and one visiting healthcare professional.

We looked at the care records of two people who used the service, the management of medicines and a range of records relating to the running of the service. This included audits and checks and the management fire risks, policies and procedures, complaints and meeting records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with most of them here, they do a good job to look after me." Staff understood their responsibilities to protect people from abuse. They knew how to recognise the signs of abuse and how to report it. Staff told us about incidents they had reported to the local authority safeguarding team and the action they took to reduce further risk.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, the risk of developing pressure sores was assessed. One person was at risk of developing a pressure sore and had been supplied with a specialist mattress and chair. The community tissue viability nurse had been consulted and staff made sure positional changes were carried out every two hours as part of the risk management plan. Staff knew how to manage challenging behaviour in the safest way.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. We saw that staff were available to people and spent time with people in communal areas. The registered manager told us that staffing numbers and skill mix was reviewed every day and additional staff were provided when this was required. For example, when people had to attend appointments an extra staff member was deployed. The registered manager had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. There was at least one qualified nurse on duty at all times and they were responsible for managing people's medicines. People had their medicine reviewed by their doctor at least annually. The registered nurse told us the GP was keen to reduce medicine use and had recently reviewed people's prescriptions to make sure their medicines were still necessary and effective. Medicines were stored securely and systems were in place to record the receipt, administration and return of any medicines. This meant staff could check if people were getting their medicines in the right way. Audits were carried out monthly to check that medicines were being managed in the right way. These audits had identified a few instances of staff failing to sign the medicine record to confirm the medicine had been given. Action had been taken to check the medicine had been given at the right time and staff were reminded of the correct safe administration procedures. Some people required their medicines to be given covertly. When this was the case a best interest decision had been made and the doctor and pharmacist were involved in this decision making.

The registered manager told us there had not been any serious accidents or falls in the last 12 months. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency and how best to evacuate people. There was always one qualified nurse on duty and care staff had completed first aid training. There was a record of people to contact in the event power failure or flood. The registered manager was on call 24 hours a day.

The environment was clean and staff knew how to prevent the spread of infection. Staff had access to the protective equipment they required such as gloves and aprons and special laundry bags that could be used in the washing machine. There was a cleaner on duty from Monday to Friday and there were daily cleaning

schedules they were expected to follow. Cleaning products and equipment were available and stored securely. The registered manager carried out audits to check that infection prevention and control policies and procedures were being followed.

Requires Improvement

Is the service effective?

Our findings

The premises and environment did not fully meet the needs of people who used the service. The bathroom upstairs was unavailable because it was being used to store equipment. The registered manager had already identified this as an issue and told us about plans to convert this bathroom to a wet room/shower room. People told us they would like to have a shower and there was no shower available at the time of our visit. The downstairs bathroom was in need of some maintenance and redecoration because there was lime scale and damage on the floor covering caused by some equipment. The downstairs bathroom was not as homely as other areas of the service and did not meet acceptable standards with regards to decoration.

People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. People told they usually received the care and support they required A visiting healthcare professional told us the service was meeting the needs of the people they visited. They said there had been a definite improvement in the quality of life for people in the last 12 months. They also said that staff were more organised and records had improved.

Staff received induction training when they first began working at the service. The 'care certificate' was used as part of the induction programme. 'The care certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of health and social care workers. A care support worker who had recently joined the service confirmed they were working towards this certificate and had also been enrolled in further nationally recognised qualifications in care. This staff member was motivated to learn and felt supported in this process.

The majority of staff training was 'on-line' with some face to face training in practical areas such as first aid and moving and handling. The registered manager told us they had recently introduced this method of training and had received positive feedback from staff. We saw that staff communicated with people effectively and knew about their physical, mental health and social needs and how to meet these.

People were supported to eat and drink enough and maintain a balanced diet. People told us they generally liked the food provided and were always offered a choice. One person said, "They know that's what I like, and I didn't want a jacket potato so I had an omelette." We spoke with the chef who told us they had recently had a meeting about changing the menu with input from people who used the service. They told us they had all the resources they required to provide people with the meals they wanted. We were told there was nobody on any special diet or cultural diet during our visit but these would be provided as required. The chef told us they tried to include vegetables to most of the meals provided. There was fresh fruit available in the lounge. Risks to nutrition and hydration were assessed and people were offered the support they required.

People had access to the healthcare services they required such as doctors and nurses. There was a qualified nurse on duty at all times. We saw that people had attended their health appointments and had been supported to do this. Staff monitored people's vital signs such as pulse, blood pressure and temperature where this was required. Staff knew how to recognise when people's health deteriorated and

knew what action to take. Nurses had recently attended training about how to recognise 'sepsis'. Sepsis is a serious complication of an infection which requires quick identification and treatment.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. 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.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The people here are friendly and kind to me, I've never had anyone be horrible to me.' Another person said, "They're all so kind, I love them all for the way they look after me. I can't fault them and I don't know what I'd do without them." People had positive relationships with staff. During our visit we saw that people were relaxed and chatted to staff and some people were joking and laughing. One person told us, "I enjoy talking with the cook, we talk about football together, I look forward to having chats with the cook."

Staff knew people well, they knew about their preferences and the things that were important to them. We asked a member of the care staff how they made sure people felt like they mattered and cared for. They told us how they spoke to people about their hobbies and interest and things that were important to people. They knew how to reassure people when they were distressed. They told us they used a soft calm voice and gave people time. We saw the registered manager sitting and talking with a person who used the service. The person had been unsettled and upset but became calm and appeared to enjoy talking with the registered manager.

People were supported to be actively involved in making decisions about their care and support. Communication meetings were held every morning in the communal lounge. The day's activities were discussed and people decided what they wanted to do that day. Some people liked to go out for their lunch or shopping and staff supported them to do this. Staff told how they involved people and made sure they always had a choice about the things they did and in the way they preferred.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw that staff respected people's choices and acted on their requests and decisions. A staff member told us how they explained everything they were doing, step by step to a person who had sensory impairment.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, people's likes and dislikes and communication needs were recorded along with information about previous employment and life history. Each person had a plan of care that reflected their mental health, physical and social needs. Staff knew people well and knew what action to take to support people's wellbeing. One person had a birthday on the day of our visit. This was celebrated with a birthday cake and everyone sang happy birthday. They had been out to celebrate the previous day. They told us," Me and (another person's name) went out with (staff member's name) for a Chinese meal, it was to celebrate my birthday, we had a really good time." They praised the staff member of staff who had supported them to go out and said to the staff member "You're very good to me, I'm ever so grateful for all you do."

People were supported to follow their interests and take part in activities that were socially and culturally relevant. People told us about the things they did. One person said, "I went to The Range yesterday, (a local shop) with one of the staff to get Christmas cards for all my family, and also some other things, it was nice to get out." Another person said, "I sit out here in the conservatory, or I go to my room to watch the TV.' They showed us an extensive collection of model planes and ships that they had made since living in the service, these were displayed on shelves in the conservatory. The person said, "I've always liked doing things like that, it keeps me occupied." Some people were supported to go on holiday. There were group activities such as bingo and quizzes. One person said, "We have Bingo in here on a Thursday, I usually win, you win a prize, like toothpaste or soap or something useful like that, you get to choose what you want."

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Signage was in pictorial format to assist people to orientate themselves within the service. One person was supported to spell out words to help them communicate. A staff member told us how they offered some people a choice of meal by showing them the choices of plated up food.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that the registered manager had taken action to investigate a complaint and had recorded the outcome.

People's preferences and choices for their end of life care were recorded in their care plan. At the time of our visit there was no one in receipt of end of life care. Staff told us they would liaise with relevant healthcare professionals such as doctors and Macmillan nurses so that people could be supported to have a comfortable, dignified and pain free death.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They were aware of their responsibilities to tell us about significant events, such as safeguarding concerns or serious injuries. This was important so that we could check that appropriate action had been taken. As well as the registered manager there were two clinical lead nurses who took responsibility for planning and providing nursing care. People and staff said they were supported by their managers. There was an open and inclusive culture. One person said about the registered manager, "They are very helpful, I'd talk to her if I had any concerns or worries. I like her a lot, she comes over for a chat, asks me how I am and takes an interest in us." Another person said, "We see a lot of the manager, they are very good. I think they run a good place here." A staff member told us about the training they had done. They were proud of what they had achieved and motivated to learn more and progress in their career. They said, "The registered manager is approachable and the nurses are very supportive."

Meetings were held with people and with staff so that they could be involved in developing the service and give their feedback. The registered manager told us staff had asked for more fitted sheets and more flannels at the last meeting and these had been provided. People were involved in staff recruitment and took a part in the interview process and asked the candidate some questions then gave their opinion to the manager about the candidate's suitability. Surveys were sent out annually to people, their families and healthcare professionals. Surveys had identified that not everyone was aware of who their key worker was, action was taken and people were given this information. A key worker is a member of staff who takes a key role in co-ordinating the care and support provided and each person had been allocated a 'key worker'. There was an annual barbecue held at the service for people and their families. The registered manager told us they used this occasion to speak to people's relatives and ask for their feedback.

There were systems in place to monitor the quality of the service. The registered manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included health and safety checks of the premises and working practices. As a result of these checks, the ramps leading to the front door were refurbished and the kitchen ceiling had been re painted. Routine checks were carried out on safety equipment such as fire alarms and hot water temperatures were checked to ensure they were within safe limits. The registered manager carried out unannounced visits during the night to check the quality of care and support at night and to spend time with the night staff.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.