

Woodbridge Lodge Limited

Woodbridge Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Woodbridge Lodge is a residential care home for older people. It can accommodate up to 32 people. Some of whom live with dementia. The accommodation is a converted and extended large older house. At the time of our visit 24 people were resident.

At the last inspection on 13 October 2017, the service was rated Requires Improvement. We had not found any breaches in regulation, but had concerns about care planning and risk assessments for matters such as falls prevention and the environment and the use of the stairs. We had also concerns about management oversight as this was inconsistent and there was a lack of registered manager. The new electronic care planning system had not been effectively introduced. At this inspection we found there had been developments with improvements made in some areas, but other matters had not consistently been maintained and therefore we have continued to rate the service as Requires Improvement.

There was a lack of safe systems and management oversight. There were concerns in relation to several safety issues. Windows above ground floor not having restricted opening, there was not an effective system in place to ensure when a person required a sling that an assessment was carried out by a competent person, oversight of controlled medicines and infection control systems being monitored and suitable equipment in the form of a sluice and systems understood by all. This lack of systematic oversight of these safety issues placed people and staff at potential risk that was avoidable. We have made a breach in relation to Regulation 12.

There had been improvements made with the embedding of the electronic care system. We found staff to be more competent and confident with the system. A registered manager was in place and feedback about them was positive. However, when they were absent feedback was that communication was not consistently effective within the service.

People spoke highly of the service offered and felt appropriately cared for. People experienced good care with on-going monitoring of health needs and access to health services. Visiting health professionals told us that the service was caring and met the needs of people who lived there. There was varied, needs led social stimulation that people were happy with. People were supported to have maximum choice and control of their lives. People liked the variety and quality of food on offer.

Staff told us that they had the training and support to carry out their roles effectively and confidently. Staff spoke highly of the management who they said were approachable and made positive changes when needed. Staff were happy and positive. People looked happy. On the second day of our visit there was a degree of calm and several visitors were seen on both days.

There were sufficient numbers of staff to meet people needs. People were able to develop caring and meaningful relationships with staff. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA)

2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required.

Medicines were generally safely managed using an electronic system. The registered manager had quality assurance processes in place that were fed up to and monitored by the provider. There was a culture of learning from listening to people and positively learning from events so similar incidents were not repeated. The registered manager was supported appropriately by the providers management system and resources being available to them.

At the last inspection we reported that an incident was subject to a criminal investigation. The previous criminal investigation has been concluded and no action has been taken.

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?

Requires Improvement ●

The service was not consistently safe.

Risks to people and the service were not consistently managed.
Not all windows above ground level were restricted to prevent falling from height.

Infection control in a sluice was not effectively managed.

Majority of medicines were safe, but those that needed additional control were not stored as required and audited in line with organisational policy. Staff did not have access to protocols to guide them when medicines were as and when required.

There were sufficient staff to provide people with the required support and care.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge. Staff were supported in their role.

People were provided with a balanced diet that met their needs and access to healthcare to keep them well.

Consent to care and treatment was understood and in place.

Is the service caring?

Good ●

The service was caring.

Staff provided care in a warm, kind, friendly way.

Staff knew people well and enabled them to retain choice and control over their lives. Family were consulted and involved where appropriate.

People were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People were supported to lead a life of their choosing. Staff were guided by care plans that were up to date and regularly reviewed. Care planning covered all aspects of people's lives including end of life care.

There were meaningful activities for people to participate in and enjoy.

There was a complaints process in place that was known. The service used complaints to improve the service on offer and responded to people in line with their own policy. This included an apology where needed.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

There was a lack of consistent oversight. This lack of systematic oversight of safety issues placed people and staff at potential risk that is avoidable.

There were a number of audits in place to monitor the quality of the service, this included surveys to people and relatives.

The service strived to develop and learn from events and improve links with their community.

Woodbridge Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 17 and 18 October 2018 and was unannounced on day one.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This unannounced inspection undertaken by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

During the inspection visit 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 spoke with 10 people, 10 visitors, two health and social care professionals, two senior managers, deputy manager and seven staff. We reviewed four care files, staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At this inspection and the two previous inspections (December 2016 and August 2017) we have found concerns about the level of protection from harm and risks.

Risks to the service and individuals were not consistently well managed. We found that the risk from falling from height had not been adequately managed and found potential risk. Room 19 did not have an effective means of window restriction. The flat at the top of the building had five windows that did not have restrictors. This area required people to enter through a key code system so was intended not to be accessible to vulnerable people, but the premises used as a care home still had windows above the first floor that were not restricted. We were informed that room 19 was made safe on the day.

In addition, we found one person who required to be measured and supplied with a sling for hoisting to meet their individual needs. This was brought to the attention of managers on day one and we were assured this was being actioned on the second day of our visit. However, this person was placed at unnecessary risk until that point.

Infection control issues were not well managed. We found a room that was labelled 'sluice'. It did not have appropriate equipment to dispose of waste and was only fitted with a butler sink. There were no hand washing facilities and staff told us they were manually sluicing faeces down the sink. The use of red alginate bags was not fully understood by staff. We also saw unnamed toiletries in one bathroom that had potential to be shared with others. Therefore, there was a real risk of the spread of infection within the population of this service as effective methods were not practiced as routine.

Medicine management could be further developed. These issues were fed back to managers at the time of the inspection. These included medicines that needed additional storage measures. The controlled medicines cupboard had recently been moved with no regard to securely fixing to a wall. This did not meet legal requirements. The service policy stated medicines defined as 'controlled' should be accounted for on a weekly basis. This was not systematically in place. Medicines that were known as 'PRN' (prescribed as and when required) did not have protocols in place that were known and accessible by staff administering medicines. Therefore, staff did not have all the guidance and information to hand to administer these medicines as safely as they could have.

The above matters showed that risks to people were not systematically managed with oversight from managers. Therefore, this was a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some aspects of medicines were safely managed. People spoken with said that staff made sure that they took their correct medications. One person said, "They make sure I have my pills." A relative told us, "They make sure he takes his medications; they do that really well."

Staff had undergone regular training with their competencies checked. Stock balances were well managed

through the electronic system in place. Records were comprehensively well kept through the electronic system deployed. Body maps were used to monitor patches used to administer some types of medicine. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

The registered manager calculated how many staff were required to support people. People spoken with said that staff were always busy and worked hard, but no one spoke of delays in responding to bells. We observed plenty of staff in the communal areas. At one point in the morning, four staff were observed responding to an emergency bell from one bedroom within 10/15 seconds. At other times during the day bells were observed being responded to within two to three minutes. One person said, "They're usually pretty quick." A relative told us, "There's usually a lot happening; lots of hustle and bustle and everyone's very busy." We viewed the roster for four weeks and saw staffing levels had been maintained. The roster was planned well in advance. This meant there were suitable numbers of skilled staff to meet people's needs.

Checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they felt safe living at the service. One person said, "I feel safe here." A relative when asked about being safe from harm or abuse told us, "I know he's safe here and now he's settled down here." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, group supervisions and re training. An example being that staff were given additional training in moving and handling as a person was believed to be bruised through poor handling.

Risks to people injuring themselves or others were limited because equipment, including hoists, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. A relative told us, "I think they know what they're doing. They're very professional in helping my relative move from their wheelchair to a chair and when helping with the personal care." The registered manager had a training matrix that allowed them to monitor any training updates that were needed. The training was the most up to date based upon current guidance. One staff member said, "I have done my safeguarding, health and safety, mental capacity and dignity training. I have requested to do my NVQ too." Another staff member said, "I've done tons of training, I've done the care certificate and I'm doing an NVQ. I have my dementia training and I did first aid. Yes, it helps me do my job well." Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. One staff member said, "I liked the group supervision. It was documented at the time we did it." In these sessions staff were offered the opportunity to request training and discuss career progression.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Conditions set out as part of the DoLS were being met, with plans to ensure this continued. DoLS applied for were reviewed to ensure they were still applicable. Staff continued to encourage people to make decisions independently based on their ability. Staff were supported by care plans in place that explained about people being involved in decision making. However, care plans we saw did not state clearly where relatives had lasting power of attorney and should be consulted with decision making where people lacked capacity and were people's legal representative. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. We saw from care records and observations that consent was always sought by staff.

People told us they were happy with the food they were served. One person told us, "The food here is excellent." Another person said, "I like the food here and there's always a choice." A relative commented, "My relative is being very well fed and if anything, the portions are almost too large!"

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. We found that one person had lost a significant amount of

weight and when we explored this we found that a referral had been made to an appropriate health professional for advice. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. The chef was aware of specialist diets and how to prepare these. We observed the lunchtime serving and found that needs were met with choices given and respected with regards food and drink. There was some disruption due to carpets being laid in other rooms and therefore our observations that the lunchtime could be better organised to ensure a positive experience for everyone needed to be considered on a calmer ordinary day. Therefore, our feedback is that lunchtime organisation needs to be kept under constant review.

People were supported to maintain good health. A variety of health professionals were consulted to support people including, speech and language therapists, dieticians and the district nurses and GP visited regularly. The registered manager and care staff continued to have a good working relationship with external health professionals, especially community health professionals. We spoke to a visiting health professional who believed communication within the service staff could improve so that all staff were aware of the recommendations and treatment plans in place for people to ensure consistency of health care. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. Care plans were written to guide staff in how to support a person maintain good health. For example, catheter care was clearly written to guide staff when to refer to clinicians.

People were involved with the decoration of the premises. One person told us about choosing the new décor being implemented. The design and layout of the premises had been adapted from an historic building and therefore had limitations, but rooms were more individual and had period features in some rooms. The shaft lift was becoming unreliable though maintained well. We requested to be notified of the plans and date to replace the shaft lift.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "If I want anything I only have to ask them and they'll try and get it for me." Another person said, "I like it here. It's nice and friendly. There's a good atmosphere and I'm very comfortable here."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "I can talk to the staff; they're very friendly." Another relative told us that, "They're well cared for here."

People's privacy and dignity was respected and promoted. People and relatives spoke of friendly, caring staff who were respectful of privacy and dignity. Staff were observed always knocking on people's bedroom door before entering. Throughout the day staff were observed in friendly interaction with people and visitors.

One person said, "The people here are very helpful; they seem to understand your problem if you have any." Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time.

People were involved about making decisions relating to their care and support. This was evidenced from observations and within care planning and daily notes. One person's care notes clearly said that the person wanted only female care staff. People could have visitors whenever they wanted and there were no restrictions in place. We saw several visitors and they were involved and supporting people with their care. For example, one relative liked to support their relative to bed in an evening whilst another came at lunchtime to support their relative with a meal.

Is the service responsive?

Our findings

At this inspection we found staff were responsive to people's needs and concerns. The rating improved from requires improvement to good.

People told us that they had their needs assessed before they came to the service. One relative said that their relative came as an emergency and the home had been quick to respond when they asked for their relative to have an en-suite and described it as a, "Brilliant response," to meeting their needs.

The service ensured that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. One visitor whose relative was living with dementia said how previously they had loved to walk in their own large garden. They said, "Staff have been very good. Staff have been taking my relative into the grounds and into Woodbridge." Personalised information enabled staff to support people to engage in a meaningful activity they enjoyed. Care plans were detailed for staff to follow and were kept under regular review. Care staff knew the content of care plans and said they referred to them. Care staff were able to show us how they accessed information and recorded daily information on hand held devices. One said, "I have been trained to use the i pod. It is easy to pick up. I can see information such as what someone had to eat and the care given to them that day." Another staff member was able to show us the amount of drinks offered to a person and the amount they had consumed when we requested the information.

A weekly programme of daily group and one to one activities for October was published on the dining room notice board. The activity scheduled for that day was cake making. A staff member explained that a cake is made one day and then the next afternoon a vintage tea party is held for people to enjoy the cake.

Both before and after lunch a majority of the people in the home (15-18) sat together in the conservatory and dining room/lounge areas with visitors and staff talking together in a relaxed environment. There was a gramophone playing old vinyl records in the dining room and a radio playing in the conservatory. Staff were observed engaging one to one with people and helping one person in reading a paper and another in playing a board game. One person told us, "It's a busy old place this. I like it; everybody's very chatty." Another said, "There's always a lot going on."

No one at the time of our visit was at the end of live stage. However, care plans showed us that staff had sought the wishes and preferences of people. A visiting health professional told us how they had ensured those they supported had appropriate records in place with regards making decisions to being resuscitated. Staff were able to tell us how they would ensure that a person had a comfortable and pain free death. Staff spoke of their knowledge, links and training received from the local hospice. If a person required a syringe driver (a way to deliver medicine continuously directly under the skin) in their last days this was provided and managed by the district nursing team. Staff knew what they should do at the time of a person's death.

The service routinely listened to people to improve the service on offer. Views of people were regularly sought both informally and formally on a regular basis. The service had a robust complaints process in place

that was accessible and all complaints were dealt with. Where required apologies were given and outcomes of investigations were shared with complainants. People told us that they had not needed to formally complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. When asked a relative one said, "I have no concerns at the moment. If I had any I would talk to the carers or the manager. They seem to be very responsive." A staff member told us that they were confident to deal with concerns raised and that any issue was dealt with by managers. Complaints were viewed as a positive way to improve and develop the service.

Is the service well-led?

Our findings

At this inspection we found staff were not consistently and effectively well led. Well led at the previous inspection was requires improvement and remains requires improvement.

The service had a registered manager. They became registered with the commission on 27 July 2018. In the last year there have been two registered managers at this service. 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. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager was not available at the time of the inspection and were not available afterwards. Senior managers within the organisation had stepped in, but did not know the service well. For instance, they did not know a person had returned from hospital. The laying of new flooring had taken staff by surprise as they were unaware it was scheduled for that day. Hence this caused disruption for people. In the event this was managed as well as could have been. We returned a second day to see the service function more normally.

The registered manager was well thought of by professionals and staff. Staff said they were supportive and that the service ran well when they were there. This feedback was also the view of the visiting health professional who said communication was good if the registered manager was there, but not effective if they were unavailable.

The lack of safe systems and management oversight was a concern in relation to windows above ground floor, people being systematically supplied with slings to meet their assessed needs, oversight of controlled medicines and infection control systems being monitored and understood by all. This lack of systematic oversight of these safety issues placed people and staff at potential risk that was avoidable. The governance framework in place at this service did not demonstrate that regulatory risks were understood and managed. Once we at CQC had fed back our concerns we were confident action would be taken, but the systematic oversight by managers needs to be constantly in place and not rely upon regulators or others (such as those who contract the service) to bring matters to the providers attention.

The registered manager assessed the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. However, despite audits in place they did not find the issues we have identified. For example infection control. It did not identify the sluice and staff practice as a concern and requirement for action. Where shortfalls were identified, records demonstrated that these were acted upon. We concluded that set audits were completed as per the format provided, but those completing the audit did not have additional knowledge to inform their judgement outside the set parameters of the audit tool. Each month the registered manager collated information relating to the running of the home. This oversight of the service along with a monthly report was sent to the directors of the company. This showed us that all levels of ownership and management had a degree of over

sight of what was happening within this service.

Improvements had been made since the last inspection, these included improving the hygiene rating up to a four and the electronic care planning becoming better embedded with staff being more confident in using the system.

The service actively sought the feedback of people using the service and relatives. Surveys had recently been sent out and thus far one had been received. People on the day said they were happy living in the home. One said, "I get on with the staff and the other residents. I'm looked after and I'm comfortable here." One relative said, "We looked at a number of homes before coming here. I'm glad we did come here. Other places were newer, but didn't have the friendly atmosphere this place has." Staff and people using the service told us they felt able to talk to the registered manager about anything they wished. We saw evidence to support that people's views were used to influence what happened in the service. For example, improvements to the décor and furniture and requests to have the front door bell answered in a timelier way.

There were examples that the service was learning and developing. From a concern raised the service now had an admissions checklist that was in place for checks within 24 hours and again at 48 hours of admission. A specific named member of staff was allocated to ensure the person settled and had their needs met at this early point of moving to the service. We are aware that the service was working with other health and social care professionals and was developing their community presence. This included inviting people in for luncheon clubs and coffee mornings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the service and individuals were not consistently well managed. E.g windows, infection control, medicines and slings for hoisting.