

# Wardour Group Limited

## Britannia Lodge

### Inspection report

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Date of inspection visit: 15 and 16 June and 9 July 2015  
Date of publication: 09/09/2015

#### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



#### Overall summary

This inspection took place on 15 and 16 June and 9 July 2015.

Britannia Lodge provides care and accommodation with nursing for up to 15 people who have mental health difficulties. There were eight people living in the service on the last day of our inspection.

Improvements were needed as appropriate actions had not been taken to safeguard people against risks to their health and safety which included the premises, medication practice, cleanliness and the quality of the service.

People did not always receive the food of their choosing to help them maintain a healthy balanced diet. Their healthcare needs had not been consistently met because follow up actions and appointments were not clearly recorded with next steps.

Care plans had not always been updated to meet people's changing needs. Assessments did not always contain all of the relevant information so people may not always receive care that is responsive to their individual needs.

# Summary of findings

The quality monitoring system was not effective because the service had not independently recognised and remedied the problems that we identified at this inspection.

The staff and manager demonstrated a good knowledge of how to safeguard people and guidance was available for staff to refer to if necessary. The recruitment process was thorough and there were enough staff on duty to meet people's needs.

People received their care from staff who had the knowledge and skills to support them. The manager and staff had a good understanding of how to support people to make every day decisions and had applied the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) appropriately.

Staff were kind, caring and respectful and treated people with dignity. People and their relatives were kept involved and people using the service had participated in regular meetings. People were aware that advocacy services were available if needed.

Overall people had participated in a variety of activities both inside and out of the home and were able to follow

their individual interests and social activities. They were encouraged and supported to maintain their relationships with their families and friends. There was a system in place to deal with any complaints or concerns.

There was no registered manager in post. 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. A new manager had been in post since 11 May 2015 and was in the process of applying to be the registered manager.

People felt the manager was approachable and supportive and had a good understanding of the needs of people living with mental health needs. Staff worked well together and communication had improved, regular staff meetings offered staff the opportunity to discuss ways of improving practice.

Personal records were safely stored and there was up-to-date guidance on the service's password protected computer system.

# Summary of findings

## 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 not safe.

People were not protected from the risk of harm because appropriate actions had not been taken to safeguard them against risks to their health and safety which included both unsafe premises and medication practice.

People were not protected from the risk of infection because rooms had not been adequately cleaned and appropriate hand washing materials were not available in all communal bathrooms.

The recruitment process was good and there was sufficient suitable, skilled and qualified staff to meet people's needs.

Requires improvement



### Is the service effective?

The service was not always effective.

People may not always be supported to maintain a healthy diet because they do not have sufficient food and drink of their choosing.

People do not always experience positive outcomes regarding their health because follow up actions were not recorded so might be missed.

People were cared for by staff who were well trained and supported.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Requires improvement



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People and their relatives had been involved in planning their care. Visitors were made to feel welcome and advocacy services were available when needed.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



### Is the service responsive?

The service was not always responsive.

People's care may not always be responsive to their needs because their care plans did not contain all of the relevant information and were not always personalised or updated with changes.

Requires improvement



# Summary of findings

People were encouraged and supported to follow their own individual hobbies and interests and to maintain personal relationships.

There was a system in place to deal with any complaints or concerns.

## Is the service well-led?

The service was not well-led.

Lack of effective governance meant that the service had not independently recognised and remedied the problems that we identified at this inspection.

There was no registered manager in post but the new manager had started to make some improvements.

Personal records were safely stored and there was up-to-date guidance on the service's password protected computer system.

**Inadequate**



# 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 inspection was carried out by two inspectors and an expert by experience on days one and two and one inspector on day three. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider's Information Return (PIR). The PIR is a form that the provider completes before the

inspection. It asks for key information about the service, what it does well and any improvements it plans to make. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with five people who used the service, the clinical director, the manager, two qualified nurses, the chef and five care staff. We reviewed four people's care records and four staff files. We also looked at a sample of the service's policies, audits, staff rotas, complaint records and training records.

# Is the service safe?

## Our findings

People were not be protected from the risk of infection because of poor cleaning practices, a lack of cleaning products being available and areas of the service not being hygienically maintained. Several of the bedrooms had not been adequately cleaned, for example, there were cobwebs over the windows in two of the bedrooms. There was also a strong odour in one of the upstairs toilets where the flooring was badly stained and in need of replacement. There were no paper towels, liquid soap or an appropriate bin to dispose of paper towels in one of the upstairs bathrooms. The seals on one person's en-suite shower tray were damaged and the shower door had been removed making their shower unit unfit to use.

People were at risk because of unsafe premises as aspects of the property were in urgent need of repair. There was damage around the service to windows, paintwork and outbuildings. Two windows had been broken and boarded up since April 2015; at the time of our inspection a person occupied this room. The person was moved to a new room whilst we were there. Another window, in the lounge had no restrictor or window stay arm on it. This window was open and presented a risk to people as it could break in the wind.

The manager told us that people did not smoke inside the building. However, we saw cigarette ends and a lighter on a flat roof outside a bedroom window which indicated that people had smoked in their rooms. The room had been recently redecorated and was ready for occupation. People smoking in bedrooms without appropriate fire equipment and risk assessments in place could pose a risk to themselves and others.

There was a wooden outside smoking shed where people frequently sat and smoked. On day one of our visit there were two ash trays, chairs and a waste bin which had paper in it. This presented a risk as cigarette ends could set the paper alight if not extinguished properly. The manager told us that there was no risk assessment in place for the use of the smoking shed and that they would seek advice from the fire authority. On day three of our visit, the smoking shed was still in use and the waste bin was still in there. The manager told us that staff now regularly checked the smoking shed to make sure there was no paper in the

waste bin. This meant that although the risk had been minimised because staff were checking the bin for paper, people may still be at risk because paper might be placed in the bin between the times that staff had checked.

### **This was a breach of Regulation 15 (1) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Where risks had been identified management plans were not always in place to show how the risks were being safely managed. We saw, for example, that one person had 11 ABC (Antecedent- Behaviour-Consequence) charts in their care file completed over a four month period. ABC charts are an observation tool that allows a particular behaviour to be recorded so that staff have a better understanding of what the behaviour is communicating. There was no information in the person's care file to show how staff were to support the person and manage the behaviour or that other professionals had been involved. Another person had a clinical risk assessment on their file regarding morbid thoughts and setting fire to a domestic household. However there were no immediate actions identified to guide staff to reduce the risks to people using the service, staff and visitors. This put people at risk of harm as staff may not have the knowledge about how to respond to the risks.

During our inspection staff received a medication delivery in the afternoon. During this time they left the front door open and unattended for four minutes. We later found that the back gate had also been left open and people who were not able to go out unsupported may have left the building alone. This meant that people were at risk because they could have left the building unsupported and be a risk to themselves and to others.

Medication was not managed safely. We heard people talk persistently to the nurse throughout the time they were administering the medication. This meant that staff could be distracted and there was a potential risk of errors being made. There were no protocols in place to show why, when and how to administer 'as and when required' (PRN) prescribed medication. One person's medication had been changed by the GP from a (PRN) medication to being prescribed four times daily. Staff continued to use the old prescribed medication in addition to the new blister packed medication. This meant that staff were giving the

## Is the service safe?

person some of their medication from the incorrectly labelled packaging which should have been returned when no longer in use. Improvements were needed to ensure that people received their medications as prescribed.

The manager and staff had a good awareness of safeguarding processes. Staff told us that they had received training in safeguarding people and the training records confirmed this. Although no recent safeguarding issues had been raised there was guidance available to support staff to report any issues of concern.

There were sufficient staff on duty to meet people's assessed needs. People told us that there were enough staff and the staff duty rotas showed that staffing levels had been consistent over the eight week period checked.

The recruitment process was good. Staff told us that they had a face to face interview and that they had not been able to start work until all of their checks had been received. There were disclosure and barring checks, references and evidence of staff's fitness to work on all of the staff files that we checked to ensure that staff were safe to work with people.

# Is the service effective?

## Our findings

People were not always supported to maintain a healthy diet. Some people told us that they had sufficient food and drink however, there were mixed views about this and the quality of the food. The chef told us that people were offered a choice of meals. We observed the lunchtime meal and saw that people had freshly prepared salad or omelette if they did not want the main meal on offer. However, people told us there was not much choice if they did not want the dinner and that omelette or salad seemed to be the only other options each day. One person said, "The food is ok, I like some of it but not all of it and there is not much variety or choice." Another person said, "The food here is good most of the time." Another person said, "I don't like the cottage pie so end up having an omelette instead. We had no corned beef or ham for a week so I had to have cheese sandwiches for tea each day and I got fed up with cheese." Improvements were needed to ensure people always had sufficient food and drink of their choosing to maintain a balanced healthy diet.

Staff supported people to maintain their health and had recorded their healthcare appointments. However, they had not always recorded the outcomes and any further actions required, for example, one person had a blood test but no outcome had been recorded. This meant that staff would not know if any further action was required, which could be detrimental to the person's health. Staff told us that people's weight was monitored and recorded in their lifestyle passports. However, we found that people's weight had not always consistently been recorded. One person, for example, had been identified at risk of malnutrition because they had lost a lot of weight in recent months but their weight had not been consistently recorded. This could mean that staff were not able to identify if further intervention was needed to ensure that the person remained healthy. Improvements were needed to ensure people's healthcare needs were met consistently to ensure their safety and wellbeing.

Although staff had received supervision recently they told us that there had been a gap in this area after the registered manager left in February 2015 and that there was a time when they felt unsupported, however this had changed in recently months and they felt more supported. One staff member said, "The new manager has started to give me supervision and has made a plan so that I am supported when I need it." Another staff member told us that the manager was very good and said, "The manager is supportive and available when I need him." Staff told us that their induction covered what they needed to know to do their work and the staff records confirmed this.

People received their care from staff who had the knowledge and skills to support them. There was always a qualified nurse on duty to provide advice and guidance to unqualified staff. Care staff told us that the qualified nurses supported them well. They said that training had improved recently and that they had three days training in a range of mandatory subjects that included epilepsy awareness. Training records confirmed this. One staff member told us that the epilepsy training was particularly helpful because it showed them how to deal with people's seizures more effectively.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. There were assessments of people's capacity in the care files that we viewed and staff knew to check that people were consenting to their care during all interactions. Staff had recently received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager had applied for one DoLS authorisation to be renewed and was in the process of applying to the local authority for other DoLS assessments.



# Is the service caring?

## Our findings

People were supported by staff who were kind, caring and respectful. They were relaxed and happy in staff's company and they told us that the staff were nice and kind. One person said, "I like all of them [staff] because they help me to take care of myself." Another person said, "They [staff] are ok here, they take me out and are kind to me."

Staff displayed kind and caring qualities; they were heard talking with people throughout our visits, encouraging people to eat their meals and just chatting with them. They talked to people respectfully and ensured that people had sufficient time to respond. There was good information about people's likes, dislikes and preferences in regard to all areas of their care. Staff clearly knew people well and they responded quickly when people made requests.

People told us that they had regular meetings with staff to discuss a range of issues including food, shopping and activities and the records confirmed this. Recent improvements had been made to the system for recording house and community meetings. There had been two separate books in use but now there was one. This meant that it was much easier to check and carry out any actions

that came out of the meetings. The meeting notes showed that people had been involved in their care and support and the running of the service. This meant that people had the daily opportunity to discuss their views and opinions and to be involved in making day-to-day decisions about care and support they received.

Staff treated people with respect and dignity. People's relatives told us that they thought the staff were kind and caring and respectful. They said that staff showed concern for their relative's well-being and that they kept them informed. One relative said, "The staff are very nice and they go out of their way to make things better for [person's name]." Another said, "I don't get to visit as often as I would like to but the staff are always polite and welcoming and I always get offered a cup of tea on my arrival."

There was information displayed on the notice board about local advocacy services. The manager told us and the records confirmed that where people did not have family or friends to support them an advocate had been sought. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

# Is the service responsive?

## Our findings

People did not always receive personalised care responsive to their needs. Although people's needs had been assessed the assessments did not always include all of the relevant information. There were blank admission checklists on two of the care files that we viewed which meant that staff had not checked to make sure that they had all of the information they required to provide the person with personalised care. Some of the information in one person's care plan had been copied from another person's care plan. This meant that generic care plans had been used and the care plan had not been written with the individual person's specific care needs in mind.

People's care needs were not regularly reviewed to ensure that their on-going changing needs were met. Reviews of people's care plans had not always taken place regularly, for example, no review had taken place over a five month period for a person whose needs had changed. They had been admitted to hospital on several occasions and there were changes in their behaviour that had not been recorded. Another person's care record contained an out-of-date nutritional assessment showing they were at risk when staff told us that they were no longer at risk and that the nutritional assessment was old and should have been removed.

On the first day of our inspection visit we observed a male staff member supporting a person who was showing signs of distress. Attempts to calm the person were not effective but as soon as a female member of staff assisted them, they were calm. The person's care plan showed that they responded better to female staff and that there could be a risk with male staff. This meant that the person may have been distressed because they were being supported by a male staff member when it had been identified that they responded better to female staff. Improvements were needed to ensure that people receive personalised care that was responsive to their individual needs.

Although there was information on how to raise concerns displayed on the notice board, people and their relatives told us that they were not sure about how to make a complaint. The manager told us that they would give copies of the complaints procedure to people and their relatives to ensure that they knew how to raise any concerns or suggestions. The last recorded complaint was dated September 2013 and the manager at the time had taken action but had not recorded the final outcome. The complaints procedure had been recently reviewed and it provided information about how any complaints or concerns would be dealt with. The manager said that any future concerns or complaints would be fully dealt with and recorded to enable them to analyse any themes or trends.

Overall people had participated in a variety of activities both inside and out of the home and were able to follow their individual interests and social activities. Although people were encouraged to take part in activities of their choosing they had mixed views about this. Some people told us that there was not much to do and they didn't go out much while others told us that they had regularly been out on trips to the seafront and to a local café. One person told us, "I like doing exercises, going to the gym and watching boxing on the television in my bedroom." Another person said, "I like playing my guitar and singing old songs." On day three of our inspection visit we saw the person playing their guitar and singing to the music and heard other people joining in with them. People told us and the records confirmed that they regularly went to a lunch club and visited local shops.

People were encouraged and supported to maintain relationships with their family and friends. They told us that they had regular visits from their family. One person said, "My [family member] visits me every three weeks and we always go out for a meal, I really look forward to it." Another person said, "My [family members] visit me regularly and they bring me things that I like." Relatives told us that the staff were friendly and that they were always made to feel welcome.

# Is the service well-led?

## Our findings

People had not received a service that was consistently well led. The registered manager left on 27 February 2015 and the service was managed by a temporary manager for a short time before the current manager took up their post on 11 May 2015. During this time supervision had not taken place and staff told us that they had not felt well supported, but this had improved since the new manager came into post. The manager said that the clinical director visited the service twice a week to support them. The new manager was not registered with the CQC.

The safety and quality of the service had not been monitored on an ongoing basis to ensure continual improvement of care and support for people. The manager was unable to demonstrate that audits had taken place prior to May 2015 to show how the quality and safety of the service had been kept under review and improved where needed. However, audits had been carried out since then for medication, infection control, maintenance, the kitchen and for care plans. The medication and infection control audits had not been dated and did not show the name of the person who carried out the checks. These audits had also failed to identify the concerns identified during our inspection, for example, the property repair and risk and PRN and other medication changes. The care file audit did not show whose care files had been checked, therefore it would be difficult for staff to make the required improvements because they would not know which person's file needed to be changed. The care plan audit also failed to identify the concerns regarding the lack of risk assessments for certain people and generic nature of other care plans. The lack of effective governance meant that the service had not independently recognised and remedied the problems that we identified at this inspection.

The manager told us there was a process in place for gathering people's views about the service and how to improve it. We asked for a copy of their quality assurance policy and of the service's last quality assurance survey

report. We had not received either of these at the time of writing this report. This meant that the provider was unable to evidence how people were involved in shaping and improving the service they received.

**This was a breach of Regulation 17 (1) (2) (a) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

On day one of our inspection we saw there were seven staff photographs displayed in the entrance hall and they were dated 2012, the manager told us that two of the staff no longer worked at the service and they were in the process of updating the board so that current staff photographs would be displayed. On day three of our inspection the board had not been updated and still contained photographs of staff who no longer worked in the service. Improvements were needed because this meant that most of the home's staff could not be identified on the board and it could be misleading to people who used the service and their visitors.

Staff and relatives told us that they felt that the current manager was approachable, supportive and very nice. One relative said, "I think [manager's name] is very good, they have a good understanding of the needs of people living with mental health needs."

There was a communication book in place and staff had regular handover meetings between shifts. Staff told us that they now had regular staff meetings where they had been able to discuss practice issues, their training and supervision and staff roles. They said that they worked well together and that the communication book and handover meetings ensured that they had up to date information about people's care needs.

Records viewed varied in quality but were generally clearly written. People's personal information was securely stored when not in use. The manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept confidential.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The premises were unsafe because the provider had not carried out repairs swiftly.

**Regulation 15 (1) (a) (b) (e)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The quality assurance system was not effective because the provider had not recognised and remedied the problems that we identified at this inspection.

**Regulation 17 (1) (2) (a) (e) (f)**