

Cygnnet Learning Disabilities Midlands Limited

Walkern Lodge

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Walkern Lodge is a residential care home providing personal and nursing care to up to four people. At the time of the inspection two people were living at Walkern Lodge.

The building consists of two ground floor flats. The second floor consisted of a two-bedroom flat. There is an office on the ground floor.

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

The provider gave examples of where they investigated any safeguarding concern and notified the correct people. Whilst people felt safe with the support being received there were mixed views about how well some staff supported them.

People were supported to administer their medicines. The manager ensured regular checks were completed to check medicines were managed safely and in line with the company's policy.

The provider and manager had robust quality assurance checks in place to continuously improve the service. The manager was open and honest where improvements were needed and these lessons learnt were communicated with staff.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Overall people were happy with the support they received. People were supported with their day to day wishes.

At the time of the inspection the manager was going through the application to become a registered manager.

The provider had systems in place to ensure that infection prevention controls were robust and staff ensured they followed the guidance in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about how the provider investigated any safeguarding concerns and to check people's basic human rights were at the centre of their care. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Walkern Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about how the provider investigated any safeguarding concerns and that people's basic human rights were at the centre of their care.

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

The inspection team consisted of one inspector.

Service and service type

Walkern 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.

Notice of inspection

This inspection was unannounced.

What we did before the 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. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff. We reviewed a range of records. This included a person's care records and care plans

relating to deprivation of liberty and medicine. 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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had how the provider investigated any safeguarding concerns and people's basic human rights were at the centre of their care. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to establish robust processes to effectively investigate allegations of abuse immediately after becoming aware of concerns. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People had mixed views about how they were being supported. One person said, "I don't know I feel like no one listens and no one cares. I get on with some staff more than others." Whilst another person said, "I like the staff here." The manager had regular meetings with people living at the service to see how they could improve their care. These views were fed back to the manager at the time of the inspection.
- The manager checked people knew who to contact if they were unhappy with the support they received. Where safeguarding were raised the provider had a robust procedure in place. The manager gave examples of where they had investigated safeguarding concerns.
- Staff had completed safeguarding training. Staff felt comfortable to report concerns and were confident they would be looked into. One staff member said, "I do not have any concerns, but I would feel comfortable. My manager would listen and act on it."
- The provider was proactive with addressing any allegation or concerns relating to staff practices. The manager gave an example of when an allegation had been raised these were investigated and lessons learnt were shared with the staff team and the wider organisation.

Using medicines safely

- Medicine administration records (MAR) had been completed and were clear to read. People received their medicines when they needed them.
- The manager ensured regular audits and spot checks of the staffs working practices were completed when administering medication.
- Staff had been trained to administer medicines in a safe way and records supported this, where competencies needed to be completed these were identified by management

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about how the provider investigated any safeguarding concerns and people's basic human rights were at the centre of their care. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to have systems and processes that operated effectively to identify improvements needed for the service. Systems did not ensure that staff views and opinions were identified, and actions taken to improve the wellbeing of staff employed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Staff felt supported by the manager and staff were happy working at Walkern Lodge, One person said, "It's a nice place to work, I think as a team we work well and support each other. The manager offers me regular supervisions."
- The manager was aware of their role and responsibilities and spoke about how they had a good network of support from other leaders and staff.
- The manager had a robust quality assurance processes in place which identified where improvement were needed in the service. The provider completed quality checks to ensure the manager was implementing changes within the service and that it was in line with the providers values and procedures.
- The management team had been open and transparent when lessons and improvement were required. Where they felt the support did not underpin the providers values, they to swift action to make improvement. Where the management team identified lessons learnt these were communicated widely to support improvements.

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

- The provider promoted positive values and the importance of respecting people's rights.
- Staff were led by what the person wanted. For example, weekly key worker meetings were set up which gave the person the opportunity to set out what they would like to do for the week.
- The provider ensured that staff received training specific for people support needs. Staff felt they had the right skills to support people. One staff member said, "I have had enough training. We have had autism

training and we have had Management of Actual or Potential Aggression (MAPA) training for our role."

- People had been able to personalise their own flats and had freedom to live how they felt comfortable.
- People had regular communication with relatives and were able to speak to them when they wanted.
- People had advocacy input; Due to COVID-19 these were monthly. Although they had access to the advocacy telephone number when needed. The advocacy had recently spoken to people about things they enjoyed doing and the support they received. One person said, "I like making lemon drizzle cake and I do a virtual singing group."
- The provider ensured the support delivered was in line with best practice guidance and the Mental Capacity Act. Were restricted in certain elements of their care, for example they needed support to leave the property.
- The provider gave staff the opportunity to identify how they felt the overall culture of the service was and any improvement needed. This identified that staff felt comfortable with raising any issues with the management team and the staff worked well as a team. For example, the manager continued to promote the freedom to speak up campaign and made sure they were approachable. One staff member said, "I feel supported by the management team, but also I feel like the team work together, we have a good laugh."
- The provider sent relatives surveys to complete to offer feedback on the support their family member was receiving.