

Wantsum Lodge Limited

# Wantsum Lodge

## Inspection report

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07 February 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

- ☐ Wantsum Lodge is a residential care home which provided personal care to people aged 65 and over.
- ☐ Wantsum Lodge is situated in the town of Ramsgate.
- ☐ At the time of the inspection the service was supporting 38 people.
- ☐ For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- One person told us, "I feel my relative is totally safe here. Before she came here there was a problem of mobility and becoming unsteady. I don't worry about her at all now." Another person told us, "Staff here are fantastic,
- ☐ People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.
- ☐ People felt safe living at the service.
- ☐ People were encouraged to be as independent as possible.
- ☐ People felt comfortable raising any complaints with staff and the deputy manager.
- ☐ People were fully involved in their care planning and received information in a way that they understood.
- ☐ People were protected from the spread of infection and medicines were stored and managed safely.
- ☐ People were asked feedback about the service they received.
- ☐ People found the deputy manager approachable and supportive.

Rating at last inspection: This service was rated, "Good" at the last inspection. (7 July 2016)

Why we inspected: This was a planned comprehensive inspection to check the service remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

### Is the service effective?

Good ●

The service was Effective.

### Is the service caring?

Good ●

The service was Caring.

### Is the service responsive?

Good ●

The service was Responsive.

### Is the service well-led?

Good ●

The service was Well Led.

# Wantsum Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

#### Inspection team:

Two inspectors and one expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Wantsum Lodge is a residential 'care home'. People received accommodation and 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.

The service had a deputy manager in post. They were currently in the process of registering to become the registered manager with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Inspection site visit activity started on 6 February 2019 and ended on 7 February 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection, in July 2016. This included details about incidents the provider must notify us about, such as abuse or serious injury. We asked the service to complete a Provider Information Return. This is 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.

During the inspection, we spoke to 11 people including four relatives, five members of staff, the deputy

manager and area manager.

We reviewed a range of records. This included seven people's care records and medicine records. We also looked at four staff files recruitment, assessment and supervision and support. We reviewed records relating to the management of the service, staff training and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff knew how to identify different types of abuse, and were confident that any concerns they had would be managed appropriately by their managers.
- ☐ Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. Managers liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

- ☐ Risks to people and the environment were assessed before people moved to Wantsum Lodge started to receive a service.
- ☐ When risks were identified, staff were provided with guidance on how to reduce those risks. For example, one person was at risk of poor skin integrity. Their care records included instructions on what action to take with continence care and where to apply barrier cream to reduce the risk their skin breaking down.
- ☐ Another person used a wheelchair to mobilise. A risk assessment was in place to reduce the risk of pressure sores and give guidance to staff about which cushion they should use. This reduced the risk of skin breaking down.

Staffing and recruitment:

- ☐ There were enough staff to meet people's needs. The service did not use any agency staff. The deputy manager said, "We feel we cannot give good continuity of care by using agency staff. Another member of staff told us, "If we need to cover shifts we will do it, we do not use agency."
- ☐ Rotas were drawn up using a dependency tool. This is a tool that helped the service ensure the correct amount of staff were available 24 hours a day to meet people's needs.
- ☐ Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. References were sought and checked.

Using medicines safely:

- ☐ People's ability to manage their own medicines was assessed before the service began
- ☐ People received support with their medicines. Staff ensured people received their medicines safely. Senior staff made sure medicines were delivered in blister packs to make administration easier for staff.

- ☐ Medicines were stored safely and temperatures were monitored in line with best practice
- Incidents, accidents and near misses were reported by staff in line with the provider's policy.

Learning lessons when things go wrong:

The deputy manager took steps to ensure that lessons were learned when things went wrong.

- ☐ They had identified staff were not always completing medicine records accurately. Senior management conducted competency tests to ensure staff knew how to administer and record medicines. The deputy manager checked medicine administration records every morning whilst staff were still on shift so that they could deal with any errors that may have occurred.

Preventing and controlling infection:

The home was clean and tidy and was regularly maintained.

- ☐ Staff had access to personal protective equipment such as gloves and aprons.
- ☐ Staff told us they had access to as much equipment that they needed.
- ☐ Infection control training was provided to staff on their induction into the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance.
- ☐ Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience.

- ☐ People were supported by staff who had the skills, knowledge and experience to deliver effective care. One person told us, "I am 100 percent confident they know what they are doing."
- ☐ Newly recruited staff received an induction which included gaining experience by shadowing more experienced staff.
- ☐ Most new recruits came to the service with existing qualifications in care. Those who didn't were supported to gain the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.
- ☐ Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them.

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

- ☐ Staff were skilled in making sure people had access to support from health and care professionals when needed.
- ☐ Senior staff liaised with professionals when assessing a person's needs, and kept those needs under constant review so they could provide information to professionals when needed.
- ☐ There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.
- ☐ Staff supported people by arranging for them to be assessed for specialist equipment that might enhance



their lives, such as specialise beds or mattresses.

- Staff effectively communicated people's rapidly changing needs with each other and their managers. This meant all staff knew how people's needs were changing so people and their relatives did not have to repeat it to different staff members. One person had been assessed as being at risk of losing weight. They were prescribed supplement shakes and was having one a day but I still lost weight. Staff told us, "Information was handed over to them during handover's and in communication books that these shakes had increased to two per day following a referral to a dietician."

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

- People were supported to eat and drink. People had choice and could choose their meals from a four week rolling menu. People with specific nutritional requirements were well catered for. For example, people who were on a gluten free diet were offered alternative choices and the chef did their best to make their meals look the same so that people did not feel they were being singled out. For example, one person had gluten free gravy with their meals.

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#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found staff were knowledgeable about the MCA. Where necessary they took steps to ensure people were fully protected by the safeguards contained within the Act.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and compassion in their day-to-day care. Staff knew people well because rotas allowed them to support people consistently.

- Staff sought different ways to communicate with the people they supported. One person had a health condition which meant they needed time to be able to understand and respond to staff. Guidance on how to do this was provided to staff in the person's care records, and we observed staff being mindful of this when providing them with support. The deputy manager told us information was available in large print for people if they needed it.

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

- People were supported to express their views and relatives where appropriate, were invited to initial assessments and subsequent reviews of their care.
- We observed staff asking people how they would like to be supported. For example, during lunchtime one member of staff asked a person if they would any help removing a clothes protector.
- If people did not have relatives to support them, the deputy manager would refer to external advocates for support. Advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves. One staff member told us, "When it comes to help me washing, they are brilliant. If I can't do certain things, they will help of course."
- People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support, and covering the person with a towel during personal care. One person told us, "When I use the commode the carers wait in another room until I call them. They always shut the door."
- Another example, one person liked to get their hair cut in the community and they were supported to do so.
- The deputy manager made arrangements to ensure that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

# Is the service responsive?

## Our findings

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way, one person told us, "I don't like getting up too early and carers come in at a time I like in the mornings with help to get me up." Another person liked to go to lunch and they told us, "They let [a member of staff] take me out every so often and that's enjoyable."
- ☐ Care plans were regularly reviewed. This gave people an opportunity to feedback to the service of any changes they wished to make. One person told us, "Staff come and review my care plan every so often."
- ☐ Care plans were drawn up taking into consideration input from other health professionals such as occupational therapists and district nurses.

### Improving care quality in response to complaints or concerns

- ☐ People and their relatives told us they knew how to make a complaint, and felt any concerns they had would be treated seriously by the registered manager.
- ☐ Information on how to make a complaint was held in people's rooms and on various notice boards. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
- ☐ The service had not received any complaints since the last inspection. However, other historical complaints were responded to in a timely manner and all were resolved successfully. One complaint was received regarding staff allegedly sharing information about a relative. This was investigated and staff were reminded about discussing personal details of relatives and were given refresher training about handling sensitive information. The deputy manager said they had a close relationship with everyone and would manage any concerns as soon as they were brought to their attention.

### End of life care and support

- ☐ There were no people at the service at the end of their lives. However, people were supported with choices that they would make at the end of their life to have a pain free and dignified death.

- Staff told us they would work closely and sensitively with health professionals from the local hospice and other nurses to make sure people received the right support.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The deputy manager said they checked if staff followed the values held by the provider by discussing them in supervisions. Staff told us, "We support people in a way we know is right. We are regularly checked so we know we are caring for people competently."
- ☐ Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People using the service said the service was well led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ There wasn't a registered manager in post but the deputy manager had completed paperwork to register with CQC and was waiting for an interview date. 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.
- ☐ It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- ☐ Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- ☐ Arrangements had been made for the service to learn, innovate and ensure its sustainability. The deputy manager had plans to introduce activities to help with garden renovation which included making wind chimes with residents and stone painting.

- The deputy manager carried out a number of audits and checks to make sure a safe and effective service was provided. The deputy manager regularly started her shifts earlier than needed so that she could carry out competency checks of night staff before they went home.

Additionally, the views of people, their relatives and staff were gathered in order to help improve the service.

#### Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community. The service also welcomed children to participate in a chair dance activity which helped young people forge relationships with the residents.