

# Barchester Healthcare Homes Limited

## Werrington Lodge

### Inspection report

Baron Court  
Werrington Meadows  
Peterborough  
Cambridgeshire  
PE4 7ZF

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29 July 2019

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Werrington Lodge is a residential care home providing personal and nursing care to 63 people, at the time of the inspection. The service can support up to 68 people.

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

Staffing levels did not always meet people's needs or ensure their preferences were met. People told us they had to wait for their support and this included the time they were supported from their bed. Medicine practices when administering medicines needed to improve to ensure safe practice and medicine given when required (PRN) needed to be in place for all people who required them.

People's records and care plans were person centred and important details and preferences considered. People's preferences were not always delivered in practice as there were not always enough staff on duty to meet everyone's needs in a timely manner. Care plans were not always updated with the appropriate information.

People told us they felt safe. Staff received appropriate training and knew how to keep people safe. Staff supported people safely, but it could take a longer time to complete tasks due to staffing levels.

Staff had assessed people's needs and completed risk assessments. People told us they had plenty to eat and drink. However not all fluid charts we looked at had the appropriate target recorded to ensure staff understood what amount was required for people to achieve their daily target.

People were supported to have 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. People said the staff were very caring and kind and treated them well. They told us staff maintained their privacy and provided the care they wanted.

People did have formal opportunities to give their views on the service and felt confident to do so if needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 February 2019).

### Why we inspected

This was a planned inspection based on the previous focused inspection rating. We have found evidence that the provider needs to make improvements. Please see safe, effective, responsive sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. progress. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Werrington 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out 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.

#### Service and service type:

Werrington Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The manager had made an application to register with CQC for this location.

#### Notice of inspection:

The site visit took place on 29 July 2019. The inspection was unannounced.

#### What we did before the inspection:

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. 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.

During the inspection:

We spoke with ten people who lived at the service and two relatives about their experience of the service. We spoke with twelve staff including five care staff, four nurses, the activity coordinator, the manager and regional manager.

We looked at care plans relating to four people and reviewed records relating to the management of the service. We carried out observations throughout the day.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The manager confirmed they had systems to monitor people's dependency levels to ensure staffing levels were correct. However, staffing levels needed to be improved.
- One person said, "It can take a while for [staff] to come and help you." A relative told us, "Sometimes when I visit there don't seem to be many staff around and certainly at weekends there are less. I don't think it has caused any problems with my [relative] but I am not here all the time."
- Staffing levels did not always meet the needs of people using the service. The manager had processes to cover shortages in staffing, this included the use of agency staff.
- On the day of the inspection there were two staff shortages and one of these had been covered from 10:00am. Staff told us they were often short staffed. One staff member said, "You know we are short staffed." They also confirmed it was often like that. Another staff member said, "Sometimes we are short of staff, it is a big home. Care is very good, but sometimes short of staff and a lot of people ringing at the same time and needing the toilet. I'm not happy about that."
- We saw during the inspection that people waited for their care and support. For example, one person had told staff at 09:49am they needed to go to the toilet. This request was acknowledged, the person was assured that a staff member would help them. The person was not supported to go to the toilet until 10:17am when they told staff it was too late now as they had soiled themselves.
- Call bells were not monitored by the provider to see how long people had to wait for support. We noted at one point that three call bells were sounding but there were no staff available at that time and one of the managers from another care home went to answer one of the calls. People told us they were still waiting to be supported to get out from their bed. One person was anxious and asking to get up at 10.06am. Records showed they were helped to get up an hour later at 11.10am. We noted people were left alone, unoccupied, in the lounge. We saw one person in the lounge had fallen asleep with a cup of tea that had only just been given to them. The inspector was so concerned they removed the tea cup from the person as the cup was leaning and had nearly spilt. The inspector alerted staff to what had happened.
- The medicine round was delayed due to staffing shortages; the nurse confirmed the medicines round was normally completed by 10:30am on the dementia unit but the medicine round was not finished until 11:40. This was because the nurse had to stop several times during the medicine round to support people. This is not good practice. The staff member dispensing medications should complete this without interruptions, this ensures a safer process for people receiving their medicines.

There were insufficient staffing levels to meet people's needs and preferences within reasonable time frames. This placed people at risk of physical and emotional harm. This was a breach of regulation 18

(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- There were regular medicine audits completed. When errors occurred, these were identified and discussed with staff.
- Staff received training in administering medicines and regular competency assessments from the management team.
- We completed a random spot check of stock levels and found these to be correct. We also looked at medicines taken when required (PRN). These medicines might be requested for pain relief. There should be a PRN protocol in place that describes how and when to support people with PRN medicine, this may include signs of when people are in pain. This is particularly important where people cannot communicate verbally. We found that for one person a PRN protocol for their pain relief was not in place and we were told by staff that PRN protocols needed updating. The manager immediately implemented a PRN protocol for the persons pain relief.
- One staff member confirmed that they were asked retrospectively to sign the medicine administration records (MAR). This is bad practice as medicine records should not be altered on discovering a mistake. We spoke with the area manager about this and they confirmed this was not acceptable practice.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I feel quite safe here, the staff check on me regularly, so I know they are keeping me safe."
- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would report any concerns to the manager."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- A safeguarding policy was in place at the service which detailed steps staff should take if they suspected abuse. There were also posters and notices around the service directing people what abuse was and how to report it.

#### Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed regularly or whenever there were changes to people's needs.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and behaviours that may challenge.
- There had recently been a fire inspection and regular fire alarm tests were completed. People had emergency evacuation plans in place in the event of a fire.

#### Preventing and controlling infection

- We saw that the service was clean and free of infection.
- Staff used personal protective equipment such as gloves and good hand hygiene practice to aid infection control. Cleaning staff told us they could be short staffed, this could have an impact.
- Cleaning products were kept locked securely away from other areas of the service.

#### Learning lessons when things go wrong

- The manager shared lessons learnt such as incidents with staff at staff meetings and supervisions. The manager said, "We also give positive feedback for good practice."

# 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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments were completed and people's choices and preferences were documented. However, one relative told us, "It is difficult to find out what is going on. My [relative] came here about eight weeks ago and we are having a meeting this Wednesday to talk about their care."
- We looked at the persons care plan and found that their personal details about who they were had not been completed. For example, their personal life history had not been completed. Contact details for family were also not completed.
- The quality improvement plan was generated as part of the quality improvement review completed in April 2019 as part of the providers quality checks. This looked at best practice at Werrington Lodge and identified not all care plans had been written promptly and in full, following admission.
- We also found details in care plans were not always updated. For example, staff told us about one person who was prone to putting themselves on the floor. This information was not in their care plan. One care plan contained information that was inconsistent. It stated that the person lacked capacity but noted they were able to choose what clothes to wear and in the same care plan it stated staff had to choose clothes for them.
- We found fluid charts that did not contain the targets that should be met for example how many millilitres. This meant staff would not know when the required target was not met, to ensure appropriate steps were taken.

Staff support: induction, training, skills and experience

- One person told us about their training, "I am up to date with my [training] I recently completed, emergency first aid and safeguarding. The trainer is amazing, the training is very thorough. When things change we get updated."
- Staff received an induction and told us that it involved lots of training and shadowing experienced staff members.
- Staff told us about the training they take part in as part of their job role including moving and handling, administration of medicines and safeguarding.
- Staff told us they received regular supervisions and competency assessments to ensure they remained competent in their job roles.
- Records we looked at corroborated what staff told us about their induction, supervisions and training.

Supporting people to eat and drink enough with choice in a balanced diet

- The chef had systems in place to ensure people's dietary needs were managed safely. There were monthly nutritional meetings to ensure people's needs were constantly reviewed so they received appropriate

support.

- People had a sufficient amount of, and a good choice of, food and drinks. Specialist diets were catered for. Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician.
- Most people were happy with the food. One person said, "I think the food is good, you always get a choice and it tastes nice." Another person said, "The food is quite alright. I eat in my room, I prefer that as I have [a health condition]. The staff will cut my food up for me as I struggle a bit."

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received appropriate care.
- People confirmed that doctors and other health professional's visit and are called promptly.
- We spoke with one professional who confirmed staff always followed their guidance and staff were always very knowledgeable about the people they cared for.
- We saw in people's care plans professionals supported people with their care needs such as mobility and nutritional needs.

Adapting service, design, decoration to meet people's needs

- The environment was kept clean. People's rooms were personalised, and people were able to utilise the space in their rooms to their own preference.
- Communal areas were spacious and decorated with different themes. There was adequate seating available in the lounges. We noted numerous articles in the dementia unit to assist with memory. A park bench was situated next to a bus stop in the corridor, there are were many items on walls to help with reminiscing. People were happy with their home and felt they could get around.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people's care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed that staff ask for their consent before assisting them and we observed this when staff were moving people. They kept them advised what they were doing and asked if it was okay to move them. One person told us, "The staff look after you really well here. They will help me to do anything I want."

- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice. However, staff were not aware of who was subject to DoLS authorisations and had to look through people's records for this information. Staff showed us one person's record relating to a best interest decision. This lacked detail of who staff had consulted about the decision. They showed us a record of a conversation with the person's relative which they said contributed to the decision. However, this conversation was nine days after they had documented the decision and did not make any reference to the relative's views on the decision made.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People felt staff were caring, kind and helpful. We saw caring interactions between staff and people. Staff positioned themselves appropriately when talking with people. For example, bending down to engage with people at their eye level.
- Not all staff knew people well due to staffing levels. For example, during the afternoon when two permanent care staff took their break this left two agency staff on one unit. One agency staff member had previously worked three shifts and it was the other agency staff's first day. They were working with a care worker from another home who had never worked at Werrington Lodge.
- Relatives told us they appreciated staff's kindness and the attention they showed to people and this put them at ease. One relative said, "The staff are brilliant here. They are lovely and gentle and speak to my [relative] really nicely. They are very kind."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff looked for other signs like facial expression or body language to establish what people wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "We call the staff our little angels."
- People confirmed that when staff gave them personal care their privacy and dignity were respected. Staff closed doors and curtains and used towels to cover up people. One person said, "The girls are lovely, but they are run off their feet sometimes." A relative told us, "I think the staff are lovely with the residents."
- People felt staff had got to know them, they talked to them about their past lives. Staff confirmed they promoted people's independence. One staff member said, it's important to keep your independence."
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times.
- Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. The confidentiality of information held in records about people's medical and personal histories was kept secure. This had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

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

- Staff reviewed people's care plans and people and relative's where appropriate decided what care and support they needed. One person said, "I think someone spoke to me about what they will do to look after

me."

- Staff completed life history documents for people to aid their understanding about people's past, likes, dislikes and preferences. Care and support were tailored around each individual. However, as discussed in this report, people's preferences were not always met due to staffing levels.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

### Personalised care

- There were two units in the home, the dementia unit named Memory Lane and the nursing unit named Kingfisher.
- People told us they did not always received care and support as they liked it. For example, one person told us, "The staff get me up between 7am and 11am, I would prefer to get up around 8ish. I think they come at a time to suit them rather than me that is why it is so different."
- Care plans detailed people's preferences, likes and dislikes. For example, how to support people with mobility and nutritional needs. However, staff did not always follow the guidance in people's care plans. For example, one person had clear guidance in their care plan on how staff should position the persons hoisting sling. There had been some changes to this process to make this more comfortable for the person. We observed that staff had not followed this process, even though the person had explained to them. Staff were not aware of the updates in the persons care plan.
- One person during lunch had been given their meal only to have it taken away by another staff member. This was because the persons had needed to be supported by the nurse before they had their food. The staff member who had given them their food was not aware of this. We also noted a staff member had given the same person a cup of tea with sugar in it, again this was removed by another staff member due to the persons medical requirements.
- We noted on Kingfisher there had been no activities completed to engage people's interest during the inspection. However, in Memory Lane there had been activities for people. These included painting, smelling different scents and looking at cards to see if people could relate the scent to the object.
- People told us, "I really enjoy doing word search, some of them are hard." Another person said, "I like to go out in the garden to get some fresh air. I can go when I want." People also told us, "We had a party last weekend, it was fun. I like the singers that come in." One relative said, "I haven't seen or heard of anyone coming in to stimulate [relative] and help them do anything"

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information they could understand, staff supported people with any questions they might have.

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

- People we spoke with were not aware of a formal complaints procedure but would speak to the manager

or senior if they had an issue.

- People and their relatives had regular opportunities to discuss any issues or concerns they had with at regular meetings and the manager confirmed their door was always open.
- We saw complaints were responded to and investigated in line with the providers complaints policy.

#### End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Advance care plans were in place. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice. For example, anticipatory medication was in place to manage people's pain if and when required.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Staffing levels needed to be reviewed as staffing levels were not adequate to meet people's needs. Systems in place were not adequate to ensure appropriate staffing levels. One staff member said, "Staffing over the last two weeks has not been good, having an impact as staff are doing lots [of overtime], staff are getting tired and not as responsive."

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

- There was no registered manager in place at the time of the inspection. The deputy manager had been asked to cover this role and had made the appropriate application to CQC to register as the registered manager. This had also left a vacant position for the deputy managers post.
- Audits were completed to ensure the quality of the service. Audits were completed in areas such as care plans, medicines and staff files. However, issues that we found had not been identified. For example, missing PRN protocols, conflicting information in care plans and issues with staffing levels.
- We also noted that the quality improvement review completed in April 2019 by the provider had identified that not all care plans had been written promptly and in full. The agreed action was to ensure care plans were completed promptly upon admission for short stay placements and within seven days for permanent residents. This did not follow the agreed actions from the quality improvement review.
- There were clear plans in place for what to do in emergency situations such as a fire. During the inspection the fire alarm were tested. However, we observed staff did not explain to people what was happening. The impact of loud noise can be particularly distressing and disorientating for a person with dementia. The manager had not ensured this was appropriately managed.

Failure to follow the governance systems in place has meant the areas for improvement have not always been identified or the action needed to make improvements has not been taken in a timely manner. The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- The manager reported all notifiable incidents to the proper authorities.
- The management team and care staff had a good understanding of their responsibilities.
- Policies and procedures in place were clear and up to date with current legislation around how to supply

the best care to people.

- There were daily handovers for staff and daily meetings held with the heads of department to ensure the manager had an overall view.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended.
- Surveys were sent out annually to people and relatives to gather feedback about the quality of the service provided.

Continuous learning and improving care

- There was organisational oversight of the service. The manager told us, "Managers come and complete audit checks and implement action plans where required."
- There were monthly management meetings to discuss issues and share ideas.

Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's, occupational therapists, district nurses and speech and language therapists' teams to provide joined-up care and support.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that governance systems were adequate to identify shortfalls in the service. The provider had not taken action to make improvements to the service in a timely manner.</p> <p>Regulation 17 (1) and (2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured there were sufficient staffing levels to meet people's needs and preferences within reasonable time frames. This placed people at risk of physical and emotional harm.</p> <p>Regulation 18 (1)</p>