

Barchester Healthcare Homes Limited

Werrington Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Werrington Lodge is a registered care home and provides accommodation, support and care, including nursing care, for up to 82 people, some of whom live with dementia. At the time of our inspection there were 55 people living at the home. There are two individual units with 'Memory Lane' being the name of the unit where people live with dementia. The care home is located in a residential suburb of the city of Peterborough.

The registered manager was not in post and not managing the regulatory activities at this location at the time of the inspection. An application was in progress to register the current home manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

The inspection was unannounced and was carried out on 13 November 2014 by three inspectors and a pharmacist inspector. This is an inspector who has specialist knowledge in relation to medicines.

Following our last inspections of 08 and 12 May 2014 and the follow up inspection of 12 June 2014, the provider was issued with warning notices because there were breaches of Regulation 14 (1) (a) and (c), Regulation 17(1) (a) and (2) (a), Regulation 9 (1) and Regulation 10 (1) (a) (b). We returned on 21 August 2014 to check if the provider had taken action to address the concerns raised. We found that the provider had taken the required action to meet the requirements set out in the warning notices.

In addition to the warning notices, we had made other requirements as there were breaches of Regulation 11(1) (a), Regulation 12, Regulation 18, Regulation 19 (1) (a) and 2 (a)(b)(c)(d), Regulation 20 (2)(a), Regulation 21(a)(i)(b) and Regulation 22. The inspection of 13 November 2014 found that the provider has taken the required action to meet the requirements of the regulations.

During this inspection we found that improvements had been made in relation to infection control and cleanliness of the premises. In addition, there were improvements in how new staff were recruited and people were now looked after by enough staff. There was also an improvement in the reporting of incidents of harm to people, to the appropriate local authorities. Although people said they felt safe, improvements were needed in relation to the consistent application of safe moving and handling techniques.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and people living with dementia had their individual communication needs understood and these needs were met. People's rights in

making decisions and suggestions in relation to their support and care were valued and acted on. Where people were unable to make these decisions, they were supported with this decision making process. Individual recreational and social hobbies and interests were provided to maintain and promote people's sense of wellbeing. Staff were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that people's rights were being protected as DoLS applications were in progress and had been submitted for the authorising agencies to consider.

People were treated well by respectful and attentive staff and they and their relatives were involved in the review of people's individual care plans.

People received care that was responsive to their individual needs and they were supported to maintain contact with their relatives and the local community. Improvements had been made in relation to complaints made to the manager. People's concerns and complaints were listened to and these were acted upon to the satisfaction of the complainant.

The care home was better managed than at previous inspections and was safe for people to live, visit and work in. Staff enjoyed their work and were supported and managed to look after people in a caring and safe way. Improvements were made in how people's confidential information was stored and kept up-to-date. Staff, people and their relatives made suggestions at meetings and actions were taken as a result. Quality monitoring procedures were in place and action was taken where identified improvements were needed.

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 safe.

People lived in a clean and hygienic home. Staff knew how to recognise and report incidents of harm.

Recruitment practices and sufficient numbers of staff made sure that people were looked after by enough, suitable members of staff.

Most of the people were supported to take their medication as prescribed.

Good



Is the service effective?

The service was not always effective

People were satisfied with how they were looked after and they had enough to eat and drink.

Staff were supported and trained to provide people with individual care.

People's rights in making decisions about their support and care were valued.

People's health and well-being was maintained as they were supported to access a range of health and recreational services.

Most people's health and safety risks were well-managed although improvements were needed.

Requires Improvement



Is the service caring?

The service was caring.

People were treated well by members of staff who were patient and caring.

People's rights of privacy and dignity were valued.

Good



Is the service responsive?

The service was responsive.

People needs were met and they were supported to maintain contact with their relatives.

People knew about their care plan and were involved in reviews of these.

Complaints were responded to and to the satisfaction of the complainant.

People's individual choices were respected in how they wanted to spend their day.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People received safe care. Staff, people and their representatives were listened to and improvements were made in response to their comments.

Staff were supported and well managed to safely do their job, which they enjoyed.

Monitoring procedures were in place to continually review and improve the standard and quality of people's support and care.

Werrington 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 unannounced inspection took place on 13 November 2014 and was carried out by three inspectors and a pharmacist inspector. This is an inspector who has specialist knowledge in relation to medicines.

Before the inspection we looked at all of the information that we have about the home. This included information from notifications received by us. Notifications are important events that the provider must tell us about. We also made contact with NHS continuing health care and local authority commissioners who pay for people's support and care.

During the inspection we spoke with nine people who lived at Werrington Lodge, although, due to their communication needs, not all of the nine people were able to say what it was like living at the care home. We also spoke with three visiting relatives and 15 individual members of staff from the catering, housekeeping, management, care and maintenance departments. We looked at 10 people's care records, five people's medication administration records and reviewed records in relation to the management of the service such as audits and policies and staff records. We also observed activities taking place throughout the home and how staff supported people.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

Is the service safe?

Our findings

During our last inspection of we found there was a breach of Regulation 11(1) (a). During this inspection we found improvements had been made in responding to and reporting incidents where people had been placed at the risk of harm. Staff were trained and staff spoken with were aware of the correct safeguarding reporting procedures to follow. They were also aware of the whistle blowing policy and had no reservations in raising their concerns. One staff member said, "I have no concerns in blowing the whistle. I'm a true believer of it." This demonstrated to us that people could be confident that staff would report any concerns if they identified them.

During our last inspection we found there was a breach of Regulation 21(a) (i) (b). During this inspection we found that improvements had been made. Staff were now only employed at the service once all appropriate and required checks were satisfactorily completed. Staff confirmed that this was the case and that they had attended a face-to-face interview before they started their employment. A member of staff told us that the new staff, "Have slotted in very well here."

During our last inspection we found there was a breach of Regulation 22. During this inspection we found that improvements had been made as there were sufficient numbers of staff to safely meet people's needs. The atmosphere of the home was calm and people were looked after by members of staff in an unhurried way. One person told us that they felt safe because, "There is always someone around."

During our last inspection we found there was a breach of Regulation 12. During this inspection we found that improvements had been made. The home was visibly clean and action was taken to make the home comfortable. A visitor told us that they had noticed an improvement in the standard of cleanliness and freshness of the home. Staff

told us that they had attended training in infection control training and their records confirmed this to be the case. They demonstrated to us their knowledge in carrying out infection control and cleaning procedures.

People told us that they were satisfied with how they were supported with taking their medication. One person said, "I get my medication at the time that I need it." We found there was a record of the temperatures of the areas where medicines were stored and the quality of the medicines was maintained. However, we found that the date of opening was not recorded on a medicine where the expiry date is shortened on opening and staff we spoke with could not tell us when this was opened. This could result in people being given medicines passed its use-by date and could be ineffective.

One person told us that they were uncomfortable and did not know if their creams were always available. We found that the records relating to the administration of prescribed creams were not always completed and therefore we could not be assured that people always had their creams as prescribed. Additionally, when people were prescribed medicated skin patches, we found these had been applied to the same site of the body. This could result in damage to a person's skin if the same site is used repeatedly.

People told us that they felt safe because they liked the staff. One person said, "They do look after me very well. I'm treated very well indeed." Another person told us that they felt safe because the home was kept secure. Visiting relatives told us that they felt their friend/ family member was safely looked after and health care professionals told us that they had noticed an overall improvement in the safety of people living at Werrington Lodge.

People's health and safety risk assessments were carried out and appropriate actions were taken to minimise these risks. The risks included, for instance, those associated with choking and developing pressure ulcers. We found that measures were in place which included the use of thickening agents for drinks and the provision of pressure-relieving equipment.

Is the service effective?

Our findings

Before the inspection we had received notifications from the provider in relation to unsafe moving and handling techniques. On one of the units of Memory Lane we saw that people were supported safely with their moving and handling needs. However, this practice was not consistently followed; two inspectors witnessed three incidents where people were supported by trained staff who had not applied their moving and handling training into practice and posed a health risk to the people they were supporting.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our last inspection we found a breach of Regulation 18. During this inspection we found that improvements had been made. People's rights to make decisions about their support and care were now valued and where people had been assessed not to have mental capacity, they had been supported in the decision making process by GPs and in consultation with the person's relatives. The decision making process included giving people their prescribed medication disguised in food and drink.

A relative told us that their family member was seen by a range of health care professionals, which included staff employed by mental health services. One person told us that they got to see their GP and they were under the care of tissue viability and diabetes health services. The NHS commissioners told us that staff had followed health care professionals' advice when supporting people with their individual health care needs; these included the management of people's diabetes and people who had difficulties with their swallowing.

We found that there were measures in place to prevent the development and promote the healing of people's pressure ulcers. We also found the majority of people who had pressure ulcers had not acquired these while at the home. One person told us, "Staff turn me regularly." We found staff knew how often the person was to be helped with their repositioning in bed.

People had enough to eat and drink and told us that the food was good and there was a range of menu to choose from. One person told us the food was, "Alright." Another person said, "I have plenty to eat and drink and the food is very good." We saw that people were supported and encouraged to eat and drink sufficient amounts and were offered a choice of what they would like to eat in a way that they could understand. In addition, we saw that people were provided with special diets, in line with the recorded health care professionals' advice.

During our SOFI we found that staff understood people's complex communication needs and responded to these. This included when encouraging and reminding people to eat their lunch and when they supported them with their personal care.

Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the Mental Capacity Act 2005. They gave examples of how they had effectively managed situations when people had been assessed not to have mental capacity. The examples they gave included when people declined support with their personal care and in taking their medication as prescribed. The CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The management team advised us that DoLS applications had needed to be submitted to the authorising agencies.

We found that staff were trained and supported to do their job. We found that staff had attended training which included the management of medication and caring for people living with dementia.

Staff told us that they enjoyed their job and said that they felt supported. One staff member said, "The management are fantastic and it's a nice atmosphere working here." Another staff member told us that they had requested to extend their induction training programme and this was request was approved.

Is the service caring?

Our findings

All of the people and visitors said that staff were kind, caring and respectful and always found their friend or family member was well-dressed and clean. One visitor said, “The staff are always willing to assist if required.” They also told us that staff involved people to make choices about how they wanted to spend their day. One person told us that they chose to stay in bed at the times they did. Another person told us that they liked to get out of bed to eat their lunch and we saw that they were supported with this. We saw a member of staff ask a person where they would like to sit. We also saw staff encourage a person, in a respectful way, to cover themselves up when they had become in a state of undress.

Staff were inconsistent in respecting people’s dignity and privacy before entering their rooms. We saw that some but not all of the staff knocked on people’s doors and entered before the person had given their permission, where possible, for the staff member to enter.

Members of staff told us the reasons why they chose to work at Werrington Lodge. One staff member told us, “I really wanted to make a difference to people’s lives.” Another staff member said, “I knew what had been happening here before I came. I just wanted to make things

better and give people the quality of life they deserved.” We saw staff, including the manager, engage with people in a social and friendly way and this included chatting and laughter with each other.

At lunch time we saw that people were encouraged to remain independent with their eating and drinking. We also found that attentive staff encouraged people to remain independent with their personal care and with their walking. This was demonstrated throughout our inspection and showed us that staff cared about people in a way that valued their rights.

The premises maximised people’s privacy and dignity as communal toilets and bathing facilities were provided with lockable doors. The management team advised us that arrangements were in place to reduce the number of shared rooms for people to have their own room, unless they wanted to share.

Improvements had been made in relation to maintaining people’s confidentiality. We found that their care records were securely stored and accessible to people, including staff, who had the right to view this private information.

People’s relatives told us they were represented their family member when raising concerns and attending care reviews. The manager advised us that people would be supported by local independent advocacy services, if this was needed.

Is the service responsive?

Our findings

During our last inspection we found there was a breach of Regulation 19 (1) (a) and 2 (a) (b)(c)(d). During this inspection we found improvements had been made. People told us that they knew who they would speak with if they were unhappy and wanted to raise a concern or complaint. One person said, "I would speak with the nursing staff." A visiting relative told us, "If there's been any problem I can talk to anyone and they get it sorted out straight away and report back to me." We found that written concerns and complaints had been listened to and action was taken to the satisfaction of the complainant.

People took part in recreational hobbies and interests that they liked to do. We saw one person sitting in their room knitting. Another person was holding and stroking soft toys and was relaxed by this action. Recreational hobbies and interests were provided each day, including at weekends. One person said, "I don't get bored at all." Another person told us that they had taken part in a number of events, which included attending religious services held at the care

home and going out to a garden centre. We saw that people were supported to maintain contact with their relatives, who were visiting them. People told us that they were able to receive their guests when they liked.

People and their visiting relatives told us that they had attended their family members' care reviews. One relative said, "I was at the review about my [family members'] care and it seems the changes are working." One person told us that they were involved in discussions in relation to their treatment for a skin condition. The care reviews enabled people to make suggestions or comments about their care and changes were made, which included management of people's continence needs.

Visitors told us that the staff knew their relatives' individual and complex needs. One visitor told us, "Staff can always get a good reaction from my [family member] because they know them so well." Staff understood and interpreted people's physical signs and expressions when they were in some discomfort or wanted something to eat or drink. We found that staff responded to meet people's individual comfort needs which included when they wanted something to drink or when they wanted to be helped with their continence needs.

Is the service well-led?

Our findings

During our last inspection we found there was a breach in Regulation 20(2) (a). During this we found improvements had been made as care records were reviewed, up-to-date and people's personal information was kept confidential.

A relative told us that they knew who the home manager was and told us, "You can say what you actually want." Staff and the care commissioners told us that there had been an improvement in the management of the home over the last four months. People, relatives and staff members told us that the management team was accessible and approachable and that they knew who the different managers were. A relative told us that they knew who the home manager was and told us, "You can say what you actually want." We saw that the management team's presence was visible throughout the home and this presence was every day. Comments written in the compliments book included, "Lunch times are so much better especially now the managers are always there to lead it and help with assisting people to eat and drink."

At the time of our inspection a registered manager was not in post. A manager was in the process of applying to the CQC to become the registered manager. The provider had alternative management arrangements in place to support this situation.

Visiting relatives confirmed that they had attended the residents' and relatives' meetings and described them as,

"Informative" and were able to make suggestions and comments. A relatives'/residents' meeting was held during October 2014 where attendees said that they were satisfied with how Werrington Lodge was managed and that improvements had been sustained.

The change in leadership style of the home had improved how staff worked together and shared responsibilities in the running of the home; this included reporting issues directly to the maintenance department. Staff told us that this had developed a team of staff who enjoyed their work and wanted to continue to improve people's experiences of Werrington Lodge.

Learning had taken place in response to accidents, incidents and complaints and action was taken to improve the quality and safety of people's care. This included the improvement of communication between nursing staff and outside agencies. This included supporting people to undergo an assessment and falls management advice from a health care professional.

Audits were carried out which included those for cleanliness. Actions to be taken were identified and were followed up the following month. We found there had been an improvement in the cleanliness of the home since our last inspection.

The management team advised us that they had identified an action to be taken to remind staff to wait for people's permission, where possible, to enter their rooms.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
Treatment of disease, disorder or injury	Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People who use services and others were not protected because of the inconsistent application of approved safe moving and handling techniques.