

Tracs Limited

# Woburn Sands Lodge

## Inspection report

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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

Woburn Sands Lodge is a nursing care home for up to 10 people with mental health support needs. At the time of our inspection, the service was providing support to 8 people.

At the last inspection in December 2015, the service was rated Good. At this inspection on 28 November 2017, we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out so only suitable staff worked at the service. Adequate staffing levels were in place. We saw that staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People told us that staff always checked with them before providing care.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and we saw that staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns. Concerns were acted upon

promptly and lessons were learned through positive communication.

The service notified the Care Quality Commission of certain events and incidents, as required.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Woburn Sands 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 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.'

This inspection took place on 28 November 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with two people who used the service and three support workers. The registered manager was not present during our inspection, although they were able to come in to the service briefly to talk to us and give us access to files. We reviewed six peoples care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt the service was safe and they felt secure in the care they received. One person said, "There are no problems, I feel safe here." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. We saw that safeguarding training had taken place and staff were confident any reports or concerns were followed up appropriately.

People had risk assessments in place to keep them safe from avoidable harm. The service supported people with mental health needs, and the risk assessments in place detailed how to support individuals with behaviours that may challenge. This included potential self-harming behaviours and aggression towards others at times. There was a clear and personalised strategy in place for staff to follow should such incidents occur, and staff we spoke with felt that risk was assessed clearly and concisely. Assessments were proactive in their nature, and enabled people to remain as independent as they could be. Risk assessments were reviewed and updated regularly.

Staffing levels were assessed to ensure the correct amount of support was in place for people daily. We saw that staffing levels matched the needs of the people who were using the service, and enabled people to receive the support they needed promptly. The service used some agency staff to cover shifts. One permanent staff member said, "We do use agency staff, but we use the same ones so they get to know the people here and how things work." The service had a nurse on duty at all times due to the complex needs of some individuals. Rotas we looked at showed that staffing was consistent, and people we spoke with confirmed this.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that this was done safely. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area. Medicines were securely stored and signed in and out of the service accurately as required. There were clear guidelines in place to support the administration of medicines to be taken as and when needed, and staff were clear on when this was appropriate to use.

People were well protected by the prevention and control of infection. The service was clean and tidy, and people were encouraged to clean their own rooms. A daily cleaning schedule was in place for staff to follow. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use. Hand sanitising units were available for use.

Incidents and accidents were recorded and reported accurately. The staff we spoke with felt any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. We saw that the service reviewed and audited all aspects of the service and communicated any issues with the staff team to ensure lessons were learnt and improvements made.

# Is the service effective?

## Our findings

People's care was assessed to ensure their needs were met effectively. We saw that the service assessed people's needs before they started using the service. This usually involved the various professionals that were involved in the previous support each person was getting. Most people were living at the service with a view to eventually become more independent and move out. We saw that the service worked with people and other professionals to make sure they could provide the correct support to enable this to happen.

People felt the staff had the required skills to support them properly and in the way they wanted. One person said, "Yes the staff are pretty good. I want to move into my own flat eventually, and the staff are helping me with that goal." The staff we spoke with were confident their training helped them support people in the service. One staff member said, "The induction training and the on-going training is very good. We were not allowed to support people here until certain training had taken place, to make sure we knew what we are doing and everyone is safe." We saw that regular training was provided to make sure staff had the right skills to provide care. This included training in safeguarding, equality and diversity, the mental capacity act, and supporting people with challenging behaviour.

People were supported to maintain a balanced diet. We saw that people were able to access food as and when they wanted. Menu planning took place and people were offered a choice of food. Some people prepared meals for themselves at times, and other times people ate the same meal as a group. Food and fluid intake was monitored if and when required, and any dietary requirements were recorded and observed.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns.

People were able to personalise their rooms and furnish them as they wished. People were consulted on the furnishings and decoration within communal areas. We saw that extensive plans had been made to refurbish areas of the building, increasing some room sizes and building an extension to the property to benefit people living there.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff sought their consent before carrying out any care. Consent forms had been signed and placed within people's files.

## Is the service caring?

### Our findings

People told us that staff treated them with respect, and were kind and caring. One person said, "I get on alright with the staff. They know what I am like, and what I need. Most of them are nice." The staff we spoke with all spoke positively of the people living in the service, and were knowledgeable about people's needs and preferences. We observed staff interact with people in a positive manner.

People told us they felt involved in their own care. One person said, "The staff listen to me." We saw within care planning, that people's decisions were documented and respected. People chose when they wanted to get up in the morning, and what activities they wanted to do. Regular meetings were held between staff and people to discuss their progress and health, and comment on any changes in support they felt were required. For example, people's views on the medication they were taking, were listened to and respected, and health professionals were involved as required.

People confirmed that the staff respected their privacy and dignity when providing care. One staff member said, "I help [person] with personal care, I always make sure to encourage them to do what they can for themselves, and respect their privacy." People we spoke with said that staff knocked before entering rooms, and treated their personal information with confidentiality.

During our inspection, we discussed the details of people's care with staff members, who were always considerate of who was around when they were talking, and made sure that personal information was not shared with people inappropriately.



## Is the service responsive?

### Our findings

Care and support was personalised to meet each person's individual needs. Care plans we looked at started with a profile on the likes, dislikes and preferences of the person. There was an, 'Important to me' 'How best to support me' and 'What others admire about me' section which listed this information about a person. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements. Cultural and religious information was included when relevant for each person.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that various forms including quality feedback forms were provided in an easy read pictorial format for those that needed it.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly. Information from complaints was fed-back to staff when required, so that learning and development could take place.

## Is the service well-led?

### Our findings

The service was open and honest, and promoted a positive culture throughout the staff team. All the staff we spoke with felt positive about working at the service, and told us they had good support from management. One staff member said, "The registered manager and the deputy are very helpful. There is always someone around for support if you need it."

A registered manager was in post at the time of the inspection. The registered manager was not on site during our inspection, although they were able to briefly come and speak to us and allow access to the necessary information we needed for inspection. The registered manager was aware of the responsibility to submit notifications and other required information. An agency employed senior nurse was managing day to day duties during our inspection, and an on call system to senior management was also in place.

The people that use the service and the staff, were able to have their voices heard and were engaged and involved. We saw that resident meetings were held which created a forum for discussion and opinion. When ideas, requests or concerns were raised, they were recorded and followed up on by the staff. Staff also held meetings where updates on the service were discussed, along with updates on the people being supported. The staff we spoke with felt this was a good opportunity to raise ideas and concerns if necessary.

The service had consulted people throughout the on-going process of refurbishment and proposed building work, and continued to communicate as plans moved forward. We saw that people's opinions on decoration and furniture were valued and respected.

Quality assurance systems were in place to help drive improvements. The management had carried out detailed audits of all aspects of the service, and knew what areas needed updating and when. Actions were created when any errors or faults were found. Learning points were brought to the attention of staff through team meetings or supervisions.

We saw that the service was transparent and open to all stakeholders and agencies. The service was in communication with people's funding authorities, social workers and other health professionals to ensure the best support for each person. The service worked openly with people in sharing information accurately, confidentially and promptly, to ensure people's safety and quality of care. The service displayed the rating from their previous inspection as required.