

Walmer Lodge LLP

Walmer Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Walmer Lodge is a residential care home providing personal care for up to 12 people with mental health needs, as well as people with a learning disability and/or autism. At the time of the inspection there were 9 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Medicines management was not safe as records were not always accurate. There was no system in place to calculate safe staffing levels. Care staff completed all cooking and cleaning tasks which impacted on the time they had to spend with people.

We have made a recommendation that the provider implements a staffing dependency tool and reviews the current staffing levels to ensure people's needs are met.

People's independence was promoted and they were supported to access the community safely. There was an ongoing refurbishment plan and people were involved in choosing the décor and furniture. Some people, where required, had positive behaviour support plans which helped staff support individuals and use de-escalation.

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

Right Care: Overall risk management had improved however we identified risks relating to hot water temperatures and unguarded heaters. The manager addressed these during the inspection. People received person centred care. The staff group reflected the diversity of people using the service. Staff interactions with people were friendly, kind and respectful. People's dignity and privacy was promoted at all times. The environment was clean and staff followed safe infection control procedures.

Right Culture: Quality assurance systems were not effective or robust. Audits had not identified or addressed the areas we found on inspection. Improvements were needed in provider oversight and governance systems. The manager was responsive in taking action to address the issues we raised.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 11 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, dignity and respect and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walmer Lodge Residential Home on our website at www.cqc.org.uk

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Walmer Lodge Residential Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Walmer Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walmer Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was not

present during the inspection. A manager who was in day-to-day control of the service was present.

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 May 2023 and ended on 2 June 2023. We visited the service on 18 and 24 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 5 people who used the service about their experience of the care provided. We spoke with 4 staff including the manager and care workers.

We reviewed a range of records. This included 4 people's care records and 7 people's medicine records. We looked at 2 staff recruitment files. A variety of records relating to the management of the service were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Using medicines safely

- Medicines were not always managed safely. This mainly related to record keeping.
- Topical charts for creams had not been completed. There was no information to show where to apply the cream and the charts had not been signed by staff to confirm administration.
- Protocols were not always in place to guide staff on when to give 'as required' medicines. Where protocols were in place these were not accurate or person-centred and needed updating.
- The majority of medicine administration records (MAR) were well completed. However, the manager told us one person's morning medicines were being administered at midday as agreed by a GP in 2018. This was not reflected on the MAR. There was no evidence to show any review had taken place since 2018 to ensure it was still safe to give the morning medicines at noon.
- Medicines training was not in accordance with NICE guidance which recommends annual updates. The manager confirmed training was updated every 3 years. Records showed three staff had not received medicines training for seven years or more.

Medicine records were not managed safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely and safe systems were in place for ordering and disposal of medicines.
- Staff had completed medicine competency assessments.

Staffing and recruitment

- We were not assured there were always enough staff to meet people's needs and keep them safe.
- The manager was unable to provide any evidence to show how staffing levels had been calculated. The rotas showed there was a minimum of 2 staff on duty during the day and 1 staff member at night. Additional staff were brought in on some days to support people with one-to-one activities and accessing the community.
- No domestic or catering staff were employed. These duties were completed by the care staff and this limited the amount of time they could spend with people. One staff member said, "We spend a lot of time cleaning."

We recommend the provider considers implementing a staffing dependency tool and reviews the current staffing levels to ensure people's needs are met.

- People benefitted from a stable staff team, many of whom had worked at the home for several years. This helped ensure continuity of care for people with staff who were familiar and knew them well.
- Recruitment of staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with people.

Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Risks identified at the last inspection had been addressed. Most people had been given plugs for their sinks. Due to flooding risks one person was supplied with a plug when required. Fire safety works had been completed.
- Records of hot water temperature checks showed these exceeded the 44 degrees centigrade recommended by the Health and Safety Executive. One bedroom had two free standing heaters as well as an unguarded radiator which was hot to touch. The manager addressed these issues during the inspection.
- Individual risk assessments were in place for people. These were brief but identified key risks and the action required to mitigate the risk.
- Systems were in place to record and monitor accidents and incidents. The manager confirmed no accidents or incidents had occurred in 2023.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At our last inspection we recommended the provider sought advice and guidance from a reputable source about improving documentation to show people's capacity had been clearly assessed and decisions made in their best interest. The provider had made improvements.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse and harm.
- Most people said they felt safe at the service. One person raised a concern about their personal circumstances which they said made them feel unsafe. We discussed this with the manager who was aware of their concern and was dealing with it.
- Staff had received safeguarding training and knew the procedures to follow. One staff member said, "I would report [abuse] and if I didn't think it was dealt with, I would go to safeguarding and whistle blow."
- The manager confirmed there had been no safeguarding incidents in 2023. Records showed previous

incidents had been referred to the local authority safeguarding team and notified to CQC.

- Systems were in place to ensure people's monies were managed safely. Records were maintained with receipts for items purchased.
- Systems were in place to look at lessons learned following any incidents and to share the learning with staff.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family and friends were welcome to visit at any time. People were also supported to visit and/or stay with family and friends regularly.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found people's privacy and dignity was not always respected. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff supported and encouraged people to express their views and involved them in decisions about their care and support.
- People's privacy and dignity was maintained and staff treated people with respect. The home had a relaxed, friendly atmosphere and we saw people were comfortable around each other and the staff.
- People told us they liked living at the home. Comments included; "I like it here. Staff are nice"; "It's good, staff help you" and "Everything's all right here."
- Staff had developed positive relationships with people and we saw warm interactions between people and staff.
- Staff promoted and supported people to maintain their independence. One person said, "It's done me good being here. I go out a lot and the staff are friendly."

Ensuring people are well treated and supported; respecting equality and diversity

- The service considered people's human rights and equality and diversity.
- People were supported by a multi-lingual staff group who reflected the diverse needs of people living at the home. This empowered people who were able to speak in their native tongue and enabled people to follow their chosen religion. People told us how much they had enjoyed the recent Eid celebrations which had included a barbeque at the home.
- People followed their preferred interests and routines many of which involved time out in the community. This included attendance at day centres, visiting the cinema, shopping, walks, visiting family, going to the hairdresser, beauty treatments and, for some, dedicated one-to-one time.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection we found quality assurance processes were not always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality audits and checks were in place, however these were not always effective in identifying risks and securing improvements. Although fire safety issues found at the last inspection had been addressed, we found shortfalls in other areas at this inspection.
- Medicines audits were narrow in scope and had not identified the issues we found. Hot water checks showed temperatures which exceeded the optimum level specified by the Health and Safety Executive, yet no action had been taken. People's weight was audited monthly, Discussion with the manager showed actions had been taken but these were not reflected in the record.
- An infection prevention and control (IPC) audit had been completed by the local authority infection control team in November 2021. Actions from the audit had been completed but no internal IPC audits had been carried out since.
- Medicines policies were dated April 2023, but needed reviewing. The policies made no reference to NICE guidance. For example, one policy stated, 'controlled drugs must not be prescribed without the registered manager's direct authorisation'. The section relating to covert medicines did not include all the recommendations in the NICE guidance.
- Fire drills were carried out every six months involving people who lived in the home and staff. However, the records did not show who had taken part in the drill, what time the drill occurred, what happened or any outcome.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager knew people well and was prompt in responding to issues raised during the inspection.
- The manager was committed to providing person-centred care and support for people. We saw people enjoyed the open door policy, frequently coming in and out of the office to chat with the manager. We saw the manager worked alongside staff supporting them and providing oversight.
- The manager understood their responsibilities in relation to the duty of candour and communication with people when things went wrong. They knew how to share information with relevant parties, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager worked in partnership with people, their relatives/advocates and staff through quality assurance surveys, face to face meetings and day to day contact. We saw how people were involved in the refurbishment plan for the home such as choosing furniture and flooring for their rooms.
- People told us they felt well supported. Staff said they enjoyed working at the home and felt team work was good. One staff member said, "This has been my second home."
- The service worked in partnership with external agencies to ensure people's needs were met.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to ensure compliance with the relevant regulations were not always operated effectively. Accurate, up to date and complete records were not always maintained in respect of each service user