

Larcombe Housing Association Limited

Wellesley Lodge Residential Home

Inspection report

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Date of inspection visit:
16 December 2019

Date of publication:
03 January 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wellesley Lodge Residential Home is a residential care home which can support up to 22 people in one adapted building. The services specialises in supporting older people living with dementia. At the time of this inspection the service was providing personal care to 17 people.

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

People were safe at the service. Staff knew how to safeguard people from abuse and how to minimise identified risks to people's safety. Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises was clean and tidy. Staff followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

There were enough staff to meet people's needs safely. The registered manager regularly checked that staffing levels were meeting people's needs at all times. The provider undertook pre-employment checks on all new staff to make sure were suitable to support people. Staff were given relevant training to help them meet people's needs. The registered manager made sure staff had regular opportunities to review and improve their working practices to help them provide effective support to people.

People and their representatives were involved in planning and making decisions about the care and support they needed. People had an individualised care plan which set out their preferences for how their care and support needs should be provided. Staff understood how people's needs should be met and provided the care and support which had been planned for people.

Staff were kind, caring and knew people well. They supported people in a discreet and dignified way which maintained people's privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well. Staff helped people to eat and drink enough to meet their needs and to take their prescribed medicines. Staff made sure people could access health care services when needed and worked well with other healthcare professionals to ensure a joined-up approach to the care and support people received.

Staff supported people to participate in activities and events and to maintain relationships with the people that mattered to them. There were a range of comfortable spaces around the premises where people could spend time in, when not in their room. Since our last inspection the provider had been redecorating and refurbishing the premises to make this a more accessible and pleasant place for people to live. Further redecoration and refurbishment was planned.

People and their representatives had no concerns about the care and support provided by staff. They knew

how to make a complaint if needed. There were arrangements in place to make sure any accidents, incidents and complaints were fully investigated which included keeping people involved and informed of the outcome. Learning from complaints and investigations was acted on and shared with staff to help them improve the quality and safety of the support they provided.

People and their representatives spoke positively about the management of the service, particularly the new registered manager who had been appointed since our last inspection. The registered manager made sure they and staff were clear about their duties and responsibilities, to help people achieve positive outcomes in relation to their care needs.

People, their representatives, staff and others were encouraged to have their say about how the service could improve. The registered manager used their feedback along with other checks, to monitor, review and improve the quality and safety of the service. Senior staff worked proactively with other agencies and acted on recommendations to improve the quality and safety of the service for people.

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 good (published 2 August 2017).

Why we inspected

This was a planned inspection based on the previous rating of good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wellesley 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 Care Act 2014.

Inspection team

This inspection was undertaken by one inspector 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. 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 two people using the service, four relatives and a visiting healthcare professional. We asked them about their experiences of the care and support provided at the service. As most people using the service were unable to speak with us due to their communication needs, we observed interactions between people and staff.

We also spoke with five members of staff including the registered manager, two care support workers, the chef and the person responsible for maintenance at the service. We reviewed a range of records. This included three people's care records, medicines administration records (MARs) for three people, two staff recruitment files, staff training and supervision information and other records relating to the management of the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. One person said, "The staff make me feel safe." A relative told us, "It's much safer than being at home."
- Staff were trained to safeguard people from abuse and knew how and when to report safeguarding concerns about people, if these should arise.
- Information was displayed for people, visitors and staff about how to report safeguarding concerns to the appropriate person and local authority to investigate. The registered manager liaised appropriately with the investigating local authority when a safeguarding concern was raised about a person.

Assessing risk, safety monitoring and management

- Risks to people to their health, safety and wellbeing were assessed and managed in an appropriate way. Information from assessments was used to develop detailed plans for staff about how to manage identified risks. For example, where people were at risk of falls, up to date plans were in place for how this risk should be minimised.
- Staff were vigilant and did not hurry or rush people when helping them to get up out of chairs or when moving around the home. This helped reduce the risk of people falling or sustaining an injury from poor moving and handling practices.
- Senior staff undertook regular health and safety checks of the premises and dealt with any issues promptly. The provider had longstanding arrangements in place for the premises and equipment to be maintained and serviced at appropriate intervals to make sure they remained in good order and safe for use.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "There are always enough staff and always someone to help me." A relative told us, "There always seem to be enough and they know what they are doing."
- During the inspection, staff were present and accessible to people when needed. The registered manager used a dependency tool to review staffing levels to make sure these were meeting people's needs safely at all times
- Staff on each shift were trained to deal with emergency situations and events if these should arise.
- Pre-employment checks were carried out on staff that applied to work at the service. These checks helped the provider make sure staff were suitable and fit to support people.

Using medicines safely

- People were supported to take their prescribed medicines. People's medicines records contained important information about them such as allergies and guidance for when to administer 'as required' medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
- Staff had been trained to manage and administer medicines. They made sure medicines were stored safely and securely at the service.
- Senior staff regularly checked staff's working practice in relation to medicines. This helped the provider make sure staff were working in a consistently safe way.

Preventing and controlling infection

- People's bedrooms and communal areas were clean, tidy and free from odours.
- Staff followed current guidance to reduce infection risks associated with poor cleanliness and hygiene. They had access to cleaning supplies, materials and equipment to help them do this.
- Hand sanitisers, soap and drying facilities were available around the premises for people, visitors and staff to use. This helped reduce the risk of the spread of infection.
- Kitchen staff were trained in basic food hygiene and followed food safety procedures when preparing, serving and storing food. Since our last inspection the service had been awarded the highest food hygiene rating of '5'.

Learning lessons when things go wrong

- The registered manager fully investigated accidents and incidents involving people. They took appropriate action when needed to address any issues to help reduce potential risks to people's health, safety and wellbeing. For example, there had been incident when a person became very unwell in the main lounge in front of other people using the service. Staff had to provide care to the person and emergency services also attended. The registered manager told us they were aware of the impact that this incident had on other people using the service. They had purchased a privacy screen for staff to use, should a similar incident happen again, so that staff could support people more discreetly to help lessen the risk of distress and anxiety to them and others.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support they provided.
- The registered manager analysed accidents and incidents to check for any trends or themes to help reduce the risk of these happening again.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed by the provider prior to them using the service. People and their representatives were involved in this process so that the provider knew what their choices and preferences would be in relation to their care and support needs.
- The provider referred to current guidance when assessing people's needs and the type of support they might need. For example, for people who required support in terms of moving and transferring, the provider used current guidance to develop information for staff on how to do this in a way that kept people safe from harm or injury.
- Information from these assessments was used to develop individualised care plans for people which set out how, when and from whom they received support. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- Relatives told us staff were able to meet the needs of their family members. Staff had received training to help them meet the range of people's needs. This included refresher training and updates to keep up to date with current best practice in relation to the support provided to people.
- New staff had to successfully complete a period of induction before they could support people unsupervised.
- Staff had regular supervision (one to one) meetings with senior staff to discuss their working practices, any concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- People spoke positively about meals at the service. One person said, "The food is lovely." A relative told us, "[Family member] likes the food and will go to the dining room to eat with others."

During the breakfast and lunchtime service people appeared to enjoy their meals and were given the option to have extra portions if they wanted this. Outside of mealtimes, people were offered drinks and snacks at regular intervals.

- The chef understood people's dietary needs and how they wished to be supported with these. They knew about people's specialist needs due to their healthcare conditions and took this into account when planning and preparing their meals.
- Staff monitored people to check if they were eating and drinking enough and if they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

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

- People had access to healthcare services when needed such as the GP, dentist or other healthcare specialists involved in their care and treatment. Staff followed recommendations made by healthcare professionals to help people achieve good outcomes in relation to their health and wellbeing.
- Staff worked closely with healthcare professionals and sought their advice and support to ensure people received effective care and support in relation to their healthcare and medical conditions. A visiting healthcare professional told us, "Staff are brilliant. It's one of the best homes we go to because of the way staff work with people. They work in [people's] best interests and the staff always keep us updated. They are always looking at ways to help with people's healthcare needs to try and minimise stress to people."
- When people did need to go to hospital, information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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

- Since our last inspection the provider had made improvements to the premises to make the service a more accessible and pleasant place for people to live. A new wet room had been installed and toilet doors had been painted yellow to help people locate these easily. Carpeting had been replaced with more durable flooring and communal areas had been redecorated which gave the premises a brighter and fresher feel which also helped people to navigate around.
- Further redecoration and refurbishment of communal areas was planned to continue to meet people's needs and preferences.
- People's bedrooms had been individualised and furnished to their choice. There were a range of comfortable spaces where people could spend time in, when not in their room including the lounges, the dining room, the conservatory and the outside courtyard and garden. A relative told us, "At night when [family member] doesn't like to sleep in their bed they sometimes go into the lounge. [Staff] keep an eye on them there but it's great that nobody stops them. It's like being at home. You can spend time where you want to. You aren't made to fit into the staff's routines. It's up to you."

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.

- Senior staff undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People gave us positive feedback about staff and the service. One person said, "The lovely staff help me with my clothes and this morning [staff member] put me a bit of make-up on. I feel very glam!" Another person told us, "You couldn't find a nicer place for people. It always has a gentle feel about it. I love living here." A relative said, "We came for respite but it was so lovely and [family member] was so settled that we decided it was best for them to stay."
- People appeared relaxed and comfortable with staff. Staff were warm and friendly and engaged and communicated with people throughout the day. They regularly checked how people were and initiated conversations, talking to people about things that were of interest or important to them.
- Staff were observant and when people spilt drinks or if their clothing became wet they helped people to change without any fuss. Staff were quick to comfort and reassure people when they became anxious or upset.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their care records so that staff had access to information about how people should be supported with these. Staff understood these needs well and made sure people were supported with these. For example, where people wished to practice their faith, staff arranged for religious leaders to attend and provide religious services or holy communion.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- Prior to using the service, people and their representatives were asked about the care and support they needed from staff and how they would like this provided. People's views about this were used to inform their care plans.
- Once people started using the service, senior staff involved them in reviews of their care and support needs to check this continued to meet their preferences and choices. This ensured the care and support people received remained personalised and tailored to their needs.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "[Staff] will do what [family member] would like on whatever day and cope with any issues. It's always what [family member] wants and [staff] let them be as independent as they can and that changes from day to day."

- Staff respected people's right to privacy and dignity. They did not enter people's rooms without first seeking their permission.
- Personal care was carried out in the privacy of people's rooms or in bathrooms. Staff made sure people were clean and dressed appropriately for the time of the year. They gave people the space they needed to spend time alone if they wished.
- People's records were kept secure so that information about them remained private and confidential.
- Staff prompted people to do as much as they could and wanted to do for themselves. Adapted cutlery and plates were used to help people eat independently. Staff only helped when people could not manage and complete tasks safely and without their support.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. A relative said, "They know [family member's] history. [Family member] has lived in many countries and that makes for some interesting conversations. [Staff] take an interest."
- People's care records contained information about their preferences and choices for how their care and support should be provided. This included information about their life history, likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- Staff understood people's care and support needs and people's preferences for how this was provided. Staff asked people for their consent before they provided any support and gave people time to make choices about what they wanted.
- Senior staff reviewed the care and support provided to people to check this was continuing to meet their needs. Staff were promptly informed of any changes to the support people needed.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting people to develop and maintain relationships to avoid social isolation

- People were supported to take part in a wide range of engaging and stimulating activities at the service. One relative said, "I am confident that there is enough to do...there are regular entertainers and things like art therapy. The work that [family member] has done is put up in their room." Another relative told us, "I can think of flower arranging, a small dog who is brought in, a regular musician that everyone seems to really enjoy. Music is played that's familiar. I am confident that there is enough to do...[family member's] allowed to drift in and out of things as they want to."
- There was a varied programme of activities for people to take part in such as memory and reminisce exercises, games, quizzes and arts and crafts. During our inspection people appeared to enjoy the activities being provided.
- Some people preferred to spend time on their own on more individualised activities. One person said, "I always have my routine in the morning and all the [staff] know that." We saw staff set up a table for them with a colouring book and a pot of colouring pens as this was how the person liked to spend their time.
- Special occasions and significant events were celebrated at the service and people and their representatives were encouraged to participate in these. A relative told us, "The Church came in yesterday and we sang carols with them. It was lovely." Another relative said, "We all enjoy the relatives days when it is a big family party."
- People were encouraged to maintain relationships with the people that mattered to them. Relatives told us they could visit the service at any time and were welcomed by staff. One relative said, "I can come at any time and I am always made welcome. There are different areas that you can spend time without disturbing

everyone else."

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's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- We saw that people who used glasses or hearing aids were wearing these as required.
- Information had been adapted to meet people's needs. For example, care plans and information about how to make a complaint was available in easy to read pictorial formats to make this easier for people to understand.

Improving care quality in response to complaints or concerns

- Feedback received from people and their representatives during this inspection indicated they had no issues about the quality of care and support provided by staff.
- People and their representatives told us they knew how to raise a concern or make a complaint if needed. One relative said, "I was given information on how to make a complaint. I could do something face to face or by email. There's been nothing that I have felt the need to complain about." Another relative told us, "We have never had cause to complain but we are always in dialogue with the manager so if there was anything, it would come up then and be sorted."
- There were arrangements in place to deal with people's complaints if they were unhappy with any aspect of the support provided. The registered manager told us they had received one complaint in the last twelve months. We noted the registered manager had investigated this and provided appropriate feedback to the person making the complaint.

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their records. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- Where this was appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and records showed people and their representatives had been consulted.
- At the time of this inspection no one was receiving end of life care and support. The registered manager told us they had well established links with the relevant healthcare professionals that would need to be involved when this support was required for a person.

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

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

- Since our last inspection the provider had appointed a new registered manager for the service. People and their representatives spoke positively about them. One person said, "The new manager has revitalised the place with all sorts of small touches." A relative told us, "The manager fully includes me and makes me feel that I am still part of [family member's] life and care which is very important to me."
- We observed the registered manager was often out in communal areas chatting to people, visitors and staff. Their interactions with people were friendly and warm and they were focussed on meeting people's needs and resolving their queries.
- The registered manager encouraged and supported staff to review their working practices through regular supervision and team meetings. The registered manager told us this helped them to make sure people were being supported to achieve positive outcomes in relation to their care and support needs.
- The registered manager was open about when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and their representatives were kept involved and informed of the outcome.

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

- There was a clear and well defined management and staffing structure at the service.
- The registered manager understood their responsibility for meeting regulatory requirements. They notified us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- Senior staff monitored and assessed the safety and quality of the service. They undertook regular audits and checks of key aspects of the service. Where issues were found through these checks these were addressed promptly and improvements were made.

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

- People and their representatives felt informed about the provider's plans for the service. A relative told us, "The newsletter that the management do, keeps us up to date with their plans and what's happening. I like that. It's every two to three months."
- People, their representatives, staff and others, such as healthcare professionals were provided regular

opportunities to have their say about the service and how it could improve.

- The registered manager acted on what people had to say. We saw they had developed an action plan setting out how they planned to improve the service based on feedback they had received. This was on display for people to read so that the registered manager was fully accountable for making sure these improvements were made.
- There were good links with the local community and people were regularly visited, for example, by local faith groups who engaged with people in a range of activities and events.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. Staff made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current practice in relation to people's specific needs.
- The provider worked proactively with other agencies to make improvements to the quality and safety of the service. The local authority had undertaken a quality monitoring visit in the last twelve months and had made a recommendation about how the service could improve, which the registered manager had acted on.