

HC-One Limited

Washington Lodge Nursing Home

Inspection report

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31 May 2016

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Ratings

Overall rating for this service

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 30 and 31 July 2015.

Breaches of legal requirements were found because people's care plans did not always reflect their individual needs. People's capacity to make decisions had not always been clearly assessed, and the home's audit procedures did not always identify areas for improvement, and where they did clear timescales were not always identified.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the regulations relating to person centred care, assessing people's mental capacity and good governance processes.

We undertook this focused inspection on 31 May 2016 to check that they had followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Washington Lodge on our website at www.cqc.org.uk.

We found the assurances the registered provider had given us in the action plan had been met.

Care records had been reviewed in line with the home's care plan tracker. Risk assessments were completed and new care plans developed. The activity programme had been developed to meet the needs of people living with dementia.

Training records confirmed all staff had completed additional Mental Capacity Act training. A training matrix was in place which confirmed the date training had taken place and the date when training needed to be updated. Care plans had been written to guide staff about how to support people with decision making. These were specific to the individual needs of each person.

The home's audit procedures identified areas of improvement. Care plan audits were completed in line with timescales. Meetings had been organised with relatives and people with a set agenda. Relatives' survey results were used to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

We could not improve the rating for 'is the service effective?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inspected but not rated

Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

We could not improve the rating for 'is the service responsive?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inspected but not rated

Is the service well-led?

We found that action had been taken to improve well led.

We could not improve the rating for 'is the service well led?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inspected but not rated

Washington Lodge Nursing Home

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.

We undertook an unannounced focused inspection of Washington Lodge. This inspection was done to check that improvements the provider planned following our comprehensive inspection in July 2015 had been made.

We inspected the service against three of the five questions we ask about services: Is the service effective? Is the service responsive? Is the service well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two adult social care inspectors.

During our inspection we reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to address the breaches in regulations. The registered provider told us these actions would be completed by 30 October 2015.

We looked at training records for staff employed at the service. We also looked at the care records for four people and quality assurance documents. We spoke with one person, one relative, the manager and area manager.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection in July 2015 we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was not following the requirements of the legislation. We found capacity assessments had not always been carried out and obtaining consent to care and treatment did not always reflect current legislation. In particular, some staff had not completed training on the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had not been made to the local authority in line with the requirements of the legislation. This meant people's human rights might be breached as preventing people from leaving the home without the required capacity assessments and best interest decisions having been carried out may could constitute a restriction to people's liberty.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to meet the regulations including additional MCA training for care workers, developing care plans to support people's decision making and applying for DoLS authorisations following an assessment of people's capacity.

We found the assurances the provider had given in the action plan had been met. Training records confirmed all staff had completed the additional MCA training. A training matrix was in place which confirmed the date the training had taken place and the date when it needed to be updated. This meant staff now had the training they needed to care for and support people in line with the requirements of MCA. There were also systems in place to help ensure training was kept up to date.

We saw the provider had assessed people's capacity and where there were doubts DoLS applications had been submitted following a best interest decision. DoLS authorisations were either in place or awaiting authorisation from the local authority for 23 out of 26 people. Records confirmed family members had been involved in discussions about the MCA with staff members. All family members had been contacted to confirm whether Lasting Power of Attorney was in place for people using the service. Where this was the case, copies of the relevant paperwork were kept on file. Care plans had been written to guide staff about how to support people with decision making. These were specific to the individual needs of each person. For example, one person's decision making care plan stated '[person] is able to verbalise all choices, [person] is able to make their needs clearly known.' Care plans had been reviewed monthly to keep them up to date

with people's current needs.

Is the service responsive?

Our findings

During our last inspection in July 2015 we found care plans were out of date and did not reflect people's individual needs. We could not be sure if people were receiving specific personalised care according to their needs. Although the service had an activity timetable in place, we noted that people were either sat in their bedrooms or watching television in the lounge. The activities available were not always suitable for people living with dementia.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to review all care plans and risk assessments along with the completion of a care plan tracker to ensure staff knew which care plans took priority for updating. The provider also gave assurances action would be taken to provide an activity programme to meet the needs of people living with dementia. The provider told us these actions would be completed by 30 October 2015.

We found the assurances the provider had given in the action plan had been met. The manager confirmed care plans and risk assessments had been updated. We checked the care records of four people. We found new care plans and risk assessments were in place and were appropriate to people's current needs. This meant staff had up to date care plans and risk assessments to enable them to deliver safe care and treatment. Although care plans for people with mental health problems were in place, we felt these would benefit from further development to include specific triggers in relation to people's behaviours and to include strategies to manage specific behaviours. The manager acknowledged our findings and advised additional information would be added to care plans.

During our inspection we found an area dedicated to activities for people. The area was spacious and included a lounge area for people to sit. Numerous board and floor games and crafts were available along with a music player and discs. We found items for people living with dementia to use during activities. For example, a board with several different types of locks and handles which they could open and lock. The area manager told us, "We have one person who was a joiner, staff obtained wooden tools, so [person] spends time using them usually mending skirting boards." We spoke to one relative who told us, "There is always something going on in the home now." When we asked one person if they enjoyed the activities the home provided, they said, "Yes, I get to go out." The activity timetable was in pictorial form so people could see what was on offer. This meant that stimulating activities were available for people living with dementia.

Is the service well-led?

Our findings

During our last inspection in July 2015 we found the provider's care plan audit process did not identify areas of improvement and where they did clear timescales were not always identified. We could not be sure that people's care plans were up to date.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to ensure the home's audit procedures identified areas of improvement with specific timescales from completion, along with the development of a care plan tracker to identify which audits took priority. The provider also confirmed they were scheduling monthly relative and residents meetings with a planned agenda and carrying out a relative survey. The provider told us these actions would be completed by 30 October 2015.

We found the assurances the provider had given in the action plan had been met. We checked the care plan audit file and sampled records to demonstrate audits had been completed. Where actions were required these had been addressed and signed off by the manager within set timescales. The process was embedded into a calendar held in the file to ensure care plans were audited in a timely manner. We found records of governance being monitored by the area manager, and actions were recorded on the monthly audit report for the manager to address. Entries were dated and signed off when completed.

Relatives and residents meetings had taken place, a set agenda had been used and minutes of the meetings were available. One relative told us, "There are meetings to discuss concerns, but I have no problems with the home at all, they have done really well for [person]." We looked at the recent relative survey in which positive comments were made regarding the service. For example, one relative had written, 'The manager and nurses are always available', another had commented, 'Carers are gentle and kind and respond to any needs.'

This meant that the provider had improved the governance procedures in the home regarding care plan audits. Relative and resident's meetings had improved with agenda planning and survey results demonstrated positive feedback which the service used in their development plans.