

Ward Green Lodge Ltd

Ward Green Lodge

Inspection report

High Ridge
Ward Green
Barnsley
South Yorkshire
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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

Ward Green Lodge is registered to provide accommodation and personal care. The home can accommodate up to 66 older people, some of whom are living with dementia. It is situated in the Ward Green area of Barnsley, close to local amenities and bus routes. The home is purpose built over two floors, accessed by a passenger lift. All of the bedrooms are single occupancy and have en-suite toilet and shower facilities. Communal lounges and dining areas are provided. The home has an enclosed garden and a car park.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

There was a manager at the service who was registered with the CQC. 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 and associated Regulations about how the service is run.

People living at Ward Green lodge said they felt safe and they liked the staff. Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety. Staff said they had been provided with safeguarding vulnerable adults training, so they understood their responsibilities to protect people from harm.

There was sufficient staff to meet people's needs safely and effectively. The service used effective recruitment procedures which helped to keep people safe.

There were effective procedures in place for the safe management and administration of medicines.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

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

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

We found the home was clean, bright and well maintained.

People were treated with dignity and respect and their privacy was protected. People, their relatives, visitors and health professionals we spoke with made positive comments about the care provided by staff.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff, people and relatives said the registered manager was approachable and communication was good within the service.

Further information is in the detailed findings below

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.

Ward Green 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 comprehensive inspection took place on 29 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, an inspection manager 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.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

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 gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 63 people using the service. We spoke with 10 people living at the home, four relatives or friends of people and four visiting health professionals.

We spoke with 13 members of staff, which included the registered provider and manager, the business and compliance manager, assistant manager, support workers, the administrator and ancillary staff such as housekeepers, laundry staff and cooks.

We spent time observing care in the communal areas and used the Short Observational Framework for

Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's care records, three people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People receiving support told us they felt safe living at Ward Green Lodge. Their comments included, "Oh yes its safe," "It is safe and comfortable here," "I feel relatively safe," "I feel safe and free from any trouble." and "The staff here are good to you." Relatives and friends of people living at Ward Green Lodge said they had no concerns regarding safety. Their comments included, "[Name] is definitely safe here." "[Name] has been in for years now, not any problems" and "[Name] is really safe here, no worries."

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff understood their responsibilities to protect people from harm.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated in October 2018.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Where accidents or incidents had occurred, detailed information had been recorded by staff. These accidents were then reviewed by the registered or business compliance manager to ensure appropriate action had been taken to keep people safe. These reviews were very detailed and included the exact area the person fell, any injury sustained and lessons that could be learned to prevent the person falling again.

Medicines were obtained, stored, administered and disposed of safely by staff. We saw that people were receiving their medicines as prescribed by their GP. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely. Senior support workers or assistant managers administered medicines and their competency was regularly checked.

We observed staff members administering the medicines. Staff wore a 'do not disturb' tabard so they were not distracted or interrupted when administering medicines. We observed the staff were patient, calm and professional when administering medicines.

We checked three people's MAR. These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines

that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

We discussed with the business and compliance manager about increasing the frequency of checks for some CDs that weren't administered on a daily basis. The manager confirmed that the frequency of these checks would be increased immediately.

Staffing levels were sufficient to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. People told us, and we saw from the staff rotas, that there were enough staff on each shift to meet people's needs. People living at the service and their relatives commented, "They (staff) come alright when I ring my buzzer," "Staff check every two hours through the night," "There are always staff around" and "There is enough staff. I accidentally set the alarm off and they thought [name] needed them and came immediately."

We observed during the inspection that staff were visible and available to meet people's needs promptly.

Safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. Each file contained an application form detailing a person's employment history, two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We found some improvements to staff recruitment files were needed because the files we checked did not contain a staff health declaration as set out under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed. The registered manager and business and compliance manager said that a health declaration was discussed verbally with staff at their interview but was not recorded if the staff member confirmed they had no health issues. The managers agreed that this discussion would now be documented for all staff and the staff application form would be amended so all staff would make a health declaration when applying for a job at Ward Green Lodge. The business and compliance manager confirmed these measures had been implemented the day after inspection.

We found the service to be clean and tidy, with a homely atmosphere. People and their relatives we spoke with told us the service is always "spotlessly clean" and the "place is spotless". We saw there was an effective infection control policy in place and staff followed clear cleaning schedules. We saw plastic gloves and aprons were readily available throughout the home and were used by all staff at appropriate times throughout the day of the inspection. This meant there were systems in place to reduce the risk of the spread of infections.

Is the service effective?

Our findings

People and relatives we spoke with told us the staff were very good at providing people with the support they needed. They all felt the staff were appropriately trained and supervised. People said, "The staff are good. They seem to know what's what," "Staff are well trained they are keeping him as independent as they can" and "I think the staff are well trained."

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Staff undertook training such as moving and handling, fire safety, safeguarding, dementia awareness and tissue viability. This meant all staff had appropriate skills and knowledge to support people. Staff said, "I am up to date with all my training," "Training is really good here" and "[Named business and compliance manager] does a lot of in house training and we go to the council for training as well, it's all really good."

A health care professional said, "The staff here seem eager to learn, they are always wanting more training which is really a positive thing and will ultimately benefit the residents."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. Relatives comments included "Staff are very good at keeping us up to date" "The home organise a member of staff to go a hospital with [name] if I can't go," "I have good contact with the home, they keep me updated and I can ring any time" and "Staff make sure [name] regularly sees the optician, chiroprapist and dentist. The GP comes every week too."

Health professionals and stakeholders, we spoke with said they had no current concerns about Ward Green Lodge and all made very positive comments about the care staff provided including, "The communication

from this home is really good and we have a good relationship with them. Staff always follow our guidance and are quick to refer to us. They are quick to seek advice." "On a personal level I would recommend this home. I have no worries or concerns." "It seems a good home. The staff are very good." and "Definitely one of the best homes we visit. There is always a lovely atmosphere and the staff excellent. Staff act very quickly on our advice and really care for the residents here."

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. People's relatives also told us they felt consulted. The care plans we checked showed evidence people's consent to care had been sought. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Staff were seen and heard asking consent from people before providing any support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their routine.

People told us they enjoyed the food provided. Comments included, "The food is always nice and well cooked," "We have a choice dinner and tea every day" and "Foods nice. There's always a choice."

We found a varied and nutritious diet was provided to support people's health and respect their preferences. We spoke with the cook who was aware of people's dietary and cultural needs and preferences, so these could be respected. We saw people could have different to the menu if this was their preference.

We observed lunch being served in two dining rooms. Cold drinks were offered throughout the meal. Once seated, people did not have to wait for their meals to be brought to them. The tables had clean clothes on and fresh napkins and the staff had aprons on. Suitable cutlery was available to assist the people who could eat unaided. Support to people who needed assistance was offered discreetly by staff and at a relaxed pace.

We found the accommodation was well maintained and well decorated, which provided a pleasant living space. The corridors were very wide which helped with the movement of people and equipment.

We observed how freely people moved around the home and how they made themselves a drink or helped themselves to snacks which were available. Some people showed the inspection team photographs of events that had taken place at the home and we saw how comfortably people interacted with the staff and visitors to the home.

Is the service caring?

Our findings

People living at Ward Green Lodge made positive comments about staff and the service. People told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. People said, "Staff are very good, I'm looked after," "Staff here are lovely. They are kind and caring," "Staff respect my privacy" and "They (staff) are wonderful and dedicated."

Relatives of people receiving support told us the staff were caring and understood people's preferences and needs. Everyone said staff were respectful and kind. Comments included, "Every time I come here I can't believe how lovely it is." "The staff are very good with [name], they respect their privacy." "Staff look after me as well the residents." and "When I came here to find somewhere for [name] I was so upset. The manager and staff sat with me and [named person using service] for hours. Now [name] has a quality of life and has improved."

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we could not to speak with.

We saw people were cared for and supported by staff that were kind, patient and respectful. Staff shared conversation with people and were attentive and mindful of people's wellbeing. People were always addressed by their names and staff knew them well.

We saw staff maintained the dignity and respect of the people living at Ward Green Lodge. We observed care staff always knocked before entering people's rooms. Throughout the day we saw staff seek the agreement of people before and during any care tasks being completed.

We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. Some people had brought in their own garden furniture and bird table, so people could enjoy sitting in the gardens during the better weather. This also showed people were treated respectfully.

Meeting people's spiritual, religious and cultural needs was a focus of the staff team. The staff supported people with whatever spirituality meant to the individual. One person told us they attended the church "around the corner". Staff told us other people attended local churches and a local vicar regularly visited the home. We saw a religious service was advertised to be held in the home for Remembrance Sunday.

In the reception area we saw there was a large range of information available for people and their representatives. This included details of advocacy services, support organisations, forthcoming events in the community and in the home and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act

on their behalf.

Is the service responsive?

Our findings

People living at Ward Green Lodge and their relatives said staff responded to their or their family member's needs and staff knew them well. People told us they chose where and how to spend their time and how they wanted their care and support to be provided and they were involved in reviews of this. People said, "I sometimes struggle to stand up, but the staff always help me." and "Staff make sure all my needs are met." Relatives said, "The care here is very good." and "The staff are very good at meeting the needs of [name]."

We looked at three people's care plans. They were maintained and updated electronically and were specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. Important information was recorded in people's plans, so staff were aware and could act on this. The plans seen had been regularly reviewed to keep them up to date.

The staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the health and personal care needs, life history and preferences of the people they supported. This showed the care provided was person centred.

There was a dedicated activity worker to ensure there was a range of meaningful activities on offer every day at Ward Green Lodge such as, craft and art, games, music and movement and visiting singers and entertainers. The activity worker was on leave on the day of inspection, but other staff were ensuring that activities were still taking place.

People said, "My daughter takes me out." "I enjoy the entertainment it is top quality." "I maintain my outside hobby and go to the bowling club but not to bowl now." and "I get out and about on my scooter. I like going to the shops every morning it keeps me active." Relatives said, "The activity worker is good she tries to get everyone involved" and "There are usually things going on, a singer is here today I think."

We saw the home was decorated for Halloween, a lot of effort had gone into this. There were numerous photographs of previous activities that had taken place displayed around the home. On the day of the visit a singer came to entertain people in the afternoon. We saw a number people become more alert and animated when the entertainer started singing. People were joining in the songs and interacting with the entertainer, staff and each other.

There were several other events that were planned or had taken place including a trip to go Christmas shopping and to see a pantomime, a seaside day, a cinema afternoon with popcorn ice-creams etc. included, a visit from a brass band and regular parties to celebrate seasonal events or people's birthdays. The home had good links in the community with the local school children and the mobile library regularly visiting the home.

We found a system was in place to respond to people's concerns and complaints so that people knew they would be listened to and taken seriously. People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

The service provided end of life care and support to people when this was identified as needed. The managers informed us that the home liaised with relevant healthcare professionals to ensure appropriate care was provided. We saw end of life discussions between staff, people and relatives were recorded in the people's care plans we checked. Staff told us they received training specific to end of life care. One staff member told us they were attending such training at the local hospice the week after our inspection.

Is the service well-led?

Our findings

The manager was registered with CQC. 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.

The registered manager was on annual leave the day of the inspection but when they learnt of our inspection they came to the home. The registered manager and compliance and business manager assisted with the inspection.

We saw the registered manager promoted positive relationships. They greeted people warmly by name and spent time sharing conversation with them. People living at the service and their relatives freely approached the registered manager and business and compliance manager to exchange pleasantries with them or ask advice.

People living at Ward Green Lodge and their relatives knew the managers and registered provider well. They spoke very positively about them and said, "Yes I know who the manager is she is good. She will listen to you," "[Registered manager] door is always open," "[Named managers] are both very approachable and can talk to them at any time" and "The owner [registered provider] sincerely wants it to be nice here. I see him regularly."

All staff said they were part of a good team and could contribute and felt listened to. All the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they enjoyed their jobs and all the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work. Staff said, "Both managers are lovely. They are firm but fair. We can go them if we have any worries." and "I've worked a few places, but I am proud to say I work at Ward Green Lodge. I would recommend the home and be happy for any family to live here."

The registered manager and registered provider monitored the quality of the service and acted to make improvements when issues were identified. We saw that several quality assurance audits were completed every month, including, audits of the environment, infection control, health and safety, medication administration and care records. We saw that where audits identified something could be improved, the next audit checked the improvement had been made for example improvements to the garden area. This meant audits helped to drive improvements to the quality of the service throughout the year.

People and their relatives were regularly asked for feedback on the service. People said they were encouraged to speak out and complete surveys. Relatives said that when they had approached the registered manager about various matters they felt as though they were listened to. This showed the service was committed to continuous improvement.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.