

Barchester Healthcare Homes Limited

Werrington Lodge

Inspection report

Baron Court
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Werrington Lodge is registered to provide accommodation, nursing and personal care for people for up to 82 people. Some of the people living at the home are living with dementia. Long and short-term stays are offered. At the time of our inspection there were 50 people living at the home.

This unannounced inspection took place on 8 September 2017. At the last inspection on 19 September 2016 the service was rated as 'good'. At this inspection we found overall the service remained 'good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When people had sustained unexplained bruising this had not always been reported to the appropriate agencies. This limited staff's ability to ensure people's care was as safe as possible. Staff completed training and competency assessments before administering medication to people. Staff were aware of how to reduce risks to people to try and keep them safe. Staff were only recruited after the necessary pre-employment checks had been completed. There were enough staff working in the home to meet people's needs.

Staff received the training and support they required to carry out their roles effectively. 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 supported this practice.

People received the support they needed to ensure they had adequate food and drink that they enjoyed. People were referred to the relevant healthcare professionals whenever this was needed.

Staff supported people in a kind and caring manner which promoted their dignity and privacy. People's relatives and friends were encouraged to visit and made to feel welcome. If needed people were supported to make decisions about their care.

Care plans were detailed and provided staff with the current information they required to meet people's needs. People were supported to take part in activities that promoted their emotional, physical and spiritual well-being. People were confident to raise any concerns they had and felt that they would be dealt with appropriately.

There was an effective quality assurance system in place to identify any areas for improvement. Staff and people living in the home were encouraged to be involved in the running of the home and give their views on any improvements needed.

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?

Safeguarding procedures had not always been followed to ensure people were kept safe.

Risk assessments provided staff with the information they needed to minimise risks to people.

Staff followed the correct procedures when administering medication.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Werrington Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September 2017 and was unannounced. The inspection was carried out by three inspectors.

We reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with four people who lived at the service and four relatives. We observed how staff interacted with people who lived at the service. We used observations as a way of viewing the care and support provided by staff. This was used to help us understand the experience of people who were present on the day of the inspection, but could not talk to us. We spoke with the registered manager, the regional director, four care staff and one nurse.

We looked at records in relation to four people's care including medicines' administration records. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living at Werrington Lodge. One person told us, "Living here makes me feel secure." This was because people were supported by a staff group that knew how to recognise when people were at risk of harm.

Staff told us, and records we saw, confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm, including what outside agencies they would contact with any concerns. The records show that safeguarding issues were normally reported to the relevant agencies. However, not all cases of unexplained bruising had been reported to these agencies. During the inspection we saw that one person had a bruise to their head, however there was no record of the bruise or how it had occurred. This lack of reporting was discussed with the registered manager during the inspection and they stated they would ensure it was reported in future.

We found from records we viewed that medication was administered by trained and competent staff. We observed that staff were following the correct management of people's medicines, such as by explaining what the medication was for and then completing the records accurately. The list of staff signatures had been removed from the medication room at the time of our inspection and could not be found. The registered manager ensured that a new list was available by the end of the inspection visit. Detailed information for medication that was to be administered "as required" wasn't always available for staff to refer to. The registered manager stated that it had been available and would ensure that it was replaced without delay. There was a protocol in place to ensure that any gaps in the recording of medication were promptly investigated. However, we saw that the protocol hadn't always been followed and there was some confusion by the nurse administering the medication over whose responsibility it was to carry it out. When the new cycle of medication had commenced the carried forward amounts hadn't always been completed. This meant that it was difficult to check if there was an accurate record of medication held in the home. Although a medication audit had been completed the information was not available on the day of the inspection. This information was provided shortly after the inspection.

Although accidents and incidents had been dealt with appropriately there was no system in place to analyse trends and patterns. This limited the provider's ability to take action to prevent the potential for recurrences. The registered manager stated that in future they would ensure effective analysis was undertaken following any investigations.

Risk assessments had been completed so that staff were aware of how to reduce risks to people when possible. We saw that a new risk assessment was being introduced for choking in conjunction with the choking policy being the "Policy of the month." This meant that when possible risks to people's health and safety were being reduced.

Records showed and staff confirmed that thorough recruitment practices were followed before new staff were appointed. Pre-employment checks included references and criminal records check. A review of the

personnel records showed all checks were completed before staff commenced working in the service.

One person told us, "If I ring my bell staff are quick to answer, unless they are caught up helping another person. The delay has never caused me any concerns." We found that there were enough staff to keep people safe. Staff answered people's call bells in a timely manner and staff had time to sit and talk to people and engage them in activities. The registered manager stated that the staffing levels were based on the needs of the people living at Werrington Lodge. Dependency assessments were completed for each person and reviewed on a monthly basis. In the memory lane unit staff told us that there was always one member of staff available in the lounge area in case anyone needed any assistance. We saw this to be the case on the day of the inspection. Staff also told us that there was an extra staff member working in the memory lane unit on the day of the inspection. The regional director stated that the staffing levels had been reassessed the previous week and the extra staff member would be available each day.

A 'disaster' plan was in place to be used in the event of an emergency or untoward event such as a fire or flood. The records showed that firefighting equipment and emergency lighting had been tested regularly.

Is the service effective?

Our findings

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). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. The assessments showed that the staff member completing the assessments with people did their best to include people's decisions as much as possible. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

People received the support they required with eating and drinking. The staff had recognised that people living with dementia may find it difficult to understand the meal options being explained to them. Therefore the different options for meals were plated up at lunchtime so that people could choose which one they wanted. One person told us, "Food is good quality." People who needed support to eat were given it in a kind and caring manner and this helped people's nutritional intake.

People told us and records confirmed that they accessed a range of health services. When needed people had been referred to the GP, speech and language therapist and other healthcare professionals such as a dietician.

Staff confirmed that they received the training and support they required to meet people's needs. Staff were able to tell us what people's individual needs were and how the training they received helped them to support people in the way they preferred. Staff confirmed that they felt supported by their managers and received regular supervisions where they could discuss any issues or support they needed.

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One relative told us, "The staff are kind and caring." They also said, "Housekeeping staff are great and they chat to [family member] when they are cleaning her room." One member of staff told us, "I think of the residents as family. We interact really well"

One relative told us "They (the staff) are very good. We have been here years and I've never had to complain [about the care]. The staff are all very nice and kind people. I'm made more than welcome when I visit. It makes a world of difference [to family member]."

Staff told us how they promoted people making choices about their care and support. One member of staff told us, "If they are living with dementia they can still make choices. We would use visual prompts." One person told us, "The staff don't push themselves on you, if you want help you ask and they will help you." We saw that staff offered people choices for example, what they would like to drink, where they would like to sit or if they would like to join in with activities.

The relative of one person told us, "Staff are very good. I visit every day and am always offered refreshments. They treat [family member] with respect and are very kind." Relatives were welcome to visit at any time and were invited to eat and drink with their family members.

Staff promoted people's privacy and dignity. For example, we saw that staff knocked on people's bedroom doors and waited for an answer before entering. One person told us, "I'm most satisfied with the care. The girls [care staff] are kind and when doing personal care they close the door and pull the curtains closed."

Residents' and relatives' meetings took place and minutes of these were taken and available to view.

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Care plans were detailed and gave the staff the information they required to meet people's needs in a person centred way. For example, for a person who was diabetic the care plan included information about the signs staff should look out for if the person was unwell due to their diabetes. Care plans had been reviewed monthly to ensure that the information was current. The registered manager explained that they reviewed the care plans of one person each day to ensure that they were getting the support they required. People were being weighed monthly so that staff could monitor their weight and take any action necessary.

Various activities were regularly offered taking into consideration people's interests and hobbies and to promote their physical, emotional and spiritual wellbeing. Activities included music and movement, holy communion and visits from local school children for concerts. Whilst people were waiting for lunch they used the opportunity for a social time. People sang and danced with the staff and looked like they were enjoying the interaction. Outings were also arranged and included going to the local garden centre for coffee. During the inspection we saw staff and people taking part in a quiz. It generated lots of talking and laughter. This showed us that people's preferences were considered and acted upon.

People and their relatives told us they felt confident if they raised a complaint it would be dealt with appropriately. There was a complaints process in place. The records showed that there had been six complaints received since the previous inspection. All of the complaints had been or were being investigated and the complainant notified of the outcome. One person told us, "I raised a concern with the nurse. I felt listened to and it was resolved." One relative said, "I have no complaints but would speak to the nurse if I did."

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had notified us of incidents as required such as those about people's injuries if this was required.

The registered manager was dedicated to providing a good service and was passionate about the people living at the home. There was an effective quality assurance system in place to ensure that, where needed, improvements were made in the home. When we suggested areas for improvements the registered manager and regional director had already identified the same issues and the appropriate action was being taken. For example, not all staff had received an annual appraisal but action was being taken to ensure this happened in the future.

Regular meetings with people who lived in the home and/or their relatives had taken place. One relative commented how they had requested a different room for their family member and this had been actioned and they were much happier.

Staff understood their role and were motivated in their work. The home had a positive staff culture and their hard work was recognised via the staff long service and rewards scheme. Regular staff meetings were held and staff were encouraged to raise any issues or ideas they may have had.

Staff were aware of the whistle blowing policy. One staff member told us, "If I had any concerns (about how people were being treated) I would report it straight away to the nurses, unless it was the nurse and then I would go higher [registered manager]." They also said, "If we needed to whistle blow it would be listened to."