

Woodbridge Lodge Limited

Woodbridge Lodge Residential Home

Inspection report

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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

About the service

Woodbridge Lodge Residential Home is a care home, without nursing and can accommodate up to 32 people in one adapted building, providing personal care and some people were living with dementia. At the time of inspection, there were 29 people living at the service

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

Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the service had safe recruitment procedures and processes in place. People received their medicines as they were prescribed. The registered manager had installed audits on cleaning activities and staff training on infection control, Staff informed us that the team meetings were an opportunity to share information and learnt lessons to develop the service.

Each person had a care plan which had been delivered from the initial assessment of the needs and included their choices of how they wished care to be delivered. People were supported to maintain their health and had support to access health care services when they needed to. 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. Food served at the service was well presented and took account of people's choices.

Staff were caring, and we saw kind interactions with people at the home. The activities team at the service ensured people had a variety of things to do during the day if they so wished. People's care was personalised and documented clearly in care plans. There was an established complaints system which people and their relatives informed us they knew about and would not hesitate to complain should the need arise.

People, relatives and staff spoke positively about the culture of the home and said it was well managed. The registered manager arranged quality assurance audits and surveys to gather information regarding how they could further develop the service.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 February 2019) and there was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Woodbridge 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

The inspection was carried out by one inspector, an assistant 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

Woodbridge Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We consulted with

Healthwatch to gather information to help us to plan the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and eight relatives about their experiences of the care provided. We spoke with six members of staff including the operations manager, registered manager, maintenance manager and three members of the care staff. We 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 reviewed a range of records. This included four people's care records and multiple medicine records. We look at two staff files in relation to recruitment and staff supervision.

After the inspection

We reviewed a range of records relating to the management of the service, including policies and procedures.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were managed with oversight from the senior staff. Safer systems of working had been introduced by the management since our last inspect and windows above the ground floor had their opening distance restricted to prevent people falling through the gap.
- People were now supplied with slings for lifting as required to meet their assessed needs.
- Care plans detailed people's specific risks and conditions. For example, the type of equipment needed for moving and handling and preventing falls and support with medical conditions.
- We found guidance for staff in people's care plans to support and manage risks around the prevention of pressure sores. For example, staff used body maps to pin point areas of concern, guidance included documenting any changes and how staff must report any changes to the senior staff.
- Risks associated with the safety of the environment and equipment were checked and managed appropriately. Fire safety checks, gas, water and electricity checks had been done as necessary.
- Staff received health and safety training and knew what action to take in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "It's quite alright here. I feel safe, they all help you."
- The service had a policy for safeguarding people which was discussed at staff training.
- People were protected from the risk of abuse and harm. Staff received training in safeguarding and understood the principles of safeguarding and knew how to raise concerns. A staff member told us, "The training is really good and covered the different types of abuse." Members of staff informed us they felt confident to approach the registered manager for advice about any safeguarding matter.

Staffing and recruitment

- We observed sufficient numbers of staff to keep people safe during our inspection and staffing rotas confirmed this. People and relatives told us, they thought there were enough staff to support people and calls bell were responded to promptly.
- A relative informed us that they thought there were sufficient numbers of staff on duty. They said, "It's a nice feeling knowing [my relative] is safe".
- Staff were recruited safely. Recruitment policies were in place and were followed. Relatives shared with us the concerns they had for the frequent changes of staff. The registered manager informed us that a number of permanent staff had left the service and successful recruitment had meant the staffing establishment had been stable over the past three months.
- Staff recruitment files were up to date and included employment histories and appropriate references. Checks were carried out to ensure that staff were safe to work within the health and social care sector

including Disclosure and Barring Service (DBS) checks for staff.

Using medicines safely

- Senior staff carried regular audits of medicines to identify any errors and take any necessary corrective action.
- People received their medicines safely and on time. One person told us, "I get my medication twice a day, they are good like that."
- Safe systems were in place for the storage and disposal of medicines. Medicine expiry dates were checked weekly and a monthly audit of all medicines was completed. We observed these checks being recorded.
- There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN). Guidance detailed when medication maybe required and signs and symptoms the person may show.
- Staff received administering medication training and competency assessments were carried out to ensure their practice remained safe.
- We observed staff administering medicines, they were caring and friendly to people and took time to interact with people, they knew people well and their medicines in accordance with their preferences.

Preventing and controlling infection

- Infection control systems were monitored by the senior staff.
- Staff understood the need for protective personal equipment (PPE) to be used, for example the use of apron and gloves when assisting people to wash. Staff told us that there were always plenty of PPE products available. One person told us, "The cleaning staff are very good,"
- Staff had received training regarding infection control. There were hand gel access points around the home and signs reminding staff and visitors to use the gel to keep their hands clean.

Learning lessons when things go wrong

- The registered manager and the provider encouraged openness among the staff to ensure errors were reported promptly. This enabled them to be resolved and learn lessons.
- The registered manager analysed accidents and incidents including near misses to identify any emerging patterns and trends. They discussed this information with the operations manager who visited the service at least weekly to support the registered manager.

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 has 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 had their needs assessed before moving to the service. Care plans were written in collaboration with people, families and professionals as required and care plans were further developed as staff got to know people.
- The registered manager was keen to ensure staff kept up to date with best practice advice. For example, if there were concerns around people's hydration, staff monitored their fluid intake.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these.
- Peoples mobility needs and capabilities were assessed prior to moving to the service to determine which part of the service accommodation would be most suitable to them.

Staff support: induction, training, skills and experience

- Staff received an induction before they started working with people and were supported by experienced staff while they were training. One member of staff told us, "I had lots of training during the induction."
- Training covered key areas, such as moving and handling, pressure area care and safeguarding. The registered manager reviewed the training program on a monthly basis to ensure staff knowledge was up to date. The operational manager worked with the registered manager to ensure training was arranged for the staff to attend.
- Staff received supervision and yearly appraisals. One member of staff told us, "I have supervision every two months with the manager."

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

- People were supported to eat and drink. The food was prepared by a chef who knew people well. One person told us, "The food is lovely." A relative told us, "[My relative] eats very well; they have a good choice of food".
- Care plans contained information about people's likes and dislikes about food. They also recorded any allergies, or religious preferences people may have, and all of this was communicated to the chef. One person told us, "I like coffee made by the sachets, staff buy them and keep them in a cupboard in the kitchen for me."
- People were assessed to ensure they were not at risk of weight loss and anyone who required it was weighed frequently. Peoples weights were recorded in their care plans.
- We observed the lunch time experience and found it to be a sociable occasion. Staff supported people to eat and drink and did not hurry them.

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

- Staff had handovers at the end of each shift to pass on information about people's health and wellbeing. The registered manager explained to us that if people's needs changed advice was sought from doctors, district nurses or specialist with regard to the concern such as the falls team.
- Staff referred people to other health care professionals, such as dentists, podiatrists and dieticians.

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

- The service had been adapted to meet the needs of people. There was a lift which had broken down on the day of our inspection but was repaired within 24 hours. The service put into practice the plan for supporting people should the lift not be in operation and this worked well.
- There was signage across the service to support people with dementia to maintain their independence.
- People's rooms were personalised with pictures and personal possessions. People informed us they were consulted through meetings about changes and adaptations to the service and people particularly liked the conservatory.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "This is all about ensuring you give people choices and recording that information."
- We saw staff talking to people about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.
- The registered manager had worked with people to determine their capacity and to ensure people were involved in the decision-making process of how they lived their lives. The registered manager explained to us how the process was used to arrange and record best interest decisions.

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 has 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 were treated with respect, kindness and compassion by staff in their approach when supporting people. We saw positive interactions between staff and the people they supported people. One person told us, "Staff do care, they are great."
- People appeared relaxed and calm in the presence of staff and we saw staff giving people encouragement and offering reassurance throughout the day.
- Staff treated people equally and recognised people's differences. People's religious beliefs were known to staff and respected.

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

- People were supported to make decisions about their care.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- We observed staff giving people choice throughout the day. People chose what time they got up and where they wanted to eat their lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to remain as independent as possible. One person told us, "I wash as much as I can myself and they help me with the rest."
- Relatives told us they found the staff respected people and treated them in a dignified manner. A relative told us, "The carers are marvellous. Generally, mum is looked after very well."
- One person we spoke with informed us that the staff respected that they liked time on their own, while also enjoying people's company in the afternoon and evening. They informed us that the staff knew they would not see much of them out of their room in the morning and respected their privacy.

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 has 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

- People received personalised care that was responsive to their needs. People's care plans were person-centred and detailed, covering key areas such as people's physical and social needs to support staff in knowing the person. One person talked us, "I do have a care plan."
- Changes in people's health or care needs were communicated effectively and updated in their care plans and through staff hand overs. Members of staff showed us how they recorded information onto the electronic care planning system and where to find information regarding risks and daily notes.
- People and their relatives worked with the staff regarding the initial assessment to develop the care plan. People informed us that their care plans were reviewed. The registered manager arranged care reviews with the individuals and their families. They also oversaw their two heads of care reviewing the care plans and taking any resulting actions.

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 were provided with information in a format they could understand, and signage helped people to locate their way around their home.
- The registered manager explained that books were available for people to read but should they experience and difficulty talking books would be made available.
- We observed staff speaking slowly and clearly to people and used non-verbal communication such as hand gestures to get their points across.

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

- People were able to take part in activities they enjoyed. We observed the activities staff holding music sessions with people and making cards on the day of inspection. An Elvis impressionist was at the service on the day of our inspection and people informed us how much they enjoyed the performance.
- The activities staff meet with people shortly after joining the service to learn about their interests and look to see how they could support them to continue to enjoy their hobbies.
- People informed us that events were arranged for each day. One person told us "I usually go downstairs; I always take a book with me. A relative told us, "The garden is beautiful, and [my relative] really enjoys it. They do some of the activities, they do a lot of stuff here, they do have day trips out."

Improving care quality in response to complaints or concerns

- The registered manager encouraged feedback from people and relatives as a way to continually improve care at the service. The registered manager had an open-door policy and was keen to talk to people and relatives about the care provided.
- The service had a clear complaints policy with information available about how to make a complaint. One person told us, "They are very kind, there is nothing to complain about." A relative told us, "I would soon go to the manager if something was wrong, I'm confident she would be accommodating."

End of life care and support

- Nobody at the service at the time of our inspection was receiving end of life care.
- People were supported at the end of their lives by knowledgeable and caring staff. The registered manager informed us the staff had received training about end of life care and would work with families and specialists.
- Care plans contained clear guidance for staff with regards to people's wishes.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Since our last inspection, the registered manager had developed the service governance systems to improve monitoring in order to identify issues and take appropriate action.
- The registered manager had created an open and positive culture that delivered and encouraged person-centred care. People and their relatives knew the registered manager and informed us they felt confident to raise any matters with them.
- Audits carried out included to check that window restrictors were in place and working and the hot water temperatures were checked. Staff showed us the monitoring systems which they were responsible for completing, which clearly demonstrated overall improvements in the governance of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour, informing families of events and information whenever it was necessary to do so.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was well supported by an operations manager who frequently visited the service and two senior staff based at the service. Staff understood their roles in the home and were happy to work there as part of the team. One member of staff told us, "I can approach the manager for support and they always help us."
- Staff were supported through planned training, appraisals, supervision, team meetings and handovers.
- We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.
- Quality assurance processes were in place such as, audits and this information was acted upon if so required.
- Care reviews with people and their relatives were planned and agreed changes to the care plans were recorded.

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

characteristics

- Staff handovers were held at the beginning of each shift to share key information about people's needs and highlight any changes in their health and well-being. This ensured staff were updated about people needs and changes in their care.
- The registered manager arranged meetings for people to attend to discuss how the service was performing.
- Relationships had been developed with other professionals including doctors who visited the service to support people with their needs and discuss the care support required.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received and shared information through group meetings and supervision with the staff.
- We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

- The service had good links with health care providers and worked with them to provide care people needed. The registered manager since coming into post had worked to develop positive links with the local doctors and district nurse team.