HC-One Limited

Washington Lodge Nursing 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?	Requires Improvement

Summary of findings

Overall summary

Washington Lodge Nursing Home provides nursing care for older people, some of who are living with dementia. The service is registered to provide care for 65 people. At the time of our inspection 30 people were receiving a service.

Washington Lodge Nursing Home was inspected on 30 and 31 July 2015 where we identified breaches in regulation 9, 11 and 17. A further inspection was carried out on 31 May 2016 which confirmed all improvements had been made. This inspection took place on 13 December 2016 and was unannounced. This meant the provider did not know we were coming.

Washington Lodge Nursing Home is in the process of being sold. The application for registration with the new provider has been submitted to the Commission.

The service did not have a registered manager. 'The deputy manager was in a managerial role with support from the area manager. They will be referred to as the manager throughout the report.'

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.

Staff had been safely recruited with relevant checks completed prior to them starting work. Staff were provided with training to enable them to care effectively for the people they supported. Staff told us they felt supported by the manager and found them to be open and approachable.

The manager kept a log of all accidents, incidents and safeguarding concerns and audited these for patterns and themes.

Staff had an understanding of how to recognise and report any concerns or allegations of abuse and described what action they would take. Staff felt confident the manager would respond to any concerns.

Risks to people had been managed safely. Records demonstrated when risk had been identified, and what action had been taken to reduce them wherever possible.

We found policies and procedures were in place to manage people's medicines safely. Medicines were administered by trained staff who had their competency to do so checked regularly.

The manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by

the local authority as being required to protect them from harm.

There were staff on duty with the necessary skills and experience to support the people using the service. The provider was actively trying to recruit nurses and was using agency staff to ensure safe staffing levels. Training was up to date with staff completing some training electronically. Staff received regular supervision and some had received an annual appraisal. Where appraisals were out of date steps had been taken to address this.

Relatives and people felt staff were caring. Staff treated people with respect and dignity and promoted people's independence wherever possible, offering choices and options.

People were provided with a varied and nutritious menu. Staff supported people to eat and drink if required and encouraged independence were ever possible. They ensured people at potential risk of undernutrition received adequate nutrition and hydration.

The provider had information about advocacy services available for people and their relatives.

Care plans were personalised enabling people to receive care and support that was responsive to their individual needs. People were provided with access to health care appropriate to their needs.

The registered provider had a process in place to obtain the views of people and their families by using a survey. Where people had communication needs a pictorial survey was available.

People had access to activities within the service such as taking part in crafts or board games. We saw people accessing the community to visit the local day centre with staff. Previous trips included a local attraction to see the illuminations.

The registered provider had a system in place to monitor the quality and effectiveness of the service provided to people and their families in order to drive improvement. The provider had a policy and procedure in place to manage complaints and kept electronic records of all complaints and concerns. Relatives and people knew how to make a complaint. One relative told us, "I know how to complain but never had to."

The manager submitted statutory notifications to CQC when necessary. People's personal information was kept safely and securely in line with Data Protection Act.

The provider had a business continuity plan in place to ensure staff had guidance and contact numbers in case of an emergency. People had an up to date personal emergency evacuation plan (PEEPs) on their file.

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.

The provider had a thorough recruitment process and carried out all necessary checks before employing staff.

Medicines were managed in a safe manner. Policies and procedures were in place for the safe handling of medicines.

Risks to people's safety were assessed regularly and managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Staff were appropriately trained to meet people's needs. Staff felt supported by the service and received regular supervision.

The service monitored and assessed people's health needs. People had access to health care.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and showed respect to the people they supported. People's dignity was acknowledged.

Staff promoted people's independence wherever possible.

Information about advocacy services was available for people and their relatives.□

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected people's individual

needs. These were reviewed regularly and updated when changes occurred.

The provider had a policy and procedure in place to manage complaints. Relatives and people knew how to make a complaint.

People were provided with activities and leisure opportunities and were supported to access the community.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager. The manager did not intend to apply for registration with CQC.

People living at the service, staff and relatives found the manager approachable.

Quality assurance systems were in place to monitor the quality of the service.

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.

The inspection took place on 13 December 2016 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector. A member of the Commissions health and safety team attended the inspection to observe how the adult social care inspector completed an inspection.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with three people who lived at Washington Lodge Nursing Home. We spoke with the area manager, the manager, one nurse, three care workers, the activities coordinator and catering staff who were all on duty during the inspection. We spoke with one care professional who was visiting the home. We also spoke with two relatives of people who used the service.

We carried out some observations using 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 the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, the recruitment records of three staff, training records, and records in relation to the management of the service.

Good

Is the service safe?

Our findings

People and the relatives we spoke to felt the care and support provided by the service was safe. One person told us, "It's very good here, I couldn't grumble." Another commented, "Oh, I am alright in here, they are canny." One relative told us, "The nurses are good, the care staff is lovely. I know [family member] is settled in here and safe." Another relative said, "My [family member] loves the staff and is happy to stay here. They have patience."

We checked to make sure medicines were being managed safely. The provider had policies and procedures in place for staff to follow. Nursing staff were responsible for the administration of medicines in the service and had their competency to do so checked. Medicines were stored in a locked trolley and wall and base cupboards in a locked room. A fridge was available to store medicines that required cool storage. Records confirmed that temperatures were checked and recorded daily. Each person had a medicine file which contained the most current Medicine Administration Record (MAR). Records gave clear instructions on what medicine people were prescribed, the dosage and timings. The person's preferred method of taking their medicine was also in place. For example, '[person] likes to take medicines with juice'. The MARs were completed correctly with no gaps or inaccuracies. Regular audit checks of MARs were carried out and any actions recorded and signed off when completed.

We looked at staff recruitment records. These showed checks had been made with the disclosure and barring service, (DBS) these were carried out before staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Records contained completed application forms and references had been obtained. The provider was actively trying to recruit nurses and was using agency staff to ensure safe staffing levels. The service had profiles from the agency which included checks to confirm their registration to work as a nurse was up to date. The manager advised t agency staff are inducted into the home with regards to the fire procedures, issued with handover sheets that include a pen picture of each person indicating their needs, such as modified diet and fluids, emergency health care plans and any DoLS which are in place, wherever possible the same agency staff are used for continuity of care for people. The provider had policies and procedures in place to keep people safe. These included safeguarding and whistleblowing policies. Staff were aware of these and were able to access them for guidance and support.

Staff told us, and training records confirmed staff had completed up to date safeguarding training. Staff knew how to keep people safe and gave examples of following support plans and risk assessments. Staff were able to describe signs of potential abuse. For example, if a person was being abused they may be withdrawn or not eat. All the staff we spoke with knew what to do if they suspected or witnessed any abuse. One staff member told us, "I would report anything to [manager] straightaway, you can speak to them easily." The provider had an electronic system for the recording and the monitoring of safeguarding concerns. Investigations were carried out and lessons learnt used to improve practice through team meetings and supervisions.

Risk assessments were completed for people using the service based upon their needs. For example, falls,

moving and handling and nutrition assessments which were reviewed regularly.

Risk assessments were in place to cover work practices within the service, along with building maintenance records. These included routine health and safety checks, including hot water temperature checks and fire safety checks. We found the electrical installation check and gas safety certificate was in date.

The provider used an electronic recording system to record accidents and incidents. We saw the information was detailed and included what happened, the injury and action taken following the incident. The manager investigated all accidents and incidents, we saw that the system looked at patterns and themes and where necessary provided an action plan to address any concerns.

The manager used a dependency tool to ensure staffing levels were appropriate to peoples assessed needs. We reviewed the current week's rota and recent weekly rotas. The service had enough staff on duty, depending on the people's assessed support needs and activities for the day. Support plans set out the level of care each person needed. Staff were visible in the service and call buzzers were answered promptly.

One staff member told us, "We can be busy at times and sometimes it feels that we are late getting to people, if they need moving on the hour we may not get there until quarter past." We discussed this comment with the area manager who was able to show us the most up to date dependency assessment which indicated the current rota was sufficient for the assessed needs of people. They did acknowledge that at times the service was busy and commented, "There are some people with complex needs here, staffing levels do take that into account."

The provider had suitable plans to keep people safe in an emergency. The business continuity plan (BCP) gave instructions for staff in the event of an emergency, such as staffing shortages and utility failure. We saw each person had a personal emergency evacuation plan (PEEPs) on their file.

We observed staff using personal protective equipment (PPE) correctly and at appropriate times. PPE was available throughout the home. Ancillary staff were highly visible and followed a cleaning schedule to maintain a high level of cleanliness throughout the home.

Good

Is the service effective?

Our findings

Relatives and people we spoke to felt the service was effective. We asked relatives if they felt staff had the skills and knowledge to provide support for their family member. One relative told us, "They are well trained and don't miss a thing." Another said, "They know what they are doing, they do a fantastic job."

Staff we spoke to felt confident and suitably trained to support people effectively, training was refreshed when necessary. Staff completed mandatory training which covered, moving and assisting, health and safety and fire training. The service used a computerised system to record training, the system flagged when training was due to be refreshed or had expired. The system allowed the manager to book any face to face training ahead of time to maintain staff's knowledge. One care worker said, "I have done training on Touchstone (electronic system) I have one left to do." Another told us, "My training is up to date; they [manager] are really supportive with it."

Staff told us they received regular supervision sessions. We found the format of supervisions gave staff the opportunity to raise concerns and discuss personal development. Appraisals were carried out annually to develop staff to review their practice and behaviours. We found some staff appraisals should have been completed in October/November. We spoke to the manager to seek assurances that these appraisals would be planned in a timely manner. The manager told us, "They have already had their part of the appraisal process issued so they can make comments, when these are returned I will be able to plan in dates. I will chase these up."

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager tracked the DoLS applications and kept a log of each person who had a DoLS authorisation in place. The file contained the date of the application, the assessments date, the actual date the DoLS was authorised and a reminder of review dates. We found records to demonstrate the manager contacted the Council regarding applications.

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. Where people had a DoLS in place, we saw people's care records contained details of the authorisation.

We spoke to staff about people's DoLS, and asked for their understanding about individual circumstances.

Staff were able to describe the reason for the authorisation and how they supported people. For example, accompanying someone to go out.

One visiting health care professional who was at the service to complete a best interest assessment, told us, "Staff took the time to come and speak with me. They are timely with DoLS applications before they lapse."

We saw from care records that a range of health care professionals were involved in the care and treatment of people using the service, such as speech and language therapy, GPs and nurse practitioners. People were supported to access medical appointments.

People were supported to maintain a varied and healthy diet. People were given a choice of meals. One staff member told us, "There is a choice if they don't want what's on the menu."

Nutritional assessments were completed regularly, along with care records to monitor people's food and fluid intake and weight. We reviewed food and fluid intake charts and found these were completed.

People were encouraged to eat and drink sufficient amounts to meet their needs. The staff wore aprons to serve meals. People were supported to maintain their dignity or were asked if they wanted to wear protection for their clothes. Adaptive cutlery and drinking vessels were offered where needed. People were not rushed. The meals were well presented and looked and smelt appetising.

We observed tea trolleys in the morning and afternoon, with hot and cold drinks, snacks of cake and biscuits. In each lounge there was jugs of water and juice available for people, we observed staff offering fluids during the inspection. The cook and staff were aware of people's special diets and were able to describe people's specific dietary needs.

Good

Is the service caring?

Our findings

The staff displayed a caring, kind and compassionate attitude towards people and visitors. One person told us, "They will do anything for you, they come and sit and chat if I am feeling a bit down." Another commented, "They are so kind I really like them all." One relative told us, "I can't praise the staff enough. They are lovely and always pop in." One relative told us, "I have good friendships here, they are all so nice."

We saw staff interact with people in an encouraging and caring way. People were respected by staff and treated with kindness. Independence was promoted where possible. We observed staff members encouraging people to do small things for themselves such as eating and drinking, getting up and mobilising. Buzzers were answered promptly. Staff stopped to have a word with people as they passed. We saw communication between staff and people took many forms such as touch, gestures and facial expressions. There was lots of laughter in the home; staff were having a joke with people in an appropriate manner.

Staff knew the people they were supporting very well and had good relationships with them. We heard one care worker say, "Here is your tea, nice and sweet, just how you like it." People were given choices appropriate to their needs, staff knocked on bedroom doors before entering. Staff used people's preferred names and actively encouraged decision making. Asking questions such as, 'Do want to come in the office and have a sit down.' 'Do you want to help with the decorations?'

Care records contained information about people's life histories, interests, likes and dislikes. People and relatives told us staff treated them with respect. One person told us, "They always speak nicely to me." One relative said, "[Family member] likes their own space, they do little checks to make sure they are alright."

Staff used moving and assisting equipment in a dignified manner, people were supported with eating and drinking using prompts at a pace appropriate to them. We observed one member of staff feeding a person their meal, taking time to make sure the person's mouth was empty before telling them there was another spoonful ready if they were. Personal care was attended to discreetly and clothing changed to maintain dignity. Staff clearly understood people's preferences and were knowledgeable about the care they required. Staff explained to people what they were going to do before they acted and gained consent either verbally or by gestures. We found pictorial information was available for people with communication needs.

The service had a range of information available to people and visitors in the reception area including information about accessing advocacy services. Other information related to the service and the support and care they provided.

Lounge areas had a range of seating with ornaments and pictures on the walls. Bedrooms were personalised with photographs, pictures and ornaments brought from home. Staff were respectful of people's belongings and ensured people had their important items with them during the day.

Good

Is the service responsive?

Our findings

Relatives and people felt the service was responsive. One relative told us, "They get the doctor, [family member] sometimes need antibiotics." Another said, "[Family member] is well looked after, they have sorted appointments." One person told us, "I sometimes see the nurse because I am diabetic." One visiting health care professional told us, "The staff are very clear about people's needs and noticed a change in [person]."

We looked at people's care records. Care plans were specific to people and reflected their needs. For example, one person's care plan for personal care stated, '[person] likes a bath every three to four days', another stated, '[person] would like to go swimming'. We found these preferences were met by the service. Care plans and risk assessments were reviewed regularly and updated when necessary. Relatives and people were involved in care planning where ever possible. We found communication records to suggest family members were involved in their loved ones care. One relative told us, "We are involved in care, I know what is going on." Another told us, "[Family member] is looked after, they needed a pain killer and staff got them straightaway."

Staff were able to discuss people's care needs and had an understanding of person centred care. One care worker told us, "We make sure we care for them the way they want." We observed the manager speaking with relatives to keep them up to date with their family member's health and wellbeing. It was clear there was a positive relationship between management and relatives by the body language and open communication between them.

We spent time with people and the activities coordinator. The activities coordinator explained that even though some people did not want to join in they were happy to come along to watch the others. We saw good interaction between the activities coordinator and people whilst activities were taking place. People were painting and sticking glitter on their artwork, these were to be put up in their bedrooms. Some people were colouring in, the activities coordinator offered support and encouragement. People could have a cup of tea or coffee if they wanted, and the feeling was one of inclusion. It was evident from people's body language and facial expressions of those who were joining in that they enjoyed the activity.

During the activity one person stood up from their chair but then complained of pain in their knees. The activity coordinator advised them to sit back down and asked a care worker to let the nurse know. Within a few minutes the nurse arrived to support the person.

We saw that people's interests and hobbies were valued. One person who wanted to go swimming had been supported to go to the local swimming baths. We found people had been to Sunderland illuminations, and were accessing the local day centre on the day of the inspection.

The service had a complaint's policy and procedure that was accessible to relatives, people and staff. Any complaints or concerns were entered on the service's electronic datix system. These were then logged with head office and assigned to a manager to investigate. Investigation records were held electronically with

findings and outcomes. Where the investigation required action this was also recorded and given to a specific staff member to action. The complaint was only closed when actions were fully completed and senior management were satisfied with the outcome. We reviewed the datix system and found complaints were recorded and actioned.

Relatives and people knew how to make a complaint. One person told us, "I have nothing to complain about, I would speak to [manager]." One relative told us, "I know how to complain but never had the need to."

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in place. The service was being managed by the deputy manager in an interim manager's role. They told us they would not be submitting an application to become the registered manager at Washington Lodge, as they were remaining in the employment of HC One who were the current owners of the service

Relatives felt the home was well-led and management in the home was good. A relative told us, "The manager is very approachable, I am told about everything." One person told us, "They are lovely, always happy to help."

Staff told us they felt supported by the manager in the home. One staff member told us, "I can go to the manager, [manager] is lovely, we are a good team here and work together." Another told us, "This is a friendly home, the manager helped me with my hours, I feel I get all the help I need."

We examined policies and procedures relating to the running of the home. These were reviewed and maintained to ensure staff and people had access to up to date information and guidance. Staff were made aware of policies and read these as part of their induction process.

We found evidence of accidents, incidents and allegations of abuse being reported. The manager audited these to identify if there were any trends or patterns. If any concerns were found then action had been taken to minimise these.

The service had a quality assurance framework in place which consisted of a number of audits and area manager inspections. The service was monitored on a monthly basis by the area manager covering areas such as care plans, environment, speaking to staff and people. From this a report was formulated and given to the manager with any actions necessary for compliance. The report was reviewed and monitored by the manager and the area manager on a monthly basis. The most recent report for November contained actions for the manager to address, the timescales for these actions were by the next meeting in December. At the time of the inspection the manager was still working on the actions. The overall quality assurance process covered areas such as care plan audits, medicine audits and health and safety audits. These were completed by the manager and used to plan improvements in the service.

Records showed the manager held regular meetings with staff and people. Meeting minutes were available. The service carried out surveys on an annual basis to capture views of relatives and people who use the service. The recent survey responses from June 2016 contained a mixture of negative and positive comments. For example, 'my only negative comments are on the décor,' 'all staff at Washington Lodge are always approachable and helpful.' It was acknowledged by the area manager that a full refurbishment was put on hold as the home was in the process of being sold. General maintenance had continued in the service with remedial work being carried out.

The manager told us they felt supported by the area manager who visited the service regularly. During the inspection the manager was highly visible to people, relatives and staff and clearly knew people and their families well