

Wemyss Lodge Limited

Wemyss Lodge

Inspection report

Ermin Street
Stratton St. Margaret
Swindon
Wiltshire
SN3 4LH

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Tel: 01793828227

Website: www.wemysslodge.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wemyss Lodge is a residential care home registered to provide personal and nursing care for up to 60 people aged 18 and above with a wide range of support needs. At the time of the inspection 41 people were living at the home.

The care home had two separate units. One of these units was subdivided into three separate areas supporting 17 people. This unit specialised in providing care to people with more complex care needs including those living with dementia.

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

The home had made improvements since our last inspection which had been embedded into daily practice. This included improvements to medicines management and effective systems introduced to enable the provider to monitor and improve the service. Lessons were learnt and shared amongst the team, with a chance to reflect on practice.

Staff knew how to keep people safe and who to report to if they had concerns. There was confidence in the registered manager that they would take any concerns seriously and act upon them.

There was enough staff on duty, and they had been recruited safely and had the necessary skills and training to support people.

Risk assessment processes had improved. Care plans contained detailed risk assessments and management plans which ensured people received safe care. Medicines were managed safely by trained, competent staff.

The home worked well with health and social care professionals when needed.

Infection prevention and control procedures were robust, and the latest government guidance was followed regarding COVID-19.

There was a range of audits which checked, monitored and improved practices within the home. Relatives and staff told us they had confidence in the management of the home.

The provider worked to gain the views of the people living there and their relatives in order to make improvements. The registered manager and staff understood their role within Wemyss Lodge. Where necessary referrals had been made to external agencies including CQC.

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 20 November 2020) and there were two breaches of regulation. 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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wemyss Lodge on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wemyss Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience was used to phone relatives to get their feedback. 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

Wemyss Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight relatives to seek their opinions about the care provided to their loved ones. We spoke with 10 members of staff including the provider, registered manager, deputy manager, an external consultant, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We heard from four professionals who regularly visit the service.

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

At our last inspection, the provider had failed to ensure all measures had been undertaken to safely manage and reduce assessed risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had implemented new electronic care plan and risk assessment technology to improve the overview of any risks in order to reduce potential harm. Care plans reviewed contained current risk assessments relating to falls, moving and handling, nutrition, skin integrity, choking, medication, and well-being. Specific risk assessments were in place relating to any medical conditions, such as epilepsy, diabetes and chronic obstructive pulmonary disease (COPD).
- Staff understood where people required support to reduce the risk of avoidable harm. Where risks had been identified, appropriate interventions were recorded, such as measuring food and fluid intake and hourly welfare checks. Specific equipment, such as pressure relief mattresses were provided, and we saw this was set at the appropriate inflation pressure for their weight.

Using medicines safely

At our last inspection, the provider had failed to ensure the management of medicines was always safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Registered nurses and care practitioners who had undertaken medicine management training were responsible for the administration of medicines. We observed a care practitioner as part of a medicine administration round. Their practice was seen to be safe and they demonstrated an awareness of the needs of the people they administered to.
- Medicines were supplied by a national pharmacy and an electronic medicine management system was used for recording receipt and administration. Those records seen were complete and included individual protocols for the use of 'when required' (PRN) medicines.
- We saw 'as needed' medicines were prescribed to reduce anxiety. Administration records showed that this had not been used to over sedate in order to control the person's behaviour.
- The storage and administration of medicines (including controlled drugs) was in line with guidance.
- There was a system in place for the recording of prescribed topical medicines, such as creams and lotions. Topical medicine application records (TEMAR) seen were complete. However, the recording of the location of patch to administer medicine through the skin had not been documented on a body map. We fed this

back, and the registered manager said they would ensure this was rectified.

- Records seen evidenced that capacity assessments and best interest decisions had been carried out for those people reviewed who received their medicines covertly.

Staffing and recruitment

At our last inspection, the provider had failed to ensure that all staff were suitably qualified, competent and receiving appropriate support to carry out the duties they were employed to perform. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were sufficient staff to meet people's needs. Staff did not appear rushed and people's requests for support were responded to in a timely manner.
- The registered manager assessed staffing levels and ensured there were sufficient staff on duty to support the differing needs of people.
- Specific training had been provided to staff to support people's needs, which included positive behavioural management, mental health awareness, bi-polar disorder, depression, schizophrenia and dementia.
- Recruitment processes were robust and ensured new staff were only employed once checks and references had been obtained to show they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Relatives confirmed they believed people were being well cared for and safe. Relatives comments included, "The home is marvellous; he's been in a few and it's the best one he's been in"; "I've got no concerns at all. She is well cared for" and "It's fantastic; I've got no worries or issues".
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse. ● Staff had training to understand what abuse was and how to report this. Staff confirmed they would be confident to voice any concerns to management.

Learning lessons when things go wrong

- The provider had implemented an electronic system for recording accidents and incidents. This enabled the registered manager and provider to keep an overview of accidents and incidents to look for trends and patterns.
- Accident and incident records detailed what had happened and action taken as a result. This included the steps taken to minimise the risk of reoccurrence.

Preventing and controlling infection

- We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance. We signposted the provider to review current guidance to monitor and develop their approach to ensure people's human rights were met.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented effective systems to monitor and improve the service. This included a range of audits that identified areas of improvement and action plans identifying how improvements would be made.
- The provider had implemented comprehensive audits to monitor the management of medicines. This included weekly and monthly audits which showed a high level of compliance.
- Staff understood their role and responsibilities and were motivated. Staff had been allocated lead roles for certain areas of the service such as infection control, end of life, medicines and audits, diabetes and mental health. Staff then reported any findings to the registered or deputy manager. These responsibilities meant key areas of the service were well scrutinised and increased staff knowledge in those areas.
- The provider sought feedback. An electronic reception system had been put in place which all visitors and professionals completed on arrival. This system also allowed feedback to be given on leaving the service and this was used to monitor the service effectiveness in line with the other feedback measures.
- The registered manager understood their role in terms of meeting regulatory requirements. For example, ensuring applying for DoLS for people and informing the CQC about issues which regulations require services to report on.

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

At our last inspection the provider had failed to ensure they were engaging fully with staff and using other feedback to improve the safety and quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Engagement had improved. The home used surveys from people, relatives, staff and all stakeholders to

monitor the quality and satisfaction within the home. The results of the most recent survey carried out in September 2021 were positive. The service had a 'quality assurance board' at the entrance to the home to provide a visual for residents, families, visitors, professionals and staff on the quality assurance cycle within the home. The registered manager said this had improved the understanding of what quality improvement 'looked like' and how seriously feedback was taken and acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There provider was taking steps to ensure good links with the local community. They were collaborating with a community interest company. The provider and registered manager wanted to extend support to their local community, providing community 'outreach' support for people living in their own homes with dementia, mental health diagnosis and their carers. A sensory garden was planned, providing a meeting place, for support, activities and an opportunity to 'get to know' Wemyss Lodge and what they provided so people could access this in the future if they wished.
- Staff morale had improved and there was a person-centred culture that put the needs of people at the forefront of all the service did. A member of staff described the support and encouragement they had received from the management team, "It was great; the manager and senior staff gave me all the guidance I needed. It's well organised here but It's not like coming to work, it's more like a family." Another member of staff described the good atmosphere in the home, describing a sense of pride they had regarding the care and support given to people who had very complex needs and the 'can do' attitude of the manager.
- Staff told us they felt appreciated and involved in the home. There was an employee of the month award. Staff could vote for their colleagues once a month to be included in this staff recognition scheme.
- Regular meetings were held which enabled the manager to keep staff informed about the service and encourage feedback.

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 provider and home manager understood their responsibilities relating to duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

Working in partnership with others

- There was clear evidence of the service working in partnership with the commissioners and social and healthcare professionals to provide joined-up care. Feedback from these groups was positive. Written feedback from professionals stated, 'They are supporting a very complex client. During my time working with Wemyss, I have found the management to be supportive and responsive. The staff at Wemyss have supported this particular client very well to try and safely manage [their] complex needs in a very person centred manner' and 'I have known and worked with [registered manager] since (date) and always found her approachable, knowledgeable and reliable. When planning an admission, [registered manager] is very thorough and we have in the past done joint assessments of someone out of area where I was able to observe [registered manager] asking the current multidisciplinary team about risk management plans, training, interventions to mitigate risk. When doing these joint assessments, [registered manager] will involve all the staff she meets, asking in their opinion what works and what doesn't work so well. With some very tricky and complex cases, [registered manager] has been very supportive of the family's needs as well as the individuals.