

Hestia Care Limited

# Wessex Lodge Nursing Home

## Inspection report

Jobson Close  
Newbury Road  
Whitchurch  
Hampshire  
RG28 7DX

Tel: 01256895982

Website: [www.hestiacare.co.uk](http://www.hestiacare.co.uk)

Date of inspection visit:

03 July 2017

06 July 2017

Date of publication:

07 August 2017

## 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

### Care Service Description

Wessex Lodge is a modern purpose-built nursing home for up to 40 service users, some of whom may be living with dementia and physical health conditions such as Parkinson's disease, epilepsy and diabetes. At the time of the inspection 32 people were living at the home. People had their own singularly accommodated bedrooms with ensuite washrooms with shared communal living spaces. There were gardens and a shelter for people to enjoy the outside space.

### Rating at last inspection

At the last inspection, the service was rated Good

### Rating at this inspection

At this inspection we found the service remained Good.

### Why the service is rated good.

The provider had arrangements in place to protect people from risks to their safety and wellbeing, including the risks of avoidable harm and abuse. Staffing levels and recruitment processes were appropriate to support people safely. Processes and procedures were in place to receive, record, store, administer and dispose of medicines safely.

People were cared for by staff who had received appropriate training, support and supervision to maintain and develop their skills and knowledge to support people in accordance with their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. People were encouraged and supported to eat and drink sufficiently in order to meet their needs and were able to make choices about what they would enjoy. Staff supported people to promptly see a range of healthcare professionals in order to maintain good health.

People told us that care was delivered by kind and caring staff who sought to meet their needs and ensure they were happy. They were actively supported by staff to be involved in day to day decisions about their care. Staff ensured people's privacy and dignity was upheld.

People received care and support which was based on individual assessments of their care needs and took into account each person's ability, need and preferences. People were encouraged to participate in a range of activities which reflected their interests. People were aware of how to make a complaint and spoke positively of the registered manager's ability to address any concerns.

The home promoted a warm, friendly and relaxed environment where people were placed at the heart of care delivery. Systems were in place to make sure the service was managed effectively and to monitor and assess the quality of the service provided. People, relatives and staff reported the service was run by a knowledgeable, approachable and responsive registered manager. Staff applied the provider's values during the course of their work with people. People's views about their care were sought and acted upon to improve their experience of the care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Wessex 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 3 and 6 July 2017 and was unannounced. The inspection was completed by two adult social care inspectors 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, on this occasion they had experience of family who had received care. The Expert by Experience observed care within the service and spoke with people living at the home and their relatives.

Before our inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with fourteen people and four relatives. We reviewed nine people's care plans and their daily care records and five people's medicines administration records. We reviewed three staff recruitment files, the induction process for new staff, training and supervision records and quality assurance audits. We also looked at the provider's policies and procedures, staff rota for 3 June 2017 to 3 July 2017 accident and incident records, the provider's business continuity plans, complaints and compliments. During the inspection we spent time observing staff interactions with people. We spoke with the registered manager and deputy manager (both registered nurses), two nurses, the activities coordinator, a team leader and five health care assistants.

The last inspection was completed on the 4 March 2015 where the service was rated as 'Good' overall.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I feel ever so safe here, no doubt about that". Relatives confirmed people were kept safe, one relative told us, "I feel he's safe, well looked after and they (staff) love him". People told us there were enough staff to look after them safely and meet their needs, one person told us, "Yes there's enough staff... You only have to ring a bell and they (staff) are here".

People were kept safe from the risks of abuse as processes, procedures and training were in place to enable staff to recognise signs of abuse and how to report any concerns. Staff were confident they would be able to raise any concerns with the registered manager which would be dealt with appropriately and effectively. The registered manager showed an understanding of their role in appropriately responding, reporting and managing risks to people's health and wellbeing.

Risks to people's safety had been identified with appropriate action taken to keep people safe. People had individual risk assessments in place which were reviewed regularly to ensure staff knew how to manage these risks whilst allowing people independence to complete tasks for themselves. Staff were knowledgeable about the risks to each person and how these were to be managed, for example, staff knew who was at risk from choking and how this was to be managed for their safety. Relevant checks had been completed in relation to utilities, fire and equipment safety.

People were supported by sufficient numbers of staff in order to meet their needs. The home was regularly using agency staff to support permanent staff at the home; however the same agency staff were used and supported by existing staff to ensure continuity with people's care. The provider ensured the required pre-employment checks were completed fully prior to staff being deployed in the home. Staff files contained evidence of photographic proof of identity, a criminal record check, full employment history, and satisfactory conduct in previous employment.

People were satisfied with the level of support they experienced when receiving their medicines. People received their medicines safely as arrangements were in place to receive, record, store, administer and dispose of medicines safely and securely. Staff told us, and records confirmed, they had undertaken medicines training and competency assessments to ensure they were able to administer people's medicines safely. People had support guidelines in place regarding how they took their medicines. When people required additional support with their medicines, such as in the event of receiving covert medicines, appropriate healthcare professional advice had been sought to ensure medicines were appropriate to administer in this way. Covert medicines are medicines which people are unaware they are taking. They are required to maintain their health and wellbeing and may be administered within a person's food and drink.

## Is the service effective?

### Our findings

People told us staff had the necessary skills and experience to support them which was a view shared by relatives. One person told us, "They (staff) know what they are doing" and a relative said, "My husband has to be hoisted and they always have two carers. They (staff) are very well trained. They have constant training in here". People were happy with the quality of the food provided in the home and told us they were always offered choices in what they ate. One person told us, "The chef is extremely good. There are always two choices and there's enough variety". People were supported to access healthcare professionals and services in timely fashion in order to meet their on-going health needs. A relative told us, "They (staff) noticed he wasn't well... The doctor was called and the family informed straight away".

People were supported by staff who had received the appropriate training to enable them to meet people's individual needs. Nurses were supported to maintain their professional registration by undertaking particular training such as tissue viability and the management of a percutaneous endoscopic gastrostomy (a tube placed directly into a person's stomach through which they can receive food, water and medication). The registered manager used feedback from supervisions and appraisals to identify any staff training needs and ensured nurses maintained their professional skills.

People received care which was identified as being in their best interests. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005. The registered manager had applied for the appropriate authorisations under where they considered a person might be deprived of their liberty. Where people had capacity and could communicate their wishes staff were respectful and evidenced they sought people's consent prior to delivering their care.

People enjoyed the food provided and were encouraged to eat and drink sufficiently in order to meet their individual needs. The home's menu was written in conjunction with people living at the home and alternatives were offered at each sitting. Picture cards were used to support those living with dementia to enable them to visualise and choose the meals they would prefer, people were also shown two plates of food to allow them to pick a preference. People at risk of malnutrition or dehydration were appropriately monitored and action was taken to ensure they ate and drank enough to maintain their health and wellbeing. People with allergies and specific dietary needs, such as vegetarian or those requiring a fortified diet to increase their weight received these and were catered for appropriately.

People were supported to maintain good health and staff sought additional healthcare services for people where required. People were supported to see a variety of healthcare professionals and staff were able to evidence they sought this additional guidance as soon as a concern had been raised or identified. We saw people were appropriately referred to opticians, dieticians, speech and language therapists, diabetes nurses and mental health teams when required. Where professionals had provided guidance about the person's care this was built into their care plans.



People were supported in an environment which met their individual needs. People living with dementia can suffer from vision loss or recognition difficulties making it difficult for them to negotiate their living environment. Pictorial signs were used in communal areas such as the lounge and dining room as well as toilets and bathrooms to enable people to move independently around the home. The home was well lit, had easily identifiable hand rails to allow people to focus on support when they walked. The home was furnished with fireplaces, pictures and ornaments, which created an attractive 'homely' feel and offered reassurance and support to those living with dementia.

# Is the service caring?

## Our findings

People told us staff were caring and that their privacy and dignity were respected. One person told us, "Staff are very good to me. I'm glad I came here... They'd do anything for me. I say I'm a nuisance but they say that's what we're here for", another person said, "Staff know me and are very, very good". People received care from staff who were focused on meeting their individual needs and preferences. Staff knew the people they were supporting on a personal level which encouraged comfortable and knowledgeable interactions. People were encouraged to express their views regarding the care they were receiving.

Staff were compassionate and caring in their approach with people, supporting them in a kind and sensitive manner. Care plans were individualised to each person living at the home and contained information which was important for some people such as their hobbies, how they wished to be addressed and the support they required and when. Staff spoke knowledgeably and fondly of the people they supported demonstrating they knew them and their needs well.

Staff had a well-developed understanding of people and built a level of trust with them which enabled them to provide compassionate care. We saw genuinely warm and caring interactions between people and care staff during the inspections. People sought staff companionship which was provided and physical touch was used as a way of showing affection and support. For example some people liked holding staff member's hands and we could see this physical gesture was offered frequently. Friendly, companionable and caring conversations were held and laughter was often heard showing mutual friendships and relationships had been developed.

Where possible people participated in creating their own personal care plans to ensure they met their individual needs and preferences. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This include what they would wear, eat and how they would like to spend their day. We saw staff ask people regularly regarding the food and drink they would like to support their needs.

People received care which was respectful of their right to privacy and maintained their dignity at all times. During the inspection staff were responsive and sensitive to people's individual needs whilst promoting their independence and dignity. Staff explained how they supported people to maintain their independence encouraging and supporting people to complete personal care tasks for themselves whilst being present to ensure their safety.

## Is the service responsive?

### Our findings

People spoke positively of the engagement they had with staff when discussing the care they required to meet their individual needs. One person told us, "Oh yes they (staff) go through my care plan with me, just the other day actually, they do it regularly". Relatives confirmed they were involved in that process, one relative told us, "We had a care plan review a couple of months ago. They're very good. They'll give me time to mention something that could be improved for her. I could raise anything and you never feel you shouldn't say anything". Activities were available to ensure people were actively engaged in living a full and meaningful life. People told us they knew how to make a complaint if required and were confident it would be dealt with positively by the registered manager.

People received care that was based on their specific individual needs and preferences as these had been thoroughly assessed by the registered manager prior to moving to the home. Care plans had then been created to ensure sufficient guidance was provided to staff on how to meet those needs, which staff knew well. Staff and the registered manager reviewed and updated people's care plans and risk assessments on a regular basis and were able to recognise when reviews were required when people's needs had changed.

People were encouraged to live meaningful and active lifestyles in line with their interests and preferences. Staff sought ways to offer people the opportunity to enrich their lives through the use of activities. This included offering regular exercise classes, weekly bingo, visiting singing performers, music therapy, pub lunch trips and arts and crafts. Care plans detailed the types of activities people enjoyed such as receiving nail care and social interaction with other people and we could see these preferences were being supported.

People's complaints, views and opinions were sought listened to and acted on in a timely fashion to improve the quality of the service provided. People had been provided with a copy of the complaints process and this was also displayed in a communal area. Records showed two complaints had been received in the last year and they had been fully investigated and responded to in accordance with the provider's complaints policy.

## Is the service well-led?

### Our findings

People spoke positively about the management of the home, one person told us, "The management set a positive culture here", another person said, "A compliment to the manager – She's risen to the occasion and manages very effectively and is a good communicator". People were encouraged to share their views on where and how the service could improve, one person told us, "We have meetings where we can say what we feel and make requests ". People told us they were happy with the quality of the care they received whilst living at Wessex Lodge.

People received care in a homely environment where staff placed them at the centre of the work they completed. The registered manager promoted a culture which placed the emphasis on individualised care and creating a relaxed and homely environment for people, their relatives and visitors to the home. The home promoted a number of values which people were to expect when living at the home; these included people being provided with the highest possible standards of nursing and personal care. Staff were able to discuss these values and it was observed and evidenced they knew what was expected of them in their role during care delivery.

The registered manager provided strong leadership at the home. They had fulfilled the requirements of their registration by informing the Care Quality Commission (CQC) about important and significant events which had occurred at the home. People, relatives and staff told us that the service was positively led by the registered manager. Staff were aware of their role and felt supported by their colleagues, senior members of staff and the registered manager.

People received care which was regularly reviewed to ensure it remained of a high standard. The provider sought feedback from people and their relatives and regularly monitored the quality of the service provided in order to continuously improve the quality of the service provided. People and relatives views were sought through regular residents meetings and annual quality assurance surveys. People's feedback was listened to and acted upon, for example, it was identified that people wished to have more regular deep cleans in their rooms, the décor to the home to be updated and their rooms tidied by staff on a more regular basis. As a result direct action was taken and we could see these requested changes had been embedded in working practices.

Quality auditing processes were in place to ensure the quality of the service delivered. The provider completed a monthly audit which assessed the overall standard of the care provided against the CQC's key questions of safe, effective, caring, responsive and well led. Resulting actions were documented on the home's quality assurance action plan and records showed that where actions were identified these had been addressed in a timely fashion. In addition the registered manager completed weekly and monthly medicines audits and health and safety checks of the service to continually drive improvement.