

Independence with Care Ltd

Worstead Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 and 8 January 2018 and was unannounced.

Worstead 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. Worstead Lodge accommodates up to 20 people, some of whom may have learning disabilities and/ or autism, in one adapted building. At the time of our inspection there were 19 people living in the home.

The home did not have a registered manager in post. They have not had a registered manager in place since July 2016. A manager from the provider's other location was overseeing the day to day management of the home. No application had been submitted to us for them to become the registered manager for both services. 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.

People's medicines continue not to be managed in a safe way. At our previous inspection on 26 and 27 May 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection in January 2018 we found that the provider had not made sufficient improvements in this area and remain in breach of this regulation. Medicines audits were not regularly carried out and staff were not routinely observed to ensure good practice in relation to managing people's medicines safely. Records relating to the administration of people's medicines were not always complete and therefore we could not be sure people received medicines as the prescriber intended.

We found further breaches of the regulations which related to the governance of the service. There were a lack of effective systems in place to monitor and assess the quality of service being delivered. Audits were not carried out on a frequent basis and the quality assurance measures in place did not identify areas for improvement. Staff recruitment records were not complete. Appropriate references had not been requested and there was no employment history for one member of staff.

In addition the provider did not notify of us of a significant event which they were required to by law.

Individual risks to people's health and wellbeing had been identified and planned for. Risk assessments were detailed and gave staff sufficient information about how they could manage known risks. Risks within the environment had been identified and appropriate risk assessments were in place which documented how the risk was being managed and what steps staff could take to maximise people's safety.

Staff understood their responsibilities in relation to safeguarding. They knew how they would report any concerns and to whom. There were consistently enough staff to support people and staffing levels were

adjusted accordingly to meet people's needs.

Accidents and incidents were recorded and these were reviewed regularly by the provider so any trends or patterns could be identified.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that the service was working within the principles of the MCA but staff did not have a good understanding of how the MCA affected their work.

Staff received training relevant to their role and they were supported to pursue further training to develop their skills and knowledge. Staff were further supported through supervisions with a senior member of staff.

People were supported to maintain a healthy nutritional intake and were given a choice about what they would like to eat. Mealtimes were informal and were sociable. Risks relating to people's nutritional needs were identified and guidance from healthcare professionals was clearly documented in people's care records. Timely referrals were made to relevant professionals where there were concerns about a person's health or wellbeing.

People were involved in the design of the service and were able to personalise their rooms to their taste. People were consulted about the design of the garden and how it could be used for meaningful activities.

Staff were caring and treated people in a compassionate way. People felt listened to and were involved in their care planning. People were supported to be as independent as possible and be involved in their local community. There were no restrictions about when people could have visitors.

People's right to privacy was respected and they were treated in a respectful manner.

Records relating to people's care and treatment were person centred and gave staff detailed information about how people liked to be supported and their preferred ways of communicating. Staff were responsive to people's needs and spent most of their time in the communal areas where they were accessible if people needed them.

There was a complaints procedure in place and people felt comfortable in raising a complaint if they needed to.

The values of the service were to put people at the centre of their care and promote independence. Staff demonstrated these values and this helped to create a homely environment with a sense of community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's medicines were not always managed in a safe way and staff did not receive the appropriate checks to ensure that they were competent.

Individual risks to people and the environment were identified, managed and mitigated.

Staff knew the correct procedures for reporting any concerns of abuse.

There were enough staff to support people safely and staffing levels were amended depending on people's level of need.

The home was clean and tidy throughout and staff observed correct infection control procedures.

Accidents and incidents were recorded and monitored to identify any emerging themes.

Is the service effective?

Good ●

The service was effective.

People's needs were holistically assessed.

Staff received training relevant to their role and were able to access additional qualifications to develop their skills and knowledge. However, there were no checks in place to continually assess whether staff were competent in their role.

People were supported to maintain a healthy nutritional intake and risks relating to people's dietary needs were promptly identified and managed.

Where there were concerns relating to people's health or wellbeing, referrals were made to the relevant healthcare professionals.

People were able to personalise their rooms and were consulted

about the design of the building and its grounds.

The service worked in accordance with the MCA 2005 but staff did not have a good understanding of the MCA and how it applied to their role.

Is the service caring?

Good ●

The service was caring.

People were supported by compassionate staff who knew their care needs and preferences.

Staff communicated effectively with people in a way that met their communication needs.

People and where relevant, their families, were involved in the planning of their care.

People were treated in a respectful way which maintained their dignity and right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were written in a person centred way which detailed how they liked to be supported.

People were supported to be as independent as possible and feel included in their local community.

There was a complaints procedure in place and people felt comfortable in raising a complaint if needed.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems and processes to assess and monitor the quality of the service were infrequent and not effective in identifying areas for improvement.

The values of the service were clear and these values were embedded in staffs' practice.

People and staff were involved in how the service was run.

Worstead Lodge

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 4 and 8 January 2018 and was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback at meetings we attended about the service from the local authority and safeguarding team.

During the inspection we spoke with three people who lived in the service. Due to the conditions that people were living with, some people were unable to tell us about their care. We also spoke with two members of care staff. In addition to this we spoke with the providers and manager.

We reviewed two people's care plans in detail and looked at people's medicine administration records (MAR) charts. We looked at three staff recruitment files as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits undertaken by the manager and other senior members of staff.

Is the service safe?

Our findings

At our last comprehensive inspection on 26 and 27 May 2016, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not managed in a safe way and there were no audits to check that people's medicines were being stored, administered and managed safely. During our inspection carried out on 4 and 8 January 2018 we still found concerns relating to the safe management of people's medicines. Therefore, the provider was still in breach of this regulation.

We looked at in detail the medicine administration record (MAR) charts for two people. We saw that there were some gaps on the MAR charts where staff would sign to evidence that they had given people their medicines. We also looked at the stock of medicines for both people and found a number of discrepancies. For example, we saw for one medicine that there should have been seven tablets left in stock but there were only five when we counted the tablets. This meant that people may not have received their medicines as the prescriber intended.

Some people were on 'when required' medicines, also known as PRN medicines. A PRN medicine is taken by a person as and when they need it. For example, paracetamol when they experience any pain. We saw that one person was prescribed a PRN medicine but there was no protocol for this. A PRN protocol guides staff about when the medicine should be given and what alternatives can be tried before giving the person the medicine. We saw from the MAR charts that some people managed their own medicines. We saw that one person's medicine record was dated 21 June 2016 and that the person was managing their medicines for one month to see how they managed. There was nothing to show that this had been reviewed. Therefore people were placed at potential risk.

We noted that there were a number of homely remedies for people. These included allergy relief tablets and preparations for a sore throat. We saw that there was an eye wash with a person's name on it. There was no labelling on this to show when the eye wash had been opened. The bottle stated that the medicine should be discarded 28 days after use. Therefore, we could not be assured that people's medicines were being managed in a safe way.

Audits of people's medicines were not carried out frequently. We saw that only one audit was carried out in 2017. We saw a record which collates the audit information and on this it stated that medicines audits should be carried out every three months. We looked at a medicine audit which was sent to us after the inspection dated 7 January 2018. This audit did not clearly highlight any discrepancies found with the administration or management of people's medicines. For example, the audit showed that all entries on MAR charts were correct and then a comment was made under the action column which stated '90% correct'. There was nothing to show what action was being taken to address medicines not being signed for or by what date this matter needed to be addressed. Therefore even the limited audits in place did not drive improvements.

Not all staff had their competency checked in the safe management and administration of medicines

assessed. This meant that we could not be assured that staff had the correct knowledge to safely give people their medicines.

These findings constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment files for three members of staff and found that these were not complete. For example, we found that there was no employment history for one person. In a second file we looked at, the references sought were from friends rather than previous employers. In the third file we looked at we only saw that one reference had been received from the two requested.

Risks within the environment were not always managed and mitigated. There were insufficient safeguards in place regarding the management of legionella. Whilst there was a legionella policy in place, the temperatures of hot and cold water outlets were not routinely tested. We saw from health and safety records that checks on the emergency lighting and fire door function was sporadic. For example, the record for the emergency lighting stated that it should be tested every three months. We saw that it had only been tested three times in March 2017. Therefore people were placed at potential risk.

We saw records which confirmed that utilities such as gas and electrical equipment were regularly safety tested. We also noted that regular testing of the fire alarms took place. There were risk assessments in place for all areas of the home and these detailed how to mitigate known risks to people living in the home and the staff working there.

Individual risks to people's health and wellbeing had been identified. We saw from people's care records that there was detailed information for staff about what support people needed to mitigate their individual risks. Accidents and incidents were recoded and these were looked at during regular manager's meeting so any matters could be identified and the appropriate action taken. Some people living in the home could show behaviour that challenged. We saw that there was detailed guidance for staff about how to support the person. This included specific information about what the person wants from staff when they are feeling upset. This included being given space and the time to tell staff about how they are feeling.

People we spoke with told us that they feel safe living in Worstead Lodge. One person commented, "Safety, it's very good here, safety is paramount." Staff understood what constituted abuse and were able to identify different types of abuse. They were able to explain the procedure they would follow to report any concerns.

People living in the home told us that there were always enough staff. One person told us, "There are enough staff here, they'll say if they're busy but can always find time to chat." Staff we spoke with also told us that they thought that there were enough staff allocated to each shift. We saw during our inspection that staff were always available to speak with people. We spoke with one of the providers and they told us that managers assessed people's needs on a day to day basis. For example, if one person required more staff support then they would increase the staffing numbers. We looked at the staffing rota and saw that there were enough staff on duty to support people safely.

We noted that the home was clean and tidy throughout. In order to maintain good hygiene in the kitchen, staff completed daily checks to ensure that the kitchen remained clean and that food was stored appropriately. We saw from records that staff completed daily cleaning tasks and had access to the correct personal protective equipment to minimise the risk of cross contamination.

Processes were in place to review and reflect on any incidents or near misses in the home. The provider told

us that there are regular manager's meetings where the providers and the managers from both of the provider's services get together to reflect on the incident and whether any learning could take place as a result of the review. We looked at records of the manager's meetings and saw that a recent incident had been discussed and relevant external agencies had been contacted to mitigate the chances of a similar incident from happening.

Is the service effective?

Our findings

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. At the time of our inspection no one was being deprived of their liberty. Staff we spoke with did not show a good understanding of the MCA and how it affected their work. For example one member of staff told us that the MCA did not really apply to their work and staff we spoke with told us that all of the people living in the home had the capacity to make their own decisions.

We saw from people's care records that there were some decisions that people were unable to make for themselves. We saw that one person needed staff to make best interest decisions around their finances. We saw that a best interests assessor had spoken with the person and there was detailed guidance in the person's care records to guide staff about making financial decisions for the person.

People's care needs in relation to their physical and emotional wellbeing were assessed. This helped to ascertain what areas of their lives people required more support from staff. For example one person liked to go swimming and they told us that staff would go with them. The provider and manager promoted a person-centred approach to assessing people's needs. People we spoke with all told us that they felt involved and listened to by staff.

We saw that some people used information technology to maintain their independence. For example, we saw that one person had an interactive speaker which was connected to the internet. One of the provider's told us that the person liked to ask the speaker how many days it was until certain events as they liked to countdown to events they looked forward too such as seeing their family. They added that the person would also use this technology to see what the weather was like for the day so they could take an umbrella out with them if needed.

Staff we spoke with told us that they received training relevant to their role. One member of staff told us that they were being supported by the provider to start their level three course in health and social care. This course further develops staffs' knowledge and skills in their job role and prepares staff for taking on a more senior role. We asked people if they thought that the staff had the skills and knowledge to support them effectively. One person told us, "Yes, they certainly are [well trained], when you think of all the training days they have. You can't fault them." Another person explained, "The staff are trained well and do their job

properly." We looked at the training records for staff and saw that training in the MCA was not mandatory and that not all staff had their competencies assessed in relation to the safe management of medicines.

Staff received regular supervisions and newer staff attended supervision more frequently so the manager could review any additional support or training needs that they may require. One staff member told us that they found their supervision sessions supportive. All new staff completed an induction and this included familiarising themselves with people's care needs and the policies and procedures of the home. New staff were supervised by a more experienced staff member until both parties felt it appropriate that the new member of staff was confident and competent in working without supervision.

Some people prepared their food independently and the people who lived in the main house had their food prepared for them by staff. We saw that the lunch time meal in the main house was an informal and relaxed time. Staff ate their lunch with people and there was much laughter and conversation throughout the meal. One person told us that they get to choose what they would like to eat. During our inspection we saw that staff would ask people what they would like for their lunch.

Prompt referrals were made to relevant healthcare professionals where there were concerns regarding people's nutritional intake. We saw from one person's care record that they were on a soft diet. There was guidance from the speech and language therapy team with the persons care records and staff we spoke with knew how to support the person to manage the risks relating to their nutritional intake.

Staff worked alongside other services to provide consistent care to people. For example, we saw that people were supported by staff to attend regular reviews with the local authority learning disability team. The provider spoke of difficulties they experienced trying to get some people's care formally reviewed by the local authority as some people had not had a review of their care for some time. But that they continued to advocate on their behalf.

People were supported to access healthcare professionals in a timely way. We saw from people's care records that when there were changes in people's health or wellbeing, referrals were made to relevant healthcare professionals. One person told us, "Staff make appointments for us and they take us to the doctors." We also saw that the outcome of any appointments was documented and people's care plans and risk assessments were updated accordingly.

People were involved in the decoration and design of the service. People were able to decide what they wanted in their rooms. One person told us, "I could design my own room. I've got a new unit, new TV and I have a new chair coming soon." There were a number of rooms where people could socialise or spend time when they wanted to be alone. The service was set in large grounds and there was a large garden. One of the providers told us that the garden had been designed around people's interests. One person enjoyed running and there was a large space where they could runs laps. There were also gardening sheds and vegetable patches as some people enjoyed gardening.

Is the service caring?

Our findings

People were cared for by staff who treated people in a warm and empathic manner. All of the people we spoke with told us that they felt cared for by staff. One person told us, "[The staff] always look after us, we look after them. We look after each other." Another person commented, "We're looked after here very, very well, I can't complain about anything." A third person commented, "When I'm upset the staff come and talk to me." We saw throughout our inspection that staff listened to people and gave them time to talk. We saw that people would approach staff and express any concerns or want to share something with them. We saw one staff member talking at length with one person about one of their interests. When people came back after they had been out, staff would greet them and ask them about their outing and if they needed anything. For example when a person returned after being out we heard one member of staff ask them, "I know you've just walked through the door, but would you like a cup of tea?" On the first day of our inspection we saw that the fire alarms were being tested. We saw staff going around telling people that this would create some noise and not to worry. They also explained why the fire alarms needed to be tested.

Staff had a good understanding of people, their preferences and what was important to them. This was evident throughout the inspection when we saw staff interacting with people. Staff used humour appropriately and we saw from people's responses that they enjoyed the company of the staff.

People told us that they were involved in their care planning. One person explained, "[The staff] write them with us and we read them. I can tell staff what I want." A second person commented, "My mum is involved in my care plan too." Staff we spoke with told us that they felt as though they had enough time to spend with people. Staff rotas were arranged to ensure that there were enough staff to speak with people and spend meaningful time with them, for example, supporting them with their interests.

People were supported to live an independent life. We saw that people would help staff with tasks around the home such as cleaning and washing the dishes. Staff were encouraging and thanked people for their work. One person told us that they felt supported to be independent but were happy to ask for help from staff when they needed it.

Staff treated people in a respectful way and they knew how to maintain people's privacy and dignity. For example, we saw that staff would knock on people's doors and wait for an answer before entering. People we spoke with all told us that they felt respected by staff. There were no restrictions on people's family or friends visiting and during our inspection people's relatives were welcomed by staff. We saw that staff also had a good relationship with people's relatives and took time to speak with them.

Is the service responsive?

Our findings

People's care plans and risk assessments were individualised and gave plenty of detail about how people would like to be supported. People's care plans focussed on what they could do for themselves and what support staff could provide. People we spoke with told us that they were involved in the planning of their care. We saw detailed care plans about how their communication needs were assessed. For example, one person's care plan required staff to speak to them using short sentences and they only liked to be given two choices as they found it difficult to make decisions otherwise. We saw that staff communicated with people according to their individual needs. As a result, conversations flowed between people and the staff supporting them. People's care records showed that care plans and risk assessments were reviewed regularly and updated where necessary.

People were supported to follow their interests and a number of activities were provided at the service. During our inspection visit there was a woodwork group going on and there were also outdoor activities such as gardening.

People were encouraged to take part in activities in the local community and maintain their independence. People were supported to do voluntary work and one person we spoke with told us that they helped in a local hairdressers. One person had recently gone to visit their family on the train but were anxious about navigating the train station. The staff had arranged for a member of station staff to meet them off the train. The manager told us that some people would often go to the local supermarket to buy their own food. They added that there was also a cash point there. This provided a good opportunity for staff to support people with familiarising themselves with using a cash point and managing their money before going into the shop.

Staff were responsive to people's needs and they spent much of their time in the communal areas of the home. When staff did have to go into the office, the door was left open and we saw that people felt able to approach staff.

There was a complaints procedure in place and this was displayed in the main hallway of the home. The provider had not received any recent complaints but they explained to us how they would deal with any concerns. People we spoke with told us that they had no complaints about the service but felt comfortable about approaching staff if they were not happy with something.

Is the service well-led?

Our findings

At our previous inspection on 26 and 27 May 2017 we found some concerns relating to the effectiveness of the quality monitoring systems in place. During this inspection in January 2018 we found additional concerns regarding quality monitoring processes.

We found there was little and infrequent quality monitoring of the service. We saw that some of the cleaning audits had not been completed since 2015 and the last quality assurance audit was completed in 2016. The quality assurance audit asked people for their views on the service and where people had given negative responses regarding the care they received, there was no action plan in place to demonstrate what action would be taken in relation to the negative feedback. Therefore people's views were not used to drive improvements within the service. People's medicines were not audited on a frequent basis and when we inspected we saw that the last audit of people's medicines was carried out in January 2017. After the inspection we were sent a medicines audit that was completed on 7 January 2018. This failed to show what action was being taken to remedy the errors found.

There was a lack of oversight of staff training, therefore staffs' limited knowledge in relation to MCA and DoLS had not been identified. We also found that a number of staff had not regularly had their competency around managing people's medicines assessed.

Robust recruitment processes were not in place and were not checked up on through quality auditing.

There was an overall lack of oversight of the service from the provider. Whilst the providers met regularly with the manager of the service, they failed to ensure that quality assurance processes were regularly being undertaken.

These findings constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we were told about a recent incident in the home which necessitated police involvement. We were not sent a notification of this incident. A notification is information about important events, which the provider is required to send us by law.

This finding meant that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider was failing to meet the Care Quality Commissions registration requirements. There had not been a registered manager in post since 25 July 2016. The provider failed to notify us that the service would be without a registered manager for more than 28 days and tell us what arrangements would be put in place to ensure day to day management of the service. This service is required by law to have a manager registered with CQC to ensure they are 'fit' to manage a registered service.

We found that the provider was in breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009.

The visions and values of the service were clear and that was to empower people and support them to be as independent as possible. We saw that this was imbedded in staffs' practice through our observations of them interacting with people. People we spoke with were complimentary about the staff, manager and providers. One person commented, "There's nothing bad about the staff." One person spoke highly of the provider and told us, "Anything that needs to be done, he'll get it done." There was a homely feel to Worstead Lodge and a sense of community. One person explained, "If there's something wrong with someone, we pull together, we're our own community."

We saw that meetings to involve staff and people living in the home about the running of the service had not taken place for some time. The provider told us that they were planning to start these again. However, we did see that the provider was a visible presence and people would often approach them and the staff who were on duty.

Records we looked at showed that staff at the service worked with other agencies. This included community healthcare professionals, safeguarding and the local authority. The provider and manager told us how they would share information about people's changing care needs so they could source the most appropriate support for the individual.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 Registration Regulations 2009 Notifications – notices of absence The provider failed to notify the Commission of the absence of a registered manager. Regulation 14(1)(b)(2)(a)(b)(c)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of significant events were not sent to the Commission. Regulation 18(1)(2)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safe and properly managed. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to monitor, assess and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(d)(f)

