

Wemyss Lodge Limited

# Wemyss Lodge

## Inspection report

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Date of inspection visit:  
06 October 2016

Date of publication:  
21 November 2016

## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

At the comprehensive inspection of this service in March 2016 we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the registered manager and provider with three warning notices and three requirements stating they must take action. We shared our concerns with the local authority safeguarding and commissioning teams.

This inspection was carried out to assess whether the provider had taken action to meet the warning notices we served. We will carry out a further unannounced comprehensive inspection to assess whether the actions taken in relation to the warning notices have been sustained, to assess whether action has been taken in relation to the three requirements and provide an overall quality rating for the service.

This report only covers our findings in relation to the warning notices we issued and we have not changed the ratings since the inspection in March 2016. The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. 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](http://www.cqc.org.uk).

At this inspection we found that the provider had taken action to address the issues highlighted in the warning notices. Medicines were being safely managed and people were supported to take the medicines they had been prescribed. Staff kept good records of the medicines available in the home and the medicines people had been supported to take.

Chemicals for cleaning were safely stored and staff followed good infection control procedures. This helped to minimise the risk of injury and cross contamination.

Accidents and incidents were clearly recorded and action was taken to minimise future risks.

There were enough staff available to meet people's needs. Staffing was planned following regular assessments of people's needs and was re-evaluated as people's needs changed. One person we spoke with said they were happy with the staffing arrangements, commenting, "They come quickly when I use the call bell. There's sometimes a bit of a wait at busy times, but it's never too long". Relatives told us they had seen improvements in staffing levels and said there were sufficient staff available to provide the care and support

people needed. Comments included, "There has been a noticeable increase in staffing and I am always able to find staff when needed. Staff have clearly completed training on supporting people and communication and this has had an impact on practice"; and "There are enough staff available. I'm always able to get hold of someone when needed".

The management team completed regular checks to assess how the service was operating. Improvements were made following these assessments and there was clear communication with people, their relatives and staff about the action being taken. Comments from relatives included, "I have seen huge improvements since the last inspection. (The registered manager) has been a driver of many of the changes"; and "The managers are very visible. You can always talk to them if there are any issues".

Staff told us the management team had been very open with them about the changes that were needed and had provided them with clear direction. Comments from staff included, "Staff morale has improved. Very open management team, with clear communication. We feel like part of a team"; and "There is good support from the management. We are able to discuss any concerns and they will take action".

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

We always ask the following five questions of services.

### Is the service safe?

Action had been taken to improve safety for people who use the service.

Medicines were being safely managed and chemicals for cleaning were safely stored. Accidents and incidents were being clearly recorded and changes were made to the support people needed where necessary.

Staffing had been reviewed and increased following an assessment of people's needs.

We have not changed the rating for this key question from inadequate because to do so requires a full assessment of all the key lines of enquiry for this question. We will complete this assessment during our next planned comprehensive inspection.

**Inadequate** ●

### Is the service well-led?

Action had been taken to improve the leadership of the service.

Systems had been developed to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

We have not changed the rating for this key question from inadequate because to do so requires a full assessment of all the key lines of enquiry for this question. We will complete this assessment during our next planned comprehensive inspection.

**Inadequate** ●

# Wemyss Lodge

## **Detailed findings**

### Background to this inspection

We undertook a focused inspection of Wemyss Lodge on 6 October 2016. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of March 2016 had been made. We inspected the service against part of two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting legal requirements in relation to those questions and we served warning notices following the comprehensive inspection. The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home. This included the provider's action plan, which set out the action they planned to take to meet legal requirements.

During our visit to the home we spoke with one person who uses the service and five relatives. We spoke with the registered manager, clinical manager, the responsible individual for the provider, four care staff, two nurses and a visiting health professional. We spent time observing interactions between people who use the service and staff. We looked at records of care provided for people using the service, including incident and accident reports, medicine management, wound management and pressure care records.



## Our findings

At our comprehensive inspection of Wemyss Lodge in March 2016 we found the service had not taken effective action to manage medicines safely or manage the risks people faced in relation to the safe use of equipment and safe use of chemicals. The service had not taken action to analyse accidents and incidents and take action to minimise the risk of a recurrence. This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the concerns, we served a warning notice on the provider. At this inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 12 described above.

Since the inspection in March 2016 the provider had introduced a new medicines management procedure in the service. The clinical manager told us staff had received additional training in the safe administration of medicines. Staff we spoke with and records observed confirmed this.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Where people had been prescribed medicated creams, there were separate recording charts in their bedroom that staff had completed. There were clear instructions stating where and when creams needed to be applied. There was a record of when creams had been opened, so they could be disposed of in line with the manufacturer's instructions.

People and their relatives told us staff provided good support with medicines, bringing people what they needed at the right time. Comments included, "I don't have any concerns (about medicines management). The system seems to work well"; "Staff come and help with my medication. It seems very organised and it works well" and "Staff manage medication well and (my relative) is able to see the GP when needed".

Staff were checking the medicines records every day to ensure they had been completed correctly. In addition, the management team conducted a more detailed medicines check once a week and a pharmacist visited the service monthly to check how medicines were being managed. We saw that action had been taken to make improvements where shortfalls had been identified, including following up issues

with staff individually where necessary. The clinical manager said they were planning to reduce some of the checks that staff completed, once they had demonstrated that the improvements had been embedded in practice.

Cleaning chemicals used in the home were safely stored and kept in a locked cupboard. Chemicals were stored in their original container, which contained details of the contents and any precautions that were needed.

Since the inspection in March 2016 the provider had bought new hoist slings and people had an individual sling that was not used by anyone else. People had been assessed by an occupational therapist to ensure the correct sling was obtained for them. This was important to minimise the risk of cross infection and to ensure that people used slings that were the right size and design for them. We saw these individual slings were in place for people and named to ensure they were not mixed up.

Accidents and incidents in the home had been fully recorded and there were systems in place to review events and make changes where needed. All incident and accident reports were reviewed by a member of the management team and we saw actions had been taken to minimise the risk of a recurrence. The management team had addressed specific issues with staff where necessary and provided additional training in some cases. Accidents and incidents were analysed monthly, to identify any trends. An analysis of falls records had identified a spike in falls between 4.30pm and 6pm. The management team had taken action to provide additional support and supervision during this period, and had reported a reduction in falls following this action. We saw records of discussions of the actions needed in the staff meeting, which helped to ensure all staff were aware of their responsibilities.

At our comprehensive inspection of Wemyss Lodge in March 2016 we found the service had not ensured there were always sufficient staff deployed to meet people's needs. This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the concerns, we served a warning notice on the provider. At this inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 18.

The clinical manager told us they had completed a review of staffing levels in the home and were now using a dependency tool to assess the number of staff required to meet people's needs. It was reported that this had led to an increase in the numbers of care staff deployed. In addition to increasing the number of staff, the clinical manager told us they had improved the way staff were deployed, with greater planning about where staff would work and how breaks were organised. A visiting health professional told us the staffing levels were sufficient to be able to put care plans into practice.

One person we spoke with said they were happy with the staffing arrangements, commenting, "They come quickly when I use the call bell. There's sometimes a bit of a wait at busy times, but it's never too long". Relatives told us they had seen improvements in staffing levels and said there were sufficient staff available to provide the care and support people needed. Comments included, "There has been a noticeable increase in staffing and I am always able to find staff when needed. Staff have clearly completed training on supporting people and communication and this has had an impact on practice"; and "There are enough staff available. I'm always able to get hold of someone when needed".

During the inspection we observed staff responding to requests for assistance promptly and providing support in an unhurried way. Staff told us there had been improvements in staffing levels and they felt they were able to provide the care that people needed. Comments included, "It's a lot better, vastly improved. We

have extra staff which has made all the difference. Staff can spend more time with residents and the shift is much more relaxed"; "The number of staff on each shift is good. It has improved and we are able to provide the care that people need"; and "Staffing levels are good. There are plenty of carers available and sufficient nurses".

The dependency levels of people using the service had been re-assessed each week and staffing levels had been amended where needed. Staffing rotas had been planned to provide the staff numbers determined by the dependency assessments. When staff were unable to attend, for example due to illness, the shift was covered to ensure there remained sufficient staff to meet people's needs.





## Our findings

At our comprehensive inspection of Wemyss Lodge in March 2016 we found the service did not have effective systems to assess, monitor and mitigate risks to people using the service and others who may be at risk. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the concerns, we served a warning notice on the provider. At this inspection we found that the provider had taken action to meet shortfalls in relation to the requirements of Regulation 17 described above.

The clinical manager had developed a system of audits and checks, which were used to assess how the service was operating and to plan improvements. There was a weekly general audit of the service and additional daily checks that were taking place, including the environment, checks of equipment such as hoists and checks of activities that were being offered for people. Nurses were completing clinical audits, including pressure area care and weights. Staff completing these checks had been given time away from other responsibilities to ensure they had the time they needed to carry them out effectively.

The management team were also completing regular observations of staff practice. These included the support staff were providing for people to eat, whether staff were following correct moving and handling techniques and whether staff were following good infection control procedures.

In addition to these weekly and daily checks, a monthly quality assurance audit was completed by the clinical manager. This was a comprehensive assessment of all aspects of the service and was used to develop an action plan to assess any shortfalls in the service. The management team updated the plan with the action they had taken and all actions were followed up at the following month's assessment. Issues were addressed with staff individually and through the team meetings where necessary. This helped to ensure all staff were aware of the changes that were needed and why they were important.

Relatives told us they thought the service was well managed. One relative said the management team had been very open with them about the outcome of the inspection in March 2016 and had met with them to answer any questions they had. The relative said the management team had been clear about the actions they were taking to resolve the issues. Comments from relatives included, "I have seen huge improvements since the last inspection. (The registered manager) has been a driver of many of the changes"; and "The managers are very visible. You can always talk to them if there are any issues".

Staff told us the management team had been very open with them about the changes that were needed and had provided them with clear direction. Comments from staff included, "Staff morale has improved. Very open management team, with clear communication. We feel like part of a team"; and "There is good support from the management. We are able to discuss any concerns and they will take action".