

Hestia Care Limited

Wessex Lodge Nursing Home

Inspection report

Jobson Close
Newbury Road
Whitchurch
Hampshire
RG28 7DX

Tel: 01256895982
Website: www.hestiacare.co.uk

Date of inspection visit:
01 December 2020

Date of publication:
06 January 2021

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

Wessex Lodge Nursing Home is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

People told us they felt safe, and the provider had made improvements in areas we found needed improvement at the last inspection. The provider had completed actions to comply with their independent fire risk assessment. The service had maintained standards in other areas such as the management of medicines and protecting people from abuse. We were somewhat assured that the provider used PPE safely and effectively, and we were assured by the provider's practice in other areas of infection prevention and control we looked at.

Staff told us they had seen improvements in how the service was managed. The provider had completed actions to make improvements identified at their last inspection. There was a new management team which was supported by a newly appointed director of clinical governance. A system of audits, checks and processes was in place to embed improvements already made and drive further improvements.

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 2 April 2020). We found one breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 January 2020. We found a breach of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the area of good governance.

We undertook this focused inspection to check the provider 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 safe and well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wessex Lodge Nursing Home 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.

Wessex Lodge Nursing Home

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. We did this to 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 team for this inspection comprised an inspector and two assistant inspectors.

Service and service type

Wessex Lodge Nursing Home 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

We gave a short period notice of the inspection visit (approximately one hour) to make sure we had up to date information of the location's COVID-19 status and any relevant infection prevention protocols.

What we did before the inspection

We reviewed the last inspection report, the provider's action plan, and other information received from the provider and others since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff as well as the registered manager and clinical lead. The local authority sent us information they had about the service. We observed people's care and support in the shared areas of the home.

We reviewed a range of records. These included care records for three people, records of checks and audits, and other records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted more health and social care professionals for their input.

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 on 30 January 2020 we found the provider had not completed all the high priority actions identified in an independent fire risk assessment within the required timescales. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had completed all the high priority actions identified in the fire risk assessment dated 6 September 2019. They had commissioned a further fire risk assessment in October 2020 to confirm no high priority actions remained outstanding. They had taken sufficient steps to make sure fire risks were managed to keep people safe.
- The provider had processes in place to assess individual risks to people's safety. These included risks such as falls, choking, and personal emergency evacuation plans. Records showed care plan risk assessments were reviewed and updated to keep them current.

Preventing and controlling infection

- 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 somewhat 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.

Where we had concerns that some staff did not always wear the most appropriate PPE, we signposted the provider to recommendations in government guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and process in place to protect people from the risk of abuse. Staff we spoke with were aware of how to respond to safeguarding issues. People we spoke with told us they felt safe. They

said, "I feel very safe and secure", and "I feel safe enough."

- The provider had suitable processes to follow when concerns were raised about people's safety. Staff had confidence that the registered manager or clinical lead would follow up any concerns they raised. The provider followed up concerns raised with the local authority and other agencies, and notified us where required to do so.

Staffing and recruitment

- There were enough numbers of staff to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner and were able to spend time with people, for instance in conversation. People we spoke with were satisfied with the numbers of staff, and staff themselves told us the registered manager had "sorted staffing out". There had been a significant reduction in the home's dependency on agency staff since our last inspection.
- The provider had suitable recruitment processes. They carried out the necessary checks and maintained the necessary records as required by regulations.

Using medicines safely

- The provider had suitable processes in place to make sure people received their medicines safely and in line with good practice guidance. There were suitable arrangements in place to store medicines securely and according to the manufacturers' guidance. This included arrangements for medicines prescribed to be taken "as required".
- Staff confirmed they had training and competency checks in medicines administration. Guidance and protocols for administering medicines were individual to the person.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. These included learning from accidents, incidents and near misses. These were reviewed and analysed each month for patterns, trends, and individual follow up actions.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection on 30 January 2020 we found the provider had failed to maintain high standards of governance in the absence of a registered manager at the home. There had been no recent engagement with people using the service or staff to seek feedback on the quality of service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People told us they experienced good outcomes. One person said, "Most of all I would like to commend the level of care we get here, I've never had such wonderful personalised care from carers. You never feel embarrassed. I thoroughly recommend it as a place to come. I can recommend with confidence they won't let you down." Another person's family member told us, "Mum is always happy and content. She has been there nine years. They know her well and we are over the moon."
- There was a new registered manager and clinical lead in post. The provider was recruiting for a new head of care. The provider had put in place care team leads with specific roles and responsibilities. Staff were positive about the new management team and arrangements. One staff member said, "There has been a lot of improvement. We are in a much better place now."
- The registered manager had put in place arrangements to keep family members in touch during the COVID-19 pandemic by email and a mobile phone app. Some family members felt that more could be done in the area of communications, and that the emails covered general updates and did not tell them enough about their loved one's individual care and support. We raised this with the registered manager who undertook to improve communications in this area.
- Staff we spoke with told us they felt supported by the new management team and that their views were listened to. They had opportunities to raise concerns at supervisions and team meetings. One staff member said, "The supervisions are very useful. We can communicate anything freely. It's a good method and I love it."

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 registered manager was aware of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear and effective governance systems in place. Staff were clear about their roles and responsibilities. One staff member said, "I think once you do have structured management in place like we do now, clear manager, clear clinical lead, things are in the right places then that helps." The registered manager had established a daily "flash" meeting with heads of department to communicate salient action points around the service.
- The provider acted in accordance with regulatory requirements, including sending us notifications about certain events which occurred during the delivery of their service. The provider had acted promptly to put a new, experienced registered manager in place.

Continuous learning and improving care

- There was a strong focus on continuous improvement. The provider had appointed a clinical governance director since our last inspection. They had carried out an audit of the home in November 2020. There was an action plan in place to make sure findings were followed up.
- A system of monthly audits had been established since our last inspection. These covered incidents, such as falls, pressure injuries, and safeguarding reports, as well as more general quality improvement actions.

Working in partnership with others

- The provider cooperated with other agencies to meet people's healthcare and wellbeing needs. These included the local authority and local clinical commissioning group. There was a joint initiative with the service's GP and pharmacist to speed up prescribing of people's medicines. A recently established multi-disciplinary team was expected to improve people's access to healthcare services such as speech and language therapy, and physiotherapy.