

Barchester Healthcare Homes Limited

Werrington Lodge

Inspection report

Baron Court
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17 December 2018

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Ratings

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

Summary of findings

Overall summary

Werrington 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. Werrington Lodge is registered to provide personal care and accommodation for up to 82 people. At the time of the inspection there 58 people living in the home.

Following our last inspection on 25 April 2018, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, responsive and well led to at least good.

We undertook an unannounced focused inspection of Werrington Lodge on 14 November and 17 December 2018. This inspection was carried out to check the provider had carried out the improvements following our last inspection.

We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well led? This is because the service was not meeting some legal requirements. We found improvements had been made, the legal requirements had been met and the home is now rated good in all areas. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection".

At the time of the inspection there was a registered manager in place. 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.

At the previous inspection we found that the administration and management of medication was not always safe. Staff had made improvements to the systems and procedures to ensure that people received their medication as prescribed. The administration of medication was being recorded accurately, appropriate information was available about when medication should be administered. Regular checks were being completed to identify any issues so they could be dealt with promptly.

During the previous inspection we found that people did not always receive care and support that was based on their individual needs and preferences. Staff had worked hard to improve people's care plans so that they included personal information for staff to follow when working with people.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified hazards and provided staff with the information they needed to reduce risks where possible.

At the previous inspection we found that areas for improvement were not always identified. Improvements had been made. There was an effective quality assurance process in place which included obtaining the views of people that lived in the home, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

Staff were only employed after they had completed a thorough recruitment procedure. Staff received the training they required to meet people's needs and were supported in their roles.

There was a varied programme of activities including activities held in the home, trips out and entertainers that came into the home.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

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.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Medicines were managed safely.

Staff were only employed after a through recruitment procedure had been completed

Is the service responsive?

Good ●

The service was responsive.

Care plans provided guidance for staff on how to meet people's needs.

People were aware of how to make a complaint or raise any concerns.

People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Good ●

The service was well-led.

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through regular meetings.

Werrington 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 was planned to check 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 14 November and 17 December 2018. The inspection was carried out by one inspection manager and one inspector on the first day and two inspectors on the second day.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the action plan that was submitted by the provider following their previous inspection.

During our inspection we spoke with three people who lived at the service two relatives, the registered manager, regional director, three nurses, one housekeeping assistant and three care assistants. A registered manager from another of the providers homes also attended the inspection to support the registered manager with the inspection as it was their first one at Werrington Lodge.

We looked at the care records for eight people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas.

Is the service safe?

Our findings

At our previous inspection on 25 April 2018 we found that improvements were needed to ensure that there was safe management and administration of medication. During this inspection we found the registered manager had made improvements to ensure people received their medication as prescribed. Staff ensured they administered medication on time and when needed and records reflected this. Staff were aware of when they should administer medication prescribed "When needed." This meant that staff could try other interventions first where appropriate rather than resorting to medication immediately. Staff were following procedures after each medication round to check that all people had received their medication as prescribed. This meant that any errors or omissions were identified and action was taken immediately.

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. People and their relatives told us that they felt safe living at Werrington Lodge. Staff completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings. The registered manager had reported any safeguarding concerns to the local authority for investigation or guidance.

The quality of people's risk assessments in relation to their health and welfare was inconsistent. Some were more detailed and informed staff of the action they should take to minimise any risks to a person's health and welfare. Others, did not contain all of the relevant information required to keep them safe. For example, a choking risk assessment did not contain the signs and symptoms for staff to be aware of to enable them to recognise any deterioration in the person's ability to swallow, increasing their risk of choking.

Staff told us they had adequate time to assist people with activities such as personal care, administration of medication and assistance with eating and drinking. The staffing tool used to determine the number of staff needed for each shift was based on the dependency levels of the people living in the home. The registered manager and regional director regularly reviewed dependency levels to ensure adequate staffing levels. Where extra staff were needed, for example to support people at the end of their life, this was provided.

Although people told us there were normally enough staff to meet their needs they didn't always feel that call bells were answered in a timely manner. The time it took staff to answer call bells was regularly monitored. People had reported delays in responding to their request for assistance. The registered manager stated that they were aware there had been an issue and they were trying different strategies to resolve the issue. One person confirmed that the issue had improved recently and we saw call bells were answered promptly.

Staff were following the provider's accident reporting procedure. The regional director reviewed the incident and accident information provided by staff to identify any themes or patterns and ensure necessary action was taken to reduce reoccurrence. Accident forms had not always been fully completed to show that when needed action was taken to prevent a reoccurrence.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. Maintenance staff regularly checked the fire alarms and emergency lighting to ensure they were working. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to inform staff and the emergency services of the support each individual needed in the event of an evacuation. Staff confirmed that they had been involved in fire drills.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and attend a face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service.

There was a prevention and control of infection policy and statement in place. Infection control audits were regularly carried out. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care. The home was clean and free from any offensive odours during our inspection.

Is the service responsive?

Our findings

At our previous inspection on 25 April 2018 we found that improvements were needed to ensure that people received care and support based on their personal preferences. Care plans were not always up to date to reflect people's current needs.

Staff were reviewing and revising people's care plans. Those completed were personalised and contained information about how people liked to have their needs met, including the type and level of support they needed to meet their needs and maintain their independence. Care plans included information for staff to be aware of such as a person being prone to infections and what the symptoms to look out for were. An action plan was in place to have all the care plans updated by the end of December 2018. The records showed that when care plans were updated the information was discussed at the staff handover meeting so that all staff were aware.

Staff knew people well and were responsive to their needs. For example, when a person became anxious staff helped them to relax by talking to them about music and in particular, one singer. One relative told us, "My [family member] has been living here for eight and a half years. I'm really happy with the care she gets. Staff are generally good at looking after [family member]. [Family member] gets all the food and drink they need and always looks clean. I would recommend Werrington Lodge." One person told us, "Staff are lovely, they look after me well."

Staff told us that there was always a "Resident of the day." Time was allocated to review the person's care plans and risk assessments on their day. People and their relatives told us that they had been involved in reviewing their care plans and their preferences were taken into consideration.

People were asked what they would like to do and were also given suggestions for trying new activities. There was a weekly activities schedule displayed around the home. Group activities were organised in the home for those who wanted to participate. One person told us how they had requested to visit the local Cathedral as they used to worship there and this had been arranged. One relative told us that the staff had been really good in encouraging their family member to take part in group activities and they had really enjoyed the exercises and singing. Staff spent time with people for one to one individual activities including games/puzzles and reading to them.

There was a complaints policy in place that people were aware of. Staff knew what action to take if any complaints were raised with them. Relatives told us when they had raised concerns the issues were resolved to their satisfaction. We saw that the complaints had been investigated following the providers policy.

People's preferences and choices for their end of life care was discussed with them and their relatives, recorded in their care plans and respected. People were supported to have a dignified and pain free death. There were strong links with local health professionals so that when needed they could provide the necessary support.

Is the service well-led?

Our findings

At the previous inspection on 25 April 2018 we found that improvements were needed to ensure that effective systems were in place to improve the quality of the service. During this inspection we found that that areas for improvements had been identified and the necessary action had been taken promptly.

A new registered manager had been in place since October 2018. The registered manager stated, "I want residents to be safe, happy and trust us. The staff are very caring and want to do a good job, we won't tolerate any poor practice." Staff were positive about the new management team at Werrington Lodge and said that they could see improvements were being made. One nurse told us that they could see an improvement in the medication administration records which meant that people were receiving their medication as prescribed.

The registered manager had ensured that all staff had received a supervision and had booked dates for the future. Staff excellence was rewarded by the provider. There was employee of the month award where staff were given special recognition and gifts which people, family members and other staff had voted on.

The registered manager had put procedures in place to ensure that the recent improvements would be sustained. For example, to ensure that the care plans remained up to date and accurately reflected people's needs each person had been allocated a named nurse. The named nurse was responsible to ensure any changes were made promptly to people's care plans. The registered manager stated that people and their relatives would be invited to review their care plans six monthly. The records showed that this was starting to happen and people or their relatives had agreed with the content of the care plan. The registered manager carried out two "Walk arounds" each day to speak with people, their relatives, staff and identify any issues so that they could be resolved quickly.

Various meetings were being held to discuss any issues such as safeguarding people, checking the quality of the service being provided, nutrition, weight-loss, skin problems, medication and infection control. Each day, the registered manager or senior staff met with the heads' of departments for a quick update and to discuss any issues. Staff told us that they could add to their meeting agenda and any suggestions they made were discussed and acted upon. Meetings for people living at Werrington Lodge and their families were also held so they could discuss any ideas or concerns they may have.

There was an effective quality assurance system in place to ensure that, where needed, improvements were identified and made in the home. The registered manager and other staff carried out daily, weekly and monthly audits on the quality of the service provided. One person living in the home had been appointed as the "Resident's ambassador" and was responsible for raising any issues or ideas with the manager. For example, they had requested a trip to the local Cathedral and this had been arranged.

Links with the community were encouraged by holding events to bring people into the home such as summer fetes and Christmas fairs. People were also supported to use local facilities such as restaurants and shops.

Whistleblowing is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood the term 'whistleblowing' and felt confident using the whistleblowing procedure. The provider had a policy in place to support staff who wished to raise concerns in this way. The records showed that when a member of staff had raised concerns they had been dealt with appropriately and action taken to prevent a recurrence.