

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

The inspection took place on 26 and 27 May and was unannounced.

Worstead Lodge provides residential care for up to 20 younger people who are living with a learning disability. At the time of this inspection there were 19 people living within the home. The accommodation includes two self-contained bungalows, two self-contained converted stables and the main house where people had access to a number of communal areas.

There was a registered manager in post. 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.

The service did not have procedures in place that fully reduced the risks associated with the management of medicines. Good practice was not being followed in all areas. Although the individual risks to the people who used the service had been identified and reduced, those associated with the environment had not been fully identified, assessed and managed.

The home had a system in place to monitor the quality of the service being delivered and this was effective in most areas. However, the system had failed to identify the issues associated with the safe management of medicines.

The people who lived at Worstead Lodge benefited from being supported by staff that were trained and competent in their roles. Staff had received an induction and the service had processes in place to ensure this was effective. Staff felt valued and supported in their roles. Safety checks had been completed to ensure that only suitable people were employed.

An open and inclusive culture was promoted and staff treated people with respect and kindness. Staff encouraged people to be independent and empowered them to make decisions for themselves whenever possible. The service worked in partnership with those that lived at the home in order to ensure it ran smoothly. People described the home as welcoming with a special atmosphere.

Processes were in place to help protect people from the risk of abuse and staff understood these. They gave us examples of abuse and the symptoms that may indicate potential abuse. Staff understood their responsibility to report any concerns they may have and knew the procedure for this both inside and outside of the organisation.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff understood the need to gain people's consent before assisting them and they demonstrated that they fully encouraged people to make their own decisions where possible. However,

staff knowledge of the MCA and MCA DoLS was variable and training had not been provided.

People had been involved in the decisions around what support they required and the support plans we viewed confirmed this. People, and their relatives, told us their needs were met. The support plans, and our observations during the inspection, demonstrated this. Support plans were individual to the person and gave staff clear information on the support people required and wished for. They showed that people's independence was promoted and encouraged.

The service supported people to follow their interests and hobbies. This was done on an individual basis and the service went to great lengths to ensure people engaged in the activities they enjoyed, providing support where required. People told us of all the activities they engaged in which were many and varied.

People received interventions from, or had access to, a variety of healthcare professionals in order to maintain their physical and emotional wellbeing. Their nutritional needs were met and people were encouraged to participate in preparing meals for themselves and others who lived in the home. Participation in the running of the home was promoted in a manner that supported cooperation.

All the people we spoke with talked highly of the management team at Worstead Lodge and the service it provided. The relatives of the people who used the service described how the service had led to their family members leading happy, independent and fulfilled lives. They praised the providers in their approach to supported living and the positive impact the service had had on the lives of their family members.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The service had not done all that was reasonably practicable to mitigate the risks associated with medicines management and administration.

The risks to individuals had been identified and assessed in order to reduce the risk of harm. However, the service had not fully identified and assessed the risks associated with the premises, its environment and working practices.

Processes were in place to reduce the risk of employing unsuitable staff and there were enough of them to support people on an individual basis.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had knowledge of the MCA and worked within its principles. However, staff knowledge of the MCA DoLS was variable and the service did not provide training as part of its mandatory training.

People benefited from staff that were skilled in providing care and support. Staff felt supported and valued in their roles and the service encouraged them to improve their knowledge and skills.

People's nutritional needs were met. They received the support they required to maintain wellbeing and independence skills around food preparation.

Good ●

Is the service caring?

The service was caring.

Staff interacted with the people who used the service, and others, in a way that was respectful, supportive and thoughtful.

The service encouraged people to lead independent and self-sufficient lives and provided the practical and emotional support

Good ●

to achieve this.

The people who used the service, and their relatives if appropriate, were fully involved in the decisions around the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received support in a person-centred way and had support plans in place that reflected those individual needs.

The service supported and encouraged people to participate in their hobbies and interests.

People knew who to speak to if they had any concerns or complaints. They felt comfortable in doing this and confident that any concerns would be appropriately addressed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service had an auditing system in place that monitored the quality of the service provided. This was not effective in all areas.

The management team was visible and approachable and provided regular support to the people who used the service, their relatives and staff.

An open, collaborative and supportive environment was promoted amongst those that used the service, staff and management.

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 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 inspection took place on 26 and 27 May 2016 and was unannounced. The inspection was carried out by one inspector. On the first day of the inspection the registered manager was present along with the provider's two directors. On the second day of our visit, only the provider's two directors were present.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team and the local quality assurance team for their views on the service.

During our inspection we spoke with five people who used the service. Over five days following our inspection, we gained verbal feedback from relatives of six people who used the service. Two additional relatives also provided us with written feedback. We also spoke with the two directors for the provider, the registered manager, two senior support workers and one support worker.

We viewed the care and medicines records for four people who used the service. We tracked the care and support three of these people received. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, maintenance records, staff training records, the home's quality auditing system and minutes from meetings held.

Is the service safe?

Our findings

We looked at how information in medication administration record (MAR) charts and care documentation for four people living in the service supported the safe handling of their medicines.

The MAR charts we viewed for three of these people were not accurate. When we compared medication records against quantities of medicines available for administration we found numerical discrepancies. The MAR charts did not contain up to date information on either the quantity of medicines stored within the home, type of medicine prescribed or full administration instructions. For one person, a hand-written entry on the MAR chart did not give staff instructions on how many times a day this medicine could be administered if it was required. We could not determine from the records that medicines had been administered as the prescriber had intended. This placed people's health and wellbeing at risk. The manager confirmed that there was currently no auditing of the quantity of medicines at the home.

For one person there were two medicines available with no corresponding MAR chart so we could not determine if the medicines had been administered. This placed the person at risk of harm due to the risk of unsafe administration of medicines.

We also found that there was a lack of supporting information that would have enabled staff to handle and administer people's medicines in a safe and consistent manner. For a person self-administering their medicines, the service had recorded that they had assessed the risks associated with this but no information was available as to how this had been achieved. When people were prescribed medicines on a when required basis, there was a lack of written information available to show staff how and when to administer these medicines and no records about why they were needed. Therefore people may not have had these medicines administered appropriately.

The above concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection, the service had completed a full stock count of all the medicines they had within the home and arranged for the medicines without MAR charts to be returned to the pharmacy. The provider's representatives told us that they would organise for a pharmacist to attend the service to do a full audit of the medicines management system.

The service had completed maintenance checks in regards to the premises and equipment. This included the regular testing of the fire alarm system, electrical equipment and gas installation. However, the service had failed to fully assess the risks associated with the premises, environment and working practices. When we asked for these risk assessments, the provider's representative told us that they did not have any in place except for the risk of fire. In addition, the service had no plans in place in the event of any adverse incidents such as loss of power, an infectious disease outbreak or poor weather conditions which would prevent staff from attending for duty. Events such as these could have a negative impact on the service people receive.

The people who used the service told us they felt safe living at Worstead Lodge. One told us, "I definitely feel safe living here; it's like a bubble away from harm's way." Another person explained how the service had involved them in fire awareness training to help them keep safe. The relatives of those who used the service that we spoke with had no safety concerns. One told us, "[Relative] has a safe place to go to." Another said, "We know [family member] is safe and well looked after and that is reassuring."

The service had processes in place to protect people from the risk of abuse. The staff we spoke with demonstrated an understanding of the types and potential symptoms of abuse and how to report any concerns they may have both inside and outside of the organisation. They told us they felt confident that any concerns they may have would be addressed promptly and appropriately by the manager and provider. We saw from the records we viewed that the service had promptly addressed some issues that indicated a person may be at potential risk of abuse. Prompt actions had been taken to further safeguard the individual. These had been taken in collaboration with the individual, their family and other professionals.

Specific risks relating to individuals who used the service had been identified, assessed, regularly reviewed and robustly recorded. Risks had been discussed with them and any control measures agreed with them. The people who used the service had signed to say they agreed with the assessments of risk. Areas that had been assessed included accessing the community, using public transport, cooking and personal safety. One person had been assessed as at being at risk of choking. In response, the service had sought the interventions of health professionals and their recommendations had been incorporated into the person's care plan. When we spoke with staff about this person, they were able to tell us the actions they took to reduce this risk. Accidents and incidents had been recorded showing actions that had been taken to reduce the risk of future occurrences.

The staff we spoke with told us that the service had completed recruitment checks on them before they started in post. The three staff recruitment files we viewed, confirmed this.

The service had provided enough staff to meet people's individual needs. The people who used the service told us that staff were available to support them as required. They gave us examples of how and when staff supported them. For example, one person told us staff helped them to prepare a meal whilst another said, "The staff help me to make my life better". This person went on to explain that staff helped them to go out and take part in activities away from the home. The relatives we spoke with talked highly of the individual support staff gave their family members. One told us that, without fail, the service ensured that a staff member accompanied their family member to their favourite sporting activity. They told us that this made their family member happy.

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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

All of the people who lived at Worstead Lodge had capacity to make decisions in most areas of their lives. The service demonstrated that they encouraged people to be in control of the decisions they made and, where people needed support to do this, the service provided it. One person we spoke with who used the service told us that the staff had been very supportive when they needed to make a big decision.

When we discussed the MCA with staff, all staff spoke in depth about how they gained consent to assist people and how they assisted people to make their own decisions. This demonstrated that their practical application of the MCA was very good. One relative we spoke with said, "The staff are very intent on encouraging [family member] to make their own decisions." However, not all staff understood what the MCA DoLS were and in what circumstances they would need to be applied. Whilst people who used the service currently had capacity to make decisions in most areas of their lives, their needs could change in the future. In these circumstances, staff would need to have an understanding of the MCA and DoLS to ensure that the people they supported were protected. The service did not provide training on the MCA and DoLS as part of its mandatory package. When we asked for the staff training records, they showed that staff had not received this training

When we discussed the MCA and DoLS with the registered manager they told us that all the people living at the service had capacity to make decisions. They told us no applications for DoLS were required or had been made.

The people who used the service told us that they had confidence in the skills that staff demonstrated. One person told us that they thought the staff were well trained. They said, "They [the staff] learn more each day and sometimes involve us in training." The relatives we spoke with agreed that staff had the skills to support their family members. One told us how proud they were of their family member and the skills the staff had instilled in them. They said, "The values the service is teaching [family member] has made them more aware of others and they now understand that others are not always well." Another relative explained. "It's down to them [the staff] and their gentle encouragement why [family member] continues to grow."

When we spoke with staff about the induction and training they had received, they all told us that they felt they had received enough to be able to fulfil their roles. They told us that the induction had been flexible to meet their learning needs and gave them time to get to know the people who used the service. One senior staff member said, "There's always someone to ask a question and we never leave people on their own until we think they're confident and capable." All the staff said the provider was open and encouraging with regards to training and that they could request additional training at any time. They told us the provider was supportive in sourcing this.

Staff felt supported in their roles and received regular supervision and support sessions. They told us they felt listened to and valued. One staff member said, "I feel very supported by the provider." Another said, "The provider listens to you; there's a lot of support there." A third staff member said the management team were very good.

Most of the people we spoke with were able to make their own meals however those that needed the assistance of staff to prepare meals told us the food was good. When we asked one person what the best thing was about living at Worstead Lodge they said, "The food is nice." Everyone told us they got a choice and we saw that people were involved in helping to shop for groceries and prepare food. The people who used the service had agreed a timetable amongst themselves for helping with food preparation and associated tasks. During our inspection we saw that food preparation was a joint affair and that staff sat with the people who used the service to have their meal. This was observed as a lively, respectful, fun and engaging event that gave people dedicated time to interact with each other.

People's nutritional needs were met and the service had requested specialist advice as required in collaboration with the person involved. We saw that health professionals such as nutritionists and speech and language therapists had been requested and that any recommendations they had made had been adhered to by the service. Staff had good knowledge of people's nutritional needs and could explain why specialists had been required and what actions they were taking to meet people's needs. Where people needed support to prepare their meals or buy their groceries, this was provided and care plans gave staff details of what support was required to each individual.

Staff told us that they guided people in maintaining healthy diets and assisted them to make decisions around their diet when required. One relative we spoke with explained how supportive the service had been in helping their family member with their chosen diet. They told us that staff had assisted their family member in making the decision for themselves. They said, "They don't mother [family member], they are very good with [family member]."

The people who used the service received the health interventions they required and chose. Where people needed support to access healthcare professionals, this was given whether it was assistance with making an appointment or having support to attend one. One staff member told us that occasionally there wouldn't be a staff member available to support a person to attend an appointment but that this was always rearranged. We saw from the care records we viewed that people received the health interventions required to maintain their wellbeing.

Is the service caring?

Our findings

Both the people who used the service, and their relatives, spoke highly of the caring nature of the service and, in particular, the management team. One person who used the service said, "The staff do their very best they can for us – they're here for us." Another told us, "There is nowhere like this place." Their relatives agreed. One said, "I am so thankful that we are lucky enough to have found such a special place as Worstead Lodge for [family member] to live." Another told us, "We're thrilled for [family member]; they live an independent and happy life." While a third relative said, "An absolutely marvellous place. I can't praise it enough."

The relatives we spoke with also told us how supportive and thoughtful the service had been to them as family members. Two of the relatives we spoke with had recently experienced difficult times and they told us about the thoughtful gestures the service had made. One relative said, "It touched me – it was so kind. They live up to their motto of caring."

The people who used the service were treated in a respectful and considerate manner by the staff that supported them. One person said, "They [staff] look after me and chat to me." One relative we spoke with told us, "[Provider's representative] is excellent. They have such a lovely way and rapport with [family member]. It's not sentimental. They are very supportive and kind and provide a listening ear." Another relative said, "Staff are very caring – the home has a lovely atmosphere and the staff should be praised."

The service encouraged all their staff and the people living in Worstead Lodge to show respect and compassion towards each other. One person we spoke with who used the service said, "We're like a little family and I feel proud and privileged to live in this home." Another person told us they felt appreciated by the people they lived with and that they were normally able to resolve any issues they may have between them. One relative we spoke with said, "[Family member] is always so happy and gets on so well with the other people living in Worstead Lodge." One staff member we spoke with said, "I think the people living here are great. I play a large part in their lives and they trust me. It's like an extended family and I am accepted as part of their group."

During our inspection we saw that staff had an open and collaborative approach in the way they interacted with the people living at the service. We saw that decisions were discussed and that people were encouraged to make their own decisions. For example, we heard a staff member discussing travel arrangements with a person who used the service. Options were discussed and, although staff offered to arrange travel for them, the person was encouraged to do this themselves which they did. Staff then reassured them that assistance was there if they needed it.

The approach of the service encouraged independence, choice, empowerment and confidence. One person told us, "[Provider] is very supportive in encouraging independent living. The independence side is excellent." They went on to explain how their skills in domestic tasks had improved which had enabled them to live more independently. Another person who used the service said, "Before I moved here, I could do nothing for myself, the staff have taught me everything." When we asked this person how that made them

feel, they said "Proud." A relative told us how important the approach of the service had been in shaping their family member into the person they had become. They said, "They don't mother [family member]." They went on to say, "[Family member] has grown so much – they now have so much confidence."

When we spoke with staff about how they provided support to the people who used the service, they demonstrated a commitment to ensuring people led full, independent lives that they could feel proud of. They demonstrated that they knew people's individual needs, preferences and aspirations. One staff member told us that they felt the people who lived in Worstead Lodge lead the lives they wanted to and achieved their goals. The staff member told us that they were particularly proud of a person they had supported to use public transport alone. They told us that this had enabled the person to lead a more active social life and gain a placement as a volunteer. Another staff member said, "I am proud of the people living here."

During our inspection we saw that, when a person who used the service arrived back to the home, a staff member asked them how their day had been. The person showed how proud they were of an achievement they had reached that day. We saw that staff acknowledged the importance of the achievement and encouraged the person in their pride. We saw that the person smiled broadly and cheerfully went off to prepare for the rest of their day.

The relatives we spoke with were complimentary on how the service had encouraged their family members to make decisions for themselves and live independent lives. One said, "They've given [family member] so many opportunities – work, independence, a home of their own. I couldn't be more pleased with the progress [family member] has made." Another said, "They are encouraged to make their own decisions." A third relative explained that, when their family member first arrived at Worstead Lodge, they couldn't live independently. They said, "The service has brought [family member] on leaps and bounds when it comes to independent living and I'm really proud of that." In addition, another relative said, "[Family member] has matured and is now very self-sufficient and independent."

People's dignity and privacy was maintained and staff knew people's individual needs in regards to this. The staff we spoke with described how one person who used the service required their food to be cut up. Each of the staff we spoke with told us how this was done in the privacy of the kitchen in order to promote the person's dignity and avoid them feeling uncomfortable in front of others. When it came to encouraging people with their personal care, staff told us how they approached this in a way that maintained people's dignity.

The people who used the service had been fully involved in planning the support they required. This included agreeing the actions both they and the service would take in reducing the risks in the different areas of their lives. This enabled people to make choices in how they lead their lives. When we spoke to one person who used the service, they told us they were involved in planning the support they needed. They said, "They [the service] work closely with my family too."

All the relatives we spoke with told us the service communicated well with them when it came to the support their family members needed. One told us, "The involvement couldn't be better." Another said, "They've always kept me informed." A third relative told us that a concern their family member had had been discussed at a review. They told us the service had been clear on what actions they were going to take to assist the person to resolve it. The relative went on to explain that the service resolved the concern and that they had been well informed of the actions taken and the outcome.

From the support plans we viewed, we saw that people had been involved in planning the support they

received. Care plans and risk assessments had been signed by the person using the service. We saw that, for one person, the service had discussed an issue with them that was affecting others that lived within the home. Records showed the content of the discussion and that the consequences of the person's actions had been discussed with them and understood by them. Information on what the service and the person had agreed to do to resolve the issue was recorded and signed by both.

People's family and friends were able to visit at any time and made to feel welcome. One relative told us, "Importantly for me, I can visit whenever I wish." Another told us how much the service felt like it was their family member's home and that they too called it home. They went on to tell us that their family member now said they had two homes – the service and their relative's house. The relative told us how happy this made them feel and said, "What more could I want?"

Is the service responsive?

Our findings

Staff knew the needs, preferences, likes and dislikes of the people they supported and people received individual care that met their needs. One person we spoke with who used the service said, "Real thought went into this home." Another said, "Staff do a lot for me and they try and get me out and about."

All the relatives we spoke with felt that the service knew their family members well and that support was provided in a very person-centred way. One said, "The providers and care staff are so forward thinking in relation to the service they provide. They try to cater to the individual needs of the diverse community, while enabling a homely atmosphere." Another relative told us, "We wanted the best support for [family member] and we got it." While a third relative told us, "The care provision is second to none, in often difficult circumstances I suspect."

All the staff we spoke with knew the people they supported. They demonstrated good knowledge of people's needs, histories, family circumstances, working life, likes, interests and individual needs. For example, one staff member we spoke with could tell us what interests a person had, what activities they went to and when, their personality, medical needs and recent medical interventions and what circumstances made the person anxious. In addition, they told us about the person's family and the relationships they had with their family members.

The service had a keyworker system in place to ensure that staff understood the needs of the people living in the home. Each of the staff we spoke with could tell us who they were keyworker for, the individual needs of those people and the responsibilities of this role. When we spoke to people who used the service, they could tell us which staff member was their keyworker and what support they provided. This demonstrated that the system was effective in providing individual support.

We looked at the support plans for four people who used the service to check that their needs had been identified, assessed and reviewed in a person-centred manner. We saw that each support plan had a 'pen picture' in place which gave an overview of the person. These were accurate and up to date and gave information on the person's personality, their strengths and the level of support required in each area of their lives. These were person-centred and had the ability to capture the essence of the person.

Detailed support plans were in place for each area of a person's life and these contained information that was individual to them. We saw that, for one person, the support plan for their personal hygiene also contained information for staff on when the person required verbal prompts to complete a task. This support plan was detailed, covered all aspects of personal care and the steps required to achieve the desired outcome. The support plan demonstrated that the service knew the person, their strengths and needs well. In addition, it showed that the service encouraged independence by clearly explaining what the person could do for themselves and where encouragement and verbal prompts were required.

The support plans we viewed covered areas of people's lives such as communication, mental health and wellbeing, transport, cooking, safety and family connections and social networks. There were also support

plans in place that described how people contributed to the home and their relationships with others living in the home. These also contained information on what people's strengths were and where they needed support in order to fully engage with others and their home environment.

All the care plans we viewed were person-centred, had been signed by both the staff and people who used the service and had been regularly reviewed. They were accurate and detailed and met the needs of the people they referred to. During our inspection, we looked in detail at the support three people received. These people told us that they received the care as detailed in their support plans and we saw that this was delivered during our inspection.

The service had support plans in place to meet people's leisure and social needs. These contained relevant and detailed information on areas such as family relationships, friends, work placements, interests and hobbies. They recorded the day, time and place a person worked or engaged in a formal, planned activity such as horse-riding or a martial arts class. They also included information on what support they required to participate in the activity and who provided this.

When we spoke with people who used the service they told us they had work and volunteer placements, engaged in many social activities and followed their hobbies and interests. One person said, "We do activities and go on outings. I go bowling and horse-riding and have been to the fire station. I go into town and go shopping." Another person we spoke with told us about their hobby and how encouraging the service had been in supporting them with this. This had included installing equipment so the person could engage in their hobby. When talking about how important their hobby was to them and the support they had received in this, they told us, "I feel very lucky."

The relatives we spoke with told us about the activities the service supported their family members to engage in. These were many and varied and they all felt these had contributed to improving people's confidence and quality of life. One relative said, "The staff provide support and care and generally help [family member] live a full, happy and independent life." Another relative told us, "[Family member] loves doing all the things they do." Other comments received from relatives included, "[Family member] is encouraged to participate in all activities as well as being able to follow their often eccentric personal interests" and "[Family member] goes to motorbike shows, clubbing, ten-pin bowling...It's all been such a positive experience for them."

During our visit we saw that people came and went freely to participate in various activities outside of the home such as work placements and hobbies and interests. We saw that staff supported them if and when required. This included arranging transport arrangements when needed.

None of the people who used the service, or their relatives, had had reason to complain however they all knew who they would need to speak with at the service if they had any concerns. They all told us they felt confident any concerns they may have would be addressed. One person who used the service said, "I trust staff. I would be happy to go to staff and I know I would be listened to if I had any worries."

The relatives we spoke with talked of how supportive they found the staff in regards to any concerns or questions they may have. One said, "Staff are always willing to listen." Another told us, "Staff are always at the end of the phone." A third described the providers as excellent and explained that they were always available if they had any worries. They told us the providers, "Always sorts things out."

Is the service well-led?

Our findings

An auditing system was in place to monitor the quality of the service. This included areas such as health and safety, record-keeping, finances, cleanliness, catering and medication. Results of these were then discussed in regular management meetings where plans were agreed and put in place to address any identified issues. However, the medication audits that the service had completed had failed to identify the concerns highlighted in this report. When we looked at the medication audit for March and February 2016, it showed that only one MAR had been audited each month and that this was for the same person. It also showed that the issues identified at our inspection had not been included within the audit process.

In addition, the service had failed to identify that staff lacked knowledge in the MCA and MCA DoLS. No action had been taken to address this.

However, other audits had been effective and we saw from the minutes of management meetings that quality monitoring was discussed in detail with actions agreed. This included who was responsible and by what date. Management meetings were held regularly and the minutes we viewed demonstrated that the service addressed issues appropriately and in a timely manner.

All the people we spoke with talked highly of the management team and had confidence in them. The people who used the service told us they saw the provider's representative most days and that they were there to support and guide them. All the relatives we spoke with praised how the service was managed and spoke of how it had improved since the provider had taken it over. One told us, "I always thought it was good but it took a step up when [provider] took over." Another said, "Worstead Lodge do a really impressive job." Staff agreed that the management team were supportive and managed the home well.

The home had an open and cooperative culture that encouraged participation. The people we spoke with who used the service told us they were involved in the running of the home and had meetings to agree and make decisions around this. We saw that rotas were in place for household tasks such as assisting with cooking, washing up and other household tasks. One of the relatives we spoke with said, "People are so involved in the running of the home. The provider encourages this." The staff we spoke with agreed. One told us that incidents were discussed and reflected upon in a way that encouraged improvement. When we asked another staff member what the best thing was about the service, they said, "It's open."

People told us the management team were visible, approachable and available to answer any queries they might have. They were on site most days and ensured they spoke with the people who used the service. People told us they had a hands-on approach. The registered manager worked alongside other staff in delivering support and this was evident on one day of our inspection. One person who used the service said, "[Registered manager] does a lot for me." Another person who used the service told us the provider's representative often sat with them and had a cup of tea and chat. During our inspection we saw that the people who used the service were familiar with the provider's representatives and felt comfortable discussing issues with them.

Staff told us they worked well as a team and felt supported by their colleagues. They told us morale was generally good although, due to recent staff vacancies, this had dropped of late. However, the staff we spoke with understood the reason for this and had confidence that the provider would resolve this in due course. They told us they were kept informed of progress in regards to this and that the provider was supporting them through it. One staff member told us that, when they told the provider they were worried about staff vacancies, they were comforted and reassured. They said, "We really do support each other." We saw that the provider was interviewing for staff at the time of our inspection. We saw that the staff and management team worked well alongside of each other. We saw that staff communicated amongst themselves to ensure people received the support they needed and that the home was safe. For example, staff liaised with each other over when the best time was for one of them to make an errand away from the home, taking into account the needs of the people they supported.

The home sought the views of those that used the service, as well as others, in order to improve and develop. Regular meetings took place to gain people's views and feedback questionnaires had been completed in April 2016. We saw that the minutes from the meeting held for people who used the service on 5 April 2016, were in an accessible format and demonstrated feedback had been sought. When we spoke with staff, the people who used the service and their relatives, they all told us that the service listened to them and responded to any suggestions they may have. When we spoke with the provider's representatives, they told us the actions they had taken as a result of the recent surveys. This demonstrated that they had listened to the feedback and were currently making changes in response.

The service had a registered manager in post who had regular support from the providers and other managers within the organisation. We know from the information held about this organisation that the service had reported incidents to the CQC as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment The service had failed to protect people against risks by doing all that is practicable to mitigate any such risks. Regulation 12(1) and (2)(b)