

Walmer Lodge LLP

# Walmer Lodge Residential Home

## Inspection report

6 Walmer Villas  
Manningham  
Bradford  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Walmer Lodge is a residential care home situated in Bradford. The home provides accommodation and personal care for up to 12 people with complex needs aged 18 to 65. At the time of this inspection there were 11 people living at the home.

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

Systems to monitor and check the service were in place but these needed to be more thorough to ensure the service consistently met the required standards. Improvements were needed in the management of the premises including fire checks. The environment was generally tired and in need of refurbishment.

People who used the service were generally happy with the care and support. People and relatives told us the service was caring and staffing levels were appropriate. However, we observed some practises which showed a lack of respect and were not person centred.

People said they felt safe. Staff had received safeguarding training and had an understanding about how to report abuse. Some people's finances were managed by the provider. We requested additional information about this. We did not receive this, so we could not be assured people's finances were managed safely.

Staff were knowledgeable and received a range of training and regular supervision and appraisal. They said they felt supported in their roles.

Medicines were generally managed safely. There were positive links with healthcare professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about improving documentation.

People, relatives and staff said the registered manager and manager were approachable. People's views were sought through meetings and surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 2 June 2018). Since this rating was awarded the registered provider has altered its legal entity. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to governance and audit procedures and safety. We also identified people were not always treated with dignity and respect.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Walmer Lodge Residential 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.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Walmer Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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. The home also had a newly appointed manager who was responsible for the day to day running of the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We asked for feedback

from the local authority and commissioning teams in Bradford. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four staff including the registered manager, manager, team leader and cook. We reviewed a range of records. This included four people's care records and other records and audits relating to the management of the home.

#### After the inspection

We asked the registered manager to send us further information after the inspection. We considered this as part of the inspection. We spoke with four staff, two relatives and one healthcare professional about their views of the care and support provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the provider altered its legal entity. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We found some fire doors were not closing properly and some fire strips had been painted over. The fire risk assessment had been completed by the registered manager. It is a legal requirement for all premises to have a fire risk assessment which must be completed by a suitably competent person. We spoke to the registered manager about this. Following the inspection, we notified the fire officer about our concerns regarding fire safety at the home.
- Safety and environmental checks were undertaken.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk to people's health and safety were assessed and a range of risk assessments completed. Radiator covers and window restrictors were in place where risks were identified. Staff understood people's needs and how to manage the risks they were exposed to. Lights on corridors were on a sensor but they turned off quickly which left the area dark.
- Where people displayed behaviours that may challenge, we saw staff using appropriate techniques to divert and reduce distress. Staff we spoke with had a good understanding of the people they were supporting.

Staffing and recruitment

- People and relatives said there were enough staff. One person said, "There is always someone to talk to."
- Staffing levels were maintained, and people received regular and timely support.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they thought the home was safe. One person described feeling as safe and happy as they did in their own home, "I sleep well, and it is a nice and cosy room." A relative told us their relative was, "Happy and content."
- Staff had received safeguarding training and understood how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of

people.

- The registered manager told us some people's money was held in the company bank account and within this people had their own accounts. We asked for evidence to support this, so we could be assured people's finances were being safely managed. We did not receive sufficient evidence of this, so we could not be assured people's finances were being safely managed. We made a referral to the safeguarding team.

Using medicines safely

- Overall medicines were managed safely.
- People's preferred way of taking their medicines was recorded in their care plans.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with recognised good practise.

Preventing and controlling infection; Learning lessons where things go wrong

- Staff completed training in infection control. We saw staff had access to aprons and gloves when supporting people with personal care or preparing food.
- The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.
- The cleaning of the home was the responsibility of the care staff. Some areas of the building would benefit from a deep clean. On the day of the inspection there was a strong malodour on the first floor. There was a piece of lino in the kitchen which was raised and dirty underneath. This was an infection control risk and a potential trip hazard. We were told this had required repair for a few weeks. We pointed this out to the manager and this was addressed on the day of the inspection.
- Accidents and incidents were recorded and reviewed.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the provider altered its legal entity. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was generally acting within the legal framework of the MCA. However, information about people's capacity to make decisions had not been clearly assessed. Where people lacked capacity best interest decisions were not always clearly documented.
- People's consent was sought for care and treatment and staff worked to the principles of involving people as much as possible in decision making. Staff promoted a healthy lifestyle, but respected people could make their own choices.
- When required the service had made appropriate DoLS applications to the local authority.

We recommend the provider seek advice and guidance from a reputable source about improving documentation to show people's capacity had been clearly assessed and decisions made in their best interest.

Supporting people to eat and drink enough to maintain a balanced diet

- People's views about the food was mixed. Feedback in residents meeting was good but some people said there was a lack of choice and a cooked breakfast was only available at the weekend. People said they did not always feel listened to when they raised concerns about the quality and choice of meals.
- All the meals served were halal or vegetarian and this was made clear in the service user guide and to people before they moved in. The service user guide also stated kosher meals could be provided. However, the registered manager told us no-one required this diet at present.
- People's nutritional needs were assessed and met by the service. We spoke with the cook who confirmed they were kept up to date about people's needs and preferences. The menu showed there was a choice offered for each meal.
- People were able to access hot and cold drinks freely throughout the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home.
- The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans described the support required and were up to date. Some care plans could be improved by including more detail. For example, one person lived with epilepsy and information about this was not clearly recorded in their care plan. We discussed this with the registered manager and we were assured this would be addressed.
- Staff said care plans were updated and changes communicated at handover. They said this supported them to care for people effectively.

Staff support: induction, training, skills and experience

- Staff had received a range of training and were knowledgeable about people's care needs.
- The training matrix showed mandatory training was up to date. Staff were supported to undertake additional training and qualifications.
- Staff received regular supervision and appraisal and notes included a range of discussion topics. Staff generally said they felt supported in their role.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about their health needs. We saw the service had worked with other healthcare professionals to help meet people's needs. This included the GP, district nurses and mental health teams.
- People and relatives said people's health needs were met. One person told us they were supported in advance to prepare for health appointments and this helped them feel less worried.
- We spoke with a healthcare professional who confirmed staff responded promptly to changes in people's health needs.

Adapting service, design, decoration to meet people's needs

- The building was adapted to meet people's needs.
- There was a pleasant garden and patio area which people could access freely.
- Some of the décor was tired and did not create a homely feel. One person described the environment as, "Boring and needs an upgrade." The registered manager told us there had been recent improvements, including redecoration and new carpets. The registered manager sent us a refurbishment plan for the home after the inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the provider altered its legal entity. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We observed very little positive interaction and engagement between staff and people over the breakfast and lunch-time period. The registered manager told us some people preferred to eat their meal without distractions. However, we observed a number of people eating and we did not see staff check in with people or socialise.
- In a conversation with a staff member people were referred to by their room number rather than their name. This showed a lack of respect.
- We saw several instances of written communication with people not being respectful. For example, we saw one notice to say tea and coffee facilities would be withdrawn if the kitchen was not kept tidy. This was written in a negative tone and did not involve people as partners in their care.
- Some practises were not person-centred. For example, people did not have free access to plugs for the baths and sinks. This limited peoples' choice and control. The registered manager told us this had been risk assessed as there was a risk of flooding.

This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- People said they felt involved in their care. One person said, "They [staff] make me feel happy about myself."
- Staff had formed good relationships with people they supported. People were supported to make decisions about their care and were able to give positive examples on how they did this daily.
- Residents meetings were held regularly, and we saw people's views were acted upon.
- People were involved in the day to day running of the home. People were supported to clean their own room and do their own laundry. One relative said, "[Person] really likes to have routine and staff know this very well and this helps [person] to be settled and happy."

Ensuring people are well treated and supported; respecting equality and diversity

- People generally spoke positively about the staff. One person said, "I like the staff because they are always there if I need them." Another person said, "They [staff] always help every day, all day."
- People and their relatives told us staff treated them with kindness and respect.
- Staff we spoke with demonstrated caring values and a desire to provide people with personalised care. They knew people well and their choices and preferences.

- We saw staff' approach to caring, support and friendliness had been rated highly in a recent survey completed by people living in the home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the provider altered its legal entity. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said person centred care was provided at the service.
- Staff were responsive and flexible to people's needs. A healthcare professional told us they were confident staff followed up on plans of care. They said, "[Staff] recognise if there are any changes and contact me straight away."
- Peoples' care plans contained information about how they liked to be supported. People's likes and dislikes and what was important to them was recorded. Staff had a good understanding of people's individual care needs. One staff member said, "We all sit down together and get updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's communication needs by assessing them.
- People's care plans had information to support staff to communicate with people with a hearing or a sight impairment.
- The complaints procedure was available in different languages and an easy read format. The manager told us information could be made available in braille, large print or audio formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some activities were in place. People were supported to go to day centres, the cinema, shopping and to the local park.
- We observed people going out into the local community independently.
- The registered manager told us they had recently introduced an external activity coordinator, but people had said they did not wish to participate as they preferred individualised activities.
- People's religious and cultural needs were considered. One person was supported by staff to attend church weekly.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and concerns. The information was used to understand how they could improve or where they were doing well.

- People told us they knew how to complain and would feel comfortable talking to staff or the registered manager if they had any concerns.

#### End of life care and support

- The registered manager was aware of the need to complete end of life care plans. However, at the time of our inspection, there was no-one living at the service who was at the end of their life.

# 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.

This is the first inspection since the provider altered its legal entity. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A range of audits and checks took place to identify concerns and improve service provision. However, these were not always effective. Issues relating to the fire system and premises checks had not been identified through audits.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager and staff were clear about their role and responsibilities and had a good knowledge of the service.
- Staff said the home was well run. They confirmed the registered manager and manager were available and approachable. The registered manager had recently recruited a manager who was responsible for the day to day running of the home. People and staff spoke positively about their impact on the home.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

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

- People's feedback was generally positive, but we observed some examples of people not being supported in a person centred or respectful manner.
- Staff told us they felt supported and morale and teamwork was good.
- Meetings were held regularly for staff and people living at the home.
- The registered manager had conducted surveys with people and relatives and the feedback was good. The information would benefit from being collated into a summary to ensure any themes or trends could be identified.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal responsibilities.
- The provider had recently worked closely with a local community group to develop the garden and patio area alongside people living in the home. They had been involved with a local school and mental health

support group.

- The registered manager worked in partnership with others including health and social care professionals.



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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not always treated with dignity and respect.</p> <p>This was a breach of Regulation 10 (1) (2) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems to keep people safe were not always in place.</p> <p>This was a breach of Regulation 12 (1) (2) (d) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Robust systems and processes were not always in place to assess and monitor the quality of the service.</p> <p>This was a breach of Regulation 17 (1) (2) (a) (b) (2) (f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

