

Hestia Care Limited

Wessex Lodge Nursing Home

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

About the service

Wessex Lodge Nursing Home is a residential care home providing nursing and personal care to 31 people at the time of the inspection. The service is registered to support up to 40 older people who may be living with dementia. It accommodates people in a single purpose-built building. There was a garden with shelters for people to sit out.

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

The service had not been well led in the absence of a registered manager and other senior staff members. Staff had continued to meet people's needs but management and quality systems had not been operated effectively. Actions to sustain the quality of service had not been followed up.

The provider had not addressed findings in an external fire risk assessment in a timely fashion. People were protected from other risks to their health and welfare, including the risk of avoidable harm and abuse. There were enough numbers of staff deployed to support people safely and promptly. People had their medicines as prescribed and according to their preferences.

People's care and support was effective and based on detailed assessments and care plans which reflected their physical, mental and social needs. 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. Staff supported people to eat a healthy, varied diet.

There were caring relationships between people and staff. Staff respected and promoted people's privacy and dignity, and encouraged people to be as independent as possible. Although people were involved in day to day decisions about their care and support, most people had not been supported to take part in reviews of their care plans.

People's care and support met their needs and reflected their preferences. People could take part in activities inside and outside the home which were designed to prevent social isolation.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (report published 7 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to operating effective management and quality systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

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.

Inspection team

The inspection team comprised an inspector 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

Wessex Lodge Nursing Home is a "care home". People in care homes receive accommodation and 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 newly appointed manager who had yet to register with us. Registered managers are jointly responsible with the provider for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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 reviewed information we had about the service, including the previous inspection report and notifications we received about certain events at the service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine visiting relatives about people's experience of the care provided. We spoke with the manager, the provider's compliance manager and three members of staff. We observed people's care and support in the shared areas of the home, including part of a medicines round.

We reviewed a range of records. This included people's computer based care records and medicines records. We looked at three staff files in relation to recruitment and staff training. Other records relating to the management of the service were reviewed.

After the inspection

We used all the evidence from our inspection visit and assigned a rating based on our published characteristics of ratings.



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 good. At this inspection we have rated this key question 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

- The provider had not done all they could to make sure the premises were safe for people. Some actions identified in a recent fire risk assessment (dated 6 September 2019) had not been followed up and completed. Cleaning chemicals were still stored in an unsuitable cabinet in a stair well. There had been no improvement to records of evacuation drills, and no record of a drill under night shift conditions as recommended in the risk assessment. These findings were classified as high priority in the risk assessment and should have been addressed within seven days following the risk assessment. We saw equipment such as laundry trolleys stored in corridors, and in one case an electrical hoist was plugged in to an electrical socket next to a fire escape route. This had been identified as a increased risk during an evacuation in two consecutive risk assessments.

We found no evidence people had been harmed, but failure to respond promptly to findings in a fire risk assessment put people at increased risk if there should be a fire. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They sent us photographs to show they had begun to address the fire risk assessment actions.

- The provider assessed risks to people's safety and managed individual risks to keep people safe. People had appropriate risk assessments in place. These included risks such as behaviours staff might find challenging, risks arising from poor mouth care, and personal emergency evacuation plans. Actions to reduce and manage risks were included in people's care plans.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had training in safeguarding, were aware of safeguarding issues and knew how to respond to them. Everybody we spoke with was satisfied staff supported people safely.
- The provider had suitable processes to follow if concerns were ever raised about people's safety. These included working with other agencies such as the local authority, and notifying us as required by regulations when certain events occurred.

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. Staff were able to spend time with people during the

day. People told us staff usually responded promptly if they needed support.

- The provider had a suitable recruitment process. This included the normal checks that staff were suitable to work in the care sector. The provider kept records of these as required by regulation.

Using medicines safely

- The provider had suitable processes in place to make sure people received their medicines safely and as prescribed. Medicines records were accurate, complete and up to date. The provider had 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" and controlled drugs.
- People received their medicines from registered nurses who had appropriate training. One person told us, "The nurse comes round every morning with my tablets and inhaler." People's medicines were reviewed regularly with their GP and other healthcare professionals to confirm their prescription was still appropriate for them.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. There were cleaning schedules, and regular checks and audits in place.
- Areas of the home were in need of refurbishment, which meant it was more difficult to maintain high standards of cleanliness. The manager had identified most of these and intended to address them. We pointed out a badly corroded tap in a shared bathroom, which was replaced the next day.
- Arrangements were in place to maintain high standards of food hygiene. Staff took suitable precautions, such as using disposable gloves and aprons. The service had received a "very good" environmental health food hygiene rating in August 2019.

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. These included records of accidents, incidents and near misses. These were reviewed and analysed each month for trends and patterns.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. One visiting family member told us, "I find (the staff) very good. We've never had any trouble. Mum's always dressed well, and always clean. They elevate Mum's leg. I've no issues." The provider followed relevant standards and guidance, for instance in discussing and recording people's advanced care decisions.
- The provider had processes in place to avoid discrimination in care decisions, including in relation to protected characteristics under the Equality Act 2010. Care planning took into account equality and diversity. Staff had appropriate training in this area.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific topics, such as supporting people who were living with dementia, and taking regular observations to identify changes in people's health and wellbeing. People told us they found staff were informed and able to support them in line with their care plans.
- The provider supported staff to obtain the necessary skills and keep them current. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.

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

- Staff involved people in choices about what and how they ate. Options took into account people's dietary needs, such as for pureed meals or thickened fluids. One person told us, "(The food is) very good because I'm a vegetarian. They look after me, I get choices." Another person said, "They've got a list and they read it out to you every day. If you don't like it, they give you choices of other things."
- People had a balanced, healthy diet. Staff supported people to eat and drink. Where people needed support at mealtimes, this was done discretely, using appropriate adapted cutlery and crockery.

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

- People told us they had regular appointments with their dentist, optician, and chiropodist. One person told us, "The Doctor comes in every Thursday. I suffer from asthma and the nurses would always get the doctor to see me if I wanted." Another person said, "Sure, I would get medical attention, for example I have been unwell one or two times and stayed in bed. They sent the nurse who checked my pulse and temperature, and once she called the doctor in."

- People's care and support took into account their day to day health and wellbeing needs. Staff supported people to take part in activities to promote their wellbeing. One person told us, "We have a very good activities lady, she comes and sees me. She helped me to make a pottery poppy, and now we've just made pottery hearts. She comes and does it in my room."

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

- The decoration and design of the home met the needs of people living there. The atmosphere was home-like, with shared sitting and dining areas, and access to an enclosed garden. The provider had reflected the needs of people living with dementia with some picture signs and handrails painted in contrasting colours. The manager had identified areas for refurbishment with opportunities to improve compliance with current best practice in this area.
- People had choice and control over their environment. People had personal items and photos in their bedrooms. Some people had memory boxes outside their rooms to help them feel at home. The manager had identified areas for refurbishment, for instance where there were temporary repairs to carpets and surfaces to be made good after the removal of fixtures and fittings. This would be an opportunity to involve people in choices about their environment.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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 had the appropriate legal authority and were being met.

- The manager and staff understood the legal requirements and good practice guidance if people lacked capacity. Staff assumed people had capacity and recorded their consent to care and support. Mental capacity assessments were in line with the MCA and its code of practice. Records showed assessments were made for individual decisions such as the use of bed rails and whether to have routine vaccinations.
- The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty. They had applied for authorisations where required. The supervising authority had not attached conditions to any authorisations at the time of our 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respect. We saw positive interactions between people and staff. People appeared happy and relaxed around staff. People described staff as caring. One person said, "I love the staff; they talk to you."
- The registered manager and staff knew people well. There were positive, caring relationships between staff, people living at the home and their families. People and relatives told me staff were kind and treated them with respect and dignity. Staffing levels were sufficient for staff to spend time chatting with people.
- Staff acted in ways that showed people mattered to them. Staff had spoken with people to ask them for general pieces of advice. They had used this to make a visual "742 years of wisdom" display in a shared area of the home.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to take part in decisions about their care while supporting them with their day to day care. One person said, "They hold the clothes up and I tell them which one I want." Another person told us, "They ask me what I want to put on today. I tell them what I want to wear and they will look for it in the wardrobe." A third person had told staff they liked to listen to classical music, and staff had arranged for them to do this, using headphones and a portable device.
- The provider supported people to express their views informally. However, most people were not aware of their care plan or what it contained. One person's relative told us they were not aware if there was a care plan in existence for their relative and they had not been asked to contribute to one. The manager had identified this as an area for improvement, and had plans to make parts of people's computer-based care records accessible to them and their family members according to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect without discrimination. People told us staff were respectful, and behaved appropriately towards them. One person's family member told us, "They are very hot on dignity. They always close the bedroom door and listen to the resident's wishes. I have seen them put blankets over people's legs if they pull their clothes up too far."
- People's independence was promoted. Care plans showed where people could be self-sufficient and where they might need help. People had their own routines. One person told us they were supported to take a shower independently.
- The provider had arrangements in place to protect people's personal information. Paper records such as daily medicines records were kept locked away when not in use. Information on computers was protected

by individual passwords. Staff had training in current data protection legislation and regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual and thorough with detailed information about people's needs and conditions across a number of different areas of care. One person told us how their care and support met their needs, "I've got swollen ankles. The nurses were worried and called the doctor out. They make sure I've got my legs up all day."
- Care planning reflected people's changing needs. The provider had started to use an NHS process for taking regular medical observations to identify early signs of changes in people's health. This allowed them to understand a person's usual status and arrange prompt medical interventions if there were signs of a worsening condition.
- The manager and staff were aware they needed to respect any protected characteristics under the Equality Act 2010. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

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.

- People's communication care plans included any needs arising from a sensory impairment or other disability, and steps staff should take to meet them. Staff had tried a variety of methods to help a person whose first language was not English to understand and communicate with them.

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

- The service supported people to take part in a variety of activities both inside the home and in the community. These included outings in the minibus to the shops, activities in the local parish hall, dance, playing bingo, arts and crafts, and sitting exercises. People told us they enjoyed these. One person said, "We've done some arts for Valentine's Day. We went out not long ago to the shops and I bought some new clothes."
- The provider supported people to avoid social isolation. One person's relative told us, "Mum does like to get involved in the activities, and they involve the families as well. At Christmas we all went down to the village hall for an activity, which was lovely." Where people preferred to spend time quietly in their room, staff supported them with this. One person said, "I'd much rather stay in my own room, and do puzzles and

watch TV."

Improving care quality in response to complaints or concerns

- The provider had a process and policy for dealing with complaints. People were aware of the process. People and their families were confident any complaint would be dealt with by the registered manager. There had been one recent complaint, which was managed professionally in consultation with other healthcare professionals.

End of life care and support

- Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. Staff had appropriate training. The provider had achieved a nationally recognised accreditation in end of life care. Nobody was receiving end of life care at the time of our visit.

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 good. At this inspection we have rated this key question as 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.

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

- The provider had not maintained high standards of management in the absence of dedicated local leaders. In the months before our inspection, the registered manager, deputy manager and head of care had all left the service. During this period the provider had continued to operate their management and quality assurance systems. However, these had not always been effective. For example, the provider had continued to carry out quality audits and checks, but actions arising from audits had not always been followed up. Improvements to people's care plans, and improvements to the fabric of the home had not been carried through.
- The provider had not kept up to date with staff supervision meetings. There had been no formal two-way exchange of information with staff. This had affected staff morale.
- The provider had a system of surveys to engage with people using the service, their families, and staff. However, most people we spoke with said they had not had the opportunity to give feedback through questionnaires or surveys. People said there used to be residents meetings, but there had been none recently. People had not been able to raise concerns which might be brought up at these meetings, such as tea often being cold and too weak, or being able to have a bath instead of a shower.

Failure to operate these processes effectively meant improvements to the quality of people's care and support had been identified but had not been made. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had appointed an experienced manager who intended to register with us. They had been in post less than a week at the time of our inspection. They were supported by a compliance manager, who was also new in post, to identify and agree priorities for needed improvements. The provider was actively recruiting a new deputy manager. People's relatives had confidence the new management team would maintain standards. One relative said, "This manager is experienced and I'm sure she will arrange a residents and relatives meeting soon."

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 manager was aware of their responsibilities under the duty of candour. They had an open, transparent approach to communication with people and their families.

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

- The manager had started to engage with staff about their roles. This included planned meetings with nursing and care staff. The manager received a daily report from senior staff and heads of department. Staff we spoke with had responded positively to the new manager's appointment. There had been a recent quality audit by an external consultant, and the manager was waiting for their report.
- The provider acted in accordance with regulatory requirements. The ratings from the previous inspection had been displayed in line with regulations. The provider notified us of certain events occurring in the service which providers have to tell us about.

Continuous learning and improving care

- The provider had systems in place to improve the service. These included reflecting and learning after accidents, incidents or near misses. The manager had a clear vision for future improvements in the service.

Working in partnership with others

- The provider worked in partnership with other agencies to meet people's healthcare and wider needs. These included regular contact with people's GPs, the local authority and clinical commissioning group.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person did not operate effective systems to assess, monitor and improve the quality and safety of services. The registered person did not operate effective systems to assess, monitor and mitigate risks relating to the safety of service users. The registered person did not operate effective systems to seek and act on feedback from relevant persons of the purposes of continually evaluating and improving such services.</p> <p>Regulation 17 (1) and (2)(a), (b) and (e)</p>