

Barchester Healthcare Homes Limited

Werrington Lodge

Inspection Report

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Summary of findings

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was unannounced and the purpose of it was to check if the provider had met the requirements of the warning notices which were issued following our inspections undertaken on 08 May 2014 and 12 May 2014 and our last inspection of 12 June 2014. The provider was issued with the warning notices because there had been breaches of Regulation 14(1) (a) and (c), Regulation 17(1) (a) and (2) (a), Regulation 9 (1) and Regulation 10(1) (a) (b). We returned on 21 August 2014 to check if the provider had taken action to address the concerns raised and if it could demonstrate that it had met the requirements set out in the warning notices.

Werrington Lodge is registered to provide accommodation, support and care, including nursing care, for up to 82 mainly older people. There were 64 people living there when we visited on 21 August 2014.

The care home provides a service for people with physical nursing needs and for people living with dementia. The care home offers two individual units that each provides differing services. There is currently an interim manager in post.

We found that the provider had taken the required actions that we had set out in the warning notices. Improvements had been made in how people were being looked after. They were now being respected and had the care and support to meet their health and social needs.

People had the right amounts of food and drink to promote their good health and were offered choices from the menu of what they would like to eat. We also found improvements in the management and leadership of the home. Staff were organised, caring and felt they were now listened to. In addition, there was an overall improvement in how the provider found areas that needed improving and the effective actions they had taken in making these areas better. This included, for instance, the environment and the cleanliness of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Improvements had been made to make people safer from the risk of falling. Specialised equipment was used to alert staff in case a person was moving and this had reduced their risk of falling. In addition, people were closely observed to reduce the likelihood of them falling.

People were now safer because they were being looked after in a way that managed their risk of developing pressure ulcers.

Significant improvements had been made with the standard of cleanliness within the home. There were no offensive smells and the home was clean and free from pests. Replacement furniture and furnishings were now in place and they gave Werrington Lodge a clean and airy feel to it.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care services. Applications had been made and work was in progress to submit these to the approved authorities.

Are services effective?

Following our last inspection of 12 June 2014, we found that the improvements had continued as fewer people were looked after in bed. We saw many of the people were up and about and having their meals in the dining rooms. We also saw that many of the people were using the communal lounges to relax and take part in activities.

Improvements had been made in relation to assessing and recording the incidents of when people had fallen. We saw that effective action had been taken to effectively reduce people's risk of falls.

People were now being given drinks and food and the amount of these were closely monitored and recorded, if this was needed. We saw that people were taking sufficient amounts of food and drinks and were offered choices of what they would like to eat and drink.

We found improvements have been made in how people were served their lunch. Staff now had a system in place so that people were given their meals on time and were helped and encouraged to eat and drink, if this support was needed.

Summary of findings

Are services caring?

We saw that staff were kind and caring and attended to people's needs in a patient and attentive way.

There had been an improvement in the range of activities people could choose to participate in. An activities programme was followed and additional activities co-ordinators had been employed to work at Werrington Lodge.

We saw that people's privacy and dignity was maintained and people were appropriately dressed. We also found that people were helped with their personal care behind closed bathroom, shower and bedroom doors.

Are services responsive to people's needs?

Improvements had been made in relation to activities. We saw that people were taking part in a range of activities, which they enjoyed doing. In addition, people's requests in relation to their choice of television channels were heard and responded to.

Are services well-led?

Since our inspections of May 2014 and June 2014, there had been temporary changes in the day-to-day management and running of the care home. The current interim manager had been in post since 18 August 2014. We were informed that the interim manager is a qualified nurse and has had previous experiences in managing care homes.

We saw that the interim manager was supported by a team of catering and clinical managers. We found that the managers walked around the home and asked people how they were and if they liked and enjoyed their lunch. Staff were also supported by the managers and staff said that they now felt listened to.

Both agency staff and permanent staff were made aware of their responsibilities. We saw that agency staff were given instructions from permanent staff about people's needs with eating and drinking. We also saw that staff had a structured programme of the names of people they were to look after and the times of when they were to go for a break.

Audits had been carried out and actions had been taken where there was an identified need. This included actions to improve, for instance, the cleanliness and presentation of the home and the standard of record keeping.

Summary of findings

What people who use the service and those that matter to them say

People were offered a choice of what they would like to eat, which included a choice made from two plates of food shown to the person, to make their choice from a visual presentation. This effectively helped people make their choice when they had some difficulty with remembering. One person said, “The salmon was lovely. And look at this (as they showed us the dessert). How lovely is that?” They told us that they always had enough to eat and drink, whilst they were looking at the menu to choose the supper options from.

We saw that people were supported to fold napkins, play a game of dominoes, colour in with pencils, read a newspaper or magazine and make artificial flower decorations. A visiting relative told us, “My mother couldn’t wait to show me what she had made. She was really happy and proud.”

We saw staff interact with people in a kind and caring way. We saw that people were included in conversations and banter that occurred during a game of dominoes. We also saw a member of staff appropriately kiss a person on their cheek and this made the person happy.

A relative told us that staff now took their time when helping their mother to eat and drink. They told us that this improvement had reduced the number of times when their relative coughed. This was because their relative was now being supported to eat and drink in an unhurried and caring way.

A visiting relative said that their mother was always clean and well-dressed when they visited. They said, “I’m over the moon with this place.” They also told us that their mother’s continence care needs were supported in a respectful way and this was confirmed by the person that this was in relation to. They told us, “It’s an embarrassing thing, but it’s done well (by staff).”

Werrington Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was unannounced to check if the provider had met the requirements of the warning notices which were issued following our inspections of 08 May 2014 and 12 May 2014 and our last inspection of 12 June 2014.

The inspection team consisted of a lead inspector, an inspection manager and two inspectors.

We spent time looking around the premises and observing how people were being supported. We watched how they were being looked after in all areas of the home and watched the meal time experience in both of the units.

We used the Short Observational Framework for Inspection (SOFI) on both units. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the interim home manager and managers supporting her. We spoke with 18 members of staff, which included qualified nurses, carers, catering and housekeeping staff.

We looked in detail at the care of seven of the people living at Werrington Lodge and also spoke with 17 people and two visiting relatives. We examined ten people's care records, and audits which had been carried out by the provider.

Are services safe?

Our findings

During our inspections of May 2014 and June 2014 we found that people had not been provided with a clean and hygienic home to live in. During this inspection of 21 August 2014, we found that the home was clean and we found no areas that had offensive smells. We were also informed that the problem with pests in the garden area had been effectively dealt with.

The garden had been overgrown and had not been a safe place for people to visit. During this inspection of 21 August 2014, we saw that the gardens had been made safer, and more pleasant, for people to visit. The lawns were mown and the flower borders had been attended to.

During our observations we saw that people were protected from the risk of falling. One person was walking around with support from a member of staff at all times. Another person had been provided with an alarmed cushion, which was to alert staff when the person moved,

which could increase their risk of falling. Their care records and falls diary had been completed and updated. The person had not experienced a fall since they were provided with the alarmed cushion.

Improvements had also been made in relation to reducing people's risk of developing pressure ulcers. During our previous inspections we found that the records, in relation to preventing pressure ulcers developing, had not always been completed. During this inspection we found that people's care records, including their repositioning charts, had been completed. They demonstrated that people were now given the appropriate and safe care to prevent them from developing pressure ulcers.

A visiting relative told us that they believed their mother was safe living at Werrington Lodge. They said that they never had any concerns about how their family member was being looked after.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care services. Applications had been made and work was in progress to submit these to the approved authorities.

Are services effective?

(for example, treatment is effective)

Our findings

Since our last inspection of 12 June 2014, we found improvements had been maintained in relation to people's care. People in both units were up and about and sitting in communal areas and lounges. If people were in bed, there was a justified reason for this; for instance, when a person was unwell or being treated for superficial pressure damage to their skin.

Improvements had been made in relation to the effective management of a risk of falls. Action had been taken to reduce the number of falls occurring. This action was to improve the monitoring and supporting of people who were known to be at risk of falls and who had a history of falls.

People's behaviours that challenge others were effectively managed and they were given the support and reassurance they needed. We saw that when a person became unsettled and noisy, they became settled by staff engaging with them. During our SOFI, we saw a withdrawn, but settled, person drop the soft toy that they had been holding. A staff member returned the toy for the person to hold and to regain comfort from this activity.

Improvements had been made in relation to supporting people with their food and drink. We saw that people were supported and encouraged to eat their breakfast and lunch. Their food and drink monitoring records were completed with accuracy and on time. This helped staff to check that people had sufficient amounts to eat and drink.

People were offered a choice of what they would like to eat, which included a choice made from two plates of food shown to the person, to make their choice from a visual presentation. This effectively helped people make their choice when they had some difficulty with remembering. One person said, "The salmon was lovely. And look at this (as they showed us the dessert). How lovely is that?" They told us that they always had enough to eat and drink, whilst they were looking at the menu to choose the supper options from.

People were asked if they had finished eating their meal before their plate was cleared away. They were also asked if they wanted any more or an alternative to their original choice, if they were not eating their food.

We found that people were provided with food and drink to meet their individual health needs. This included thickened drinks and soft or pureed food, to reduce the risk of choking. Special diets were provided for people living with ("sugar") diabetes.

Where people were not taking an adequate amount to drink or eat, they were supported to access the dietician for their advice. We were informed that GPs also had prescribed nutritional supplements to add to people's food, when this was needed. We saw that people were weighed each month and found that people's weights remained stable.

Are services caring?

Our findings

During our May 2014 and June 2014 inspections we found that there was a lack of meaningful activities provided. This meant that people's social and wellbeing needs were not being cared for. Since these inspections we found improvements had been made. We saw that people were supported to fold napkins, play a game of dominoes, colour in with pencils, read a newspaper or magazine and make artificial flower decorations. A visiting relative told us, "My mother couldn't wait to show me what she had made. She was really happy and proud."

We saw staff interact with people in a kind and caring way. We saw that people were included in conversations and banter that occurred during a game of dominoes. We also saw a member of staff appropriately kiss a person on their cheek and this made the person happy.

A relative told us that staff now took their time when helping their mother to eat and drink. They told us that this

improvement had reduced the number of times when their relative coughed. This was because their relative was now being supported to eat and drink in an unhurried and caring way.

Staff were aware and knowledgeable about people's individual care and support needs. They were also aware of people's family histories and recognised and acknowledged that people had their own life experiences. This meant that people were treated as unique individuals.

We saw improvements had been made as people were dressed suitably and appropriately. A visiting relative said that their mother was always clean and well-dressed when they visited. They said, "I'm over the moon with this place." They also told us that their mother's continence care needs were supported in a respectful way and this was confirmed by the person that this was in relation to. They told us, "It's an embarrassing thing, but it's done well (by staff)."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

In our inspections of May 2014 and June 2014 we found that people's social care needs were not fully responded to. During this inspection of 21 August 2014, we found improvements had been made.

Improvements had been made in relation to the provision of meaningful activities to meet people's preferences and choices. We saw that people were asked if they were happy watching certain television channel. In response to a

suggestion made, the television channel was changed. We also found that people were asked if they wanted to watch a televised film, rather than a game show, and people's requests were also responded to.

Since our last inspection there had been replacement of furniture and redecoration within the unit where people living with dementia are looked after. We saw that various pictures and ornaments had been provided to engage the interests of people who lived with reduced comprehension.

Are services well-led?

Our findings

Since our May 2014 and July 2014 inspections there had been changes in the day-to-day management of Werrington Lodge. At the time of our 21 August 2014 inspection an interim manager had been in post since 18 August 2014. We were informed that she was a qualified nurse and had previous experiences of managing care homes.

Improvements had been made since our last inspections undertaken during 2014. Staff now felt listened to and said they felt they could make suggestions and comments to improve how people were being looked after. In addition, they said that they were now aware of what good care should be and were encouraged by the improvements they had seen made. This included improvements in the range of activities and with the home's premises. One member of staff told us, "I can see the light at the end of the tunnel now." Another staff member said, "We work well as a team. It has been stressful but we are supportive of each other."

We saw that staff now had improved management of their work. We saw that staff had written instructions and names

of people they were responsible for and the times of when they were to take a break from work. One member of staff said, "I've been away for some time, so this does help me know what I am to do."

During our meal time observations we saw that agency staff were instructed by permanent staff members of the names of people they were to support with their meal. This instruction also included the types and choices of food and drink for each individual person. This meant that staff were being better managed and people were safer as a result.

The provider had carried out audits and the actions that had been taken demonstrated an improvement in how the quality and safety of the service was being provided. The audits included those for infection control and cleanliness and audits of care records and of the premises. Timescales were included in the action plans and the names of the person responsible for this work to be taken.

We found that there were overall improvements to meet the requirements set out in the warning notices issued to the provider. This demonstrated that there was an improved management and auditing of Werrington Lodge to make it a safer place for people to live, work and visit.