

# Worcester Garden (No.1) Limited Worcester 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

About the service: Worcester Lodge is a residential care home. It provides accommodation and personal care for up to 39 older people, some of whom are living with dementia. At the time of the inspection there were 33 people living at the service.

People's experience of using this service: People were supported by staff who were kind and caring. Staff and managers had good relationships with people and knew them well. Staff were well trained and supported in their role.

Systems to monitor and review the quality of the service were not fully effective. Some areas did not always get identified, risk assessed or reviewed that needed improvement or may pose a risk to people. Such as hot surfaces, the environment, incidents and reducing infection control risks.

Activities were provided which people enjoyed. Positive feedback was received about the food at the service. Visitors were welcomed. People and relatives were involved in the service through meetings and questionnaires to gain feedback.

Care plans were person centred, containing information about people's past, family and interests. Individualised details showed people's preferences and routines. People were supported to retain their independence.

Improvements had been made to some areas identified at the last inspection. For example, people's consent to care was sought in line with legislation and guidance. The service had also developed end of life care plans that were personalised and detailed.

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

Rating at last inspection: Requires Improvement (June 2018). This service has been rated as requires improvement at the previous two inspections (January 2017 and June 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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** 

# Worcester Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people. The second day was carried out by one inspector.

#### Service and service type:

Worcester Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

We reviewed information we had received about the service since the last inspection in June 2018. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We used a number of different methods to help us understand people's experiences of the service. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care

to help us understand the needs of people who could not talk with us.

During the inspection we spoke with seven people living at the service and five relatives. We spoke with seven members of staff, including the registered manager and provider. We reviewed eight people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

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

- Radiators were covered in people's rooms. However, there were a number of uncovered radiators in communal areas. Some pipework was exposed in accessible areas. Three people had portable heaters in their rooms. There could be a risk of harm to people, particularly those living with dementia from burns. Uncovered radiators and portable heaters did not have risk assessments in place to identify and minimise risks to people. The portable heaters were removed from people's rooms.
- The garden area had items that could be hazardous to people. Such as a broken table, broken plastic and part of a hosepipe. No risk assessment was in place for the garden. This had been highlighted at the previous inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection settings for air mattresses were not recorded or checked. These were now checked regularly. Air mattress control panels had a sticker identifying the correct setting.
- The service had been awarded a three star food hygiene rating and had worked to make improvements.
- Fire systems and equipment were monitored and checked. Portable appliance tests had been conducted.
- The provider had assessed risks to people living at the service on an individual basis. For example, for health conditions and paraffin based creams. Where a risk had been identified, measures had been put in place to reduce this.

### Preventing and controlling infection

- People were not always protected from the risk of infection. Communal toilets, chairs, a bath hoist and commodes were not clean or well maintained. Areas of the service had marks, chips in paintwork and were in need of refurbishment. Furniture was not always of a good quality and some was not clean.
- However, whilst some refurbishments had occurred and we were informed these were ongoing, there was no plan of scheduled work available.
- At our previous inspection we found that staff did not have access to liquid soap and disposable hand towels. This had been addressed and were now available in all rooms. We observed staff wearing personal protective equipment such as gloves and aprons when appropriate.
- People said the service was clean. One person said, "The home is clean." A relative said, "The home is clean and comfortable."

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- Accidents such as falls, trips and injuries were monitored for actions taken. Behavioural incidents documented the action taken at the time. However, there was no clear process to identify further action taken to reduce reoccurrence and further risks.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding adults. Staff demonstrated a good understanding and knowledge of abuse and the procedures to follow if they had concerns.

#### Staffing and recruitment

- People and relatives said there was enough staff to support them safely. One person said, "I feel safe here." A relative said, "There always seems to be plenty of staff around."
- We reviewed the rotas and staffing was kept at the level deemed safe by the provider. One staff member said, "Staffing is OK, less agency staff are used now."
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. This included a Disclosure and Barring Service check (DBS).

#### Using medicines safely

- Medicines were stored and administered safely.
- People and relatives said medicines were managed well. One person said, "I get my tablets every morning." A relative said, "My relative has medication every day, they always receive it on time, never any mistakes, never any problems here with the tablets."

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the previous inspection the service had not met the Regulation in relation to the MCA. This was because one person did not have a DoLS application in place, people were not able to access their rooms at all times, mental capacity assessments and best interest decisions had not always been completed where required.
- At this inspection we found improvements had been made. The service had sought support from the local authority team.
- DoLS applications had been made where appropriate. A checklist monitored DoLS applications with the local authority and when authorisations were due to expire.
- People's capacity to make specific decisions had been considered where appropriate.

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

- Staff had a good understanding of the MCA and could give examples how they applied the principles in their daily role with people. One staff member said, "We never assume people don't have the capacity to make their own decisions."
- People told us consent to care was always sought. One person said, "Nothing happens unless you agree to it."
- We observed people being asked before care and support was undertaken. For example, where people wished to spend their time and what people would like to eat and drink. A relative said, "Given that my relative has dementia, they really try to involve them in everything, they always explain what needs to be done."
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

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

- People spoke positively about the food provided by the service. One person said, "The food here is lovely, you get a good choice."
- People could help themselves to juices and water at drinks stations throughout the service and we observed people do this. Hot drinks were regularly offered and staff prompted people to drink.
- Mealtimes were calm and relaxed. There were social interactions between people.
- People were enabled to be independent at mealtimes. Staff were available to support people when needed.
- Staff offered people choices and knew people's preferences well.
- Dietary requirements were catered for. One relative said, "My relative has a soft diet. I like the way the meal is presented."

### Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and professionals. One person said, "I see the doctor if I need to."
- Information was available to accompany people should a hospital admission be necessary. This included essential information, people's preferences and communication needs.

### Staff support: induction, training, skills and experience

- New staff completed an induction aligned with the Care Certificate. This included orientation to the service, people and systems. Staff completed several shadow shifts with an experienced staff member. One staff member said, "I was well supported through the induction process."
- Staff completed regular training in areas relevant to their role and specific to the needs of people living at the service. A relative said, "The staff seem really well trained."
- The service facilitated staff to complete vocational qualifications in health and social care.
- Staff had regular supervisions with a manager to review their performance and development. Staff said they received good support from senior staff and managers.

### Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to gain support and advice. Such as the fall teams, dementia and psychiatric services.
- People had regular visits from the chiropodist and hairdresser.
- A relative told us how the service had supported their relative well with their eye care which another agency had commented, had produced positive results for the person.

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

- There were tactile objects for people to use and interact with throughout the service. For example, door keys, fabrics and seaside accessories.
- Clocks and information boards to orientate people to time and day were not always correct on the first day of the inspection but were on the second day. People's doors were personalised to aid identification.
- The service had installed an interactive light table which could be accessed in different areas of the service. It was specifically designed for people living with dementia, to stimulate physical, cognitive and social activity through games. We observed a person enjoying playing one of the games. They said, "This is good," whilst laughing.
- People had access to outdoor spaces. We saw people being supported to access the garden.
- The décor, furniture and refurbishment required in some areas of the service and people's rooms did not always provide an uplifting environment for people.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives said staff were kind, caring and respectful. One person said, "They [staff] are kind people, they are nice towards me." A relative said, "The staff are brilliant here, so caring."
- Staff had developed positive relationships with people. We observed staff interact and communicate with people in an individualised way. A staff member knelt down and held a person's hand whilst speaking to reassure them.
- Staff completed training in equality and diversity. People were supported to express their individuality. For example, in how they wished to dress. This was reflected in care plans. One plan said, 'I prefer to wear skirts and dresses.'
- The service had received a number of compliments some that were displayed. One said, 'Many, many thanks for all the wonderful care you gave [Name of person]. He was so contented.'
- We observed a visitor compliment the management team and staff on the care their relative had received during a short stay at the service.

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

- We observed people being asked and involved in their care and support. For example, how they would like to spend their time and when they would like to do things and if they would like to join in an activity.
- Staff asked people's opinions and ensured people were not hurried with their decision making.
- Relatives were invited to attend care reviews and were consulted about their family members care. One relative said, "I have seen the care plan, I have been involved in it."

Respecting and promoting people's privacy, dignity and independence

- Staff completed training in dignity and respect. We observed a staff member discreetly ask a person if they required support to change clothing. One relative said, "My relative is cared for in a very dignified, caring and pleasant way."
- People's privacy was respected. For example, staff knocked on people's doors before entering.
- Visitors were welcomed at the service and people were supported to maintain relationships that were important to them.
- People were encouraged and supported to remain independent. We observed people being supported to move around the service independently. People were involved in meaningful tasks. For example, one person was folding the napkins and laying the table for the next meal.
- Care plans explained what people could do for themselves and where they required support. For example, one plan said, 'I am capable of cleaning my dentures and brushing my hair.'

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery. A relative said, "The people at the home always seem really happy with the service they are receiving."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoke positively about the activity provision. An activity board displayed the range of activities available. Such as bingo, games, animal experiences and excursions in the local area. The service arranged for the local cinema to attend and create a home cinema. People were involved in choosing the next film. A silent disco had been enjoyed by people previously.
- We observed people going out for a walk in the local area and enjoying a reminisce activity. One person said, "I never feel bored here."
- Staff were attentive to people's needs and responded promptly. Care was not rushed and staff were observed spending time with people.
- Care plans contained person-centred information. This included information about people's relationships, previous employment, areas they had lived and significant events.
- Care plans described people's preferences and routines. For example, if people preferred a shower or a bath. One care plan explained how going outside was important for a person.

Improving care quality in response to complaints or concerns

- People and relatives said they felt comfortable to raise any concerns if needed. One relative said, "I know who to speak to and how to make a complaint, never needed to, it is good here."
- The service had not received any recent complaints. The complaints procedure was displayed in the entrance to the service. Family members had all received a copy of the complaints policy.

End of life care and support

- Information about people's wishes at the end of their life had been sought. The service had introduced a new document which showed in detail people's preferences at the end of their lives. For example, what people would like to wear, special hymns or music and what charities or organisation donations should support.
- Relatives had complimented staff on how they had supported their family members at the end of their lives. One relative had written, 'Special thanks to the two night carers who stayed with [name of relative] as she passed away.'

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the previous two inspections in September 2016 and March 2018 systems to monitor and review the quality of the service had been identified as not being fully effective. The service had not met Regulation 17; Good Governance at these two previous inspections.
- At this inspection systems in place to monitor and review the quality of the service were still not fully effective.
- Provider and manager audits at this inspection did not identify shortfalls, work in progress or specific details. For example, around infection control, hot surfaces, refurbishments and maintenance. Actions taken to improve the food hygiene rating since July 2018 had not been documented in audits.
- Health and safety checks identified areas requiring work to the external environment and premises. However, these did not monitor the action taken at the time to reduce any risks, outline the timeframe for planned work or progress of work undertaken. Internal health and safety checks were not specifically detailed to identify all work needed. For example, in an area of the service where marks, chips or refurbishment was required. The provider had recently moved to review a room/area at a time so that this detail could be captured.
- Systems did not fully review incidents and the further action taken to reduce reoccurrence and risk to people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS applications had been made as appropriate. However, seven notifications in regards to DoLS authorisations had not been submitted to the Care Quality Commission as legally required. These were sent immediately by the provider.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Medicine and care plan audits were detailed and effective.
- The provider had displayed their assessment rating at the service and on their website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, staff and relatives commented positively about the registered manager. One relative said, "The

manager is very nice, good and so approachable." A staff member said, "Supportive and understanding."

- The registered manager and senior staff team were involved in the day to day care of people, they had positive relationships with people.
- Relatives said there was good communication and they could speak with the registered manager at any time. One relative said, I get regular emails from the manager."
- A notice board gave examples where staff had gone the extra mile for people. For example, by attending appointments with people or raising money for the activity fund.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings were held. People gave their feedback around food, the environment and activities. Actions to be taken from the feedback received was documented. For example, about places people would like to visit or items people would like to have on the menu.
- A newsletter was displayed and communicated news, events and information about the service such as staff changes and activities.
- A survey was completed in April 2018 with people, and relatives. The results were positive and actions taken from the comments made. For example, people had fed back they would like exercise to music. This was now offered to people. A relative said, "We have completed quality surveys."

Continuous learning and improving care

- Regular meetings were held with staff and senior staff. One staff member said, "We can give ideas and suggestions."
- Systems were in place to ensure information was effectively communicated through the staff team. For example, verbal and written handovers and a diary with appointments.
- Staff said there was a positive culture. One staff member said, "We work well together."

Working in partnership with others

- The service had developed links with local organisations. For example, religious establishments and community clubs.
- People had been involved in entering and winning a local flower show.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not always ensured that notifications in relation to Deprivation of Liberty Safeguards authorisations had been submitted as required.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured risks relating to the environment and hot surfaces had been identified and minimised for people.

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured that systems to monitor and review the quality of care were effective.

**The enforcement action we took:**

Warning Notice