

Woodbridge Lodge Limited

Woodbridge Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection was carried out on the 23 June 2015 and was unannounced.

The service provides care and support for up to 32 people. On the day of our inspection it was fully occupied. The service was taken over by a new owner six weeks before our inspection and some of the systems and processes were changing to those of the new owner.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However, assessments relating to DoLS did not follow up to date practices.

Summary of findings

Assessments were carried out of people's needs prior to them moving into the service to ensure their needs could be met. However, people were not regularly involved with their care planning following this initial assessment.

People told us they felt safe living in the service. We saw staff interacting with people and they did so in a kind, caring and sensitive manner. Staff showed good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Recruitment checks had been carried out before staff started work. There were sufficient staff on duty to provide people with their assessed care needs. However, the new owner told us they were increasing the staffing levels.

People were supported to continue with hobbies and interests they had enjoyed prior to moving into the service.

People told us that they knew how to complain. The service had a clear complaints procedure in place. The new owner had ensured people were aware of new contact details if they wished to make a complaint.

People's healthcare needs were met. People told us that they had access to their GP, dentist chiropodist and optician should they need it. The service kept clear records about all healthcare visits and appointments.

The service had an effective quality assurance system. This was being further developed by the new owner.

Summary of findings

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 safe.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough staff to meet their needs.

People received their medicines safely and effectively.

Good



Is the service effective?

The service was not consistently effective.

The service was not up to date with changes in the application of the Mental Capacity Act 2005 in relation to the Deprivation of Liberty Safeguards.

People were supported by staff who had received training in the skills they needed to provide effective care.

People were provided with a choice of food and drink. Those at risk of weight loss had their individual needs monitored to protect their wellbeing.

Requires Improvement



Is the service caring?

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

People were involved in making decisions about their care.

People told us they were happy living at Woodbridge Lodge and that staff treated them with kindness, dignity and respect.

Good



Is the service responsive?

The service was not consistently responsive.

People were not involved in their on-going care planning.

People were supported to follow interests and hobbies they may have had before moving into the service and to develop new ones.

People were able to raise complaints or issues of concern.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

The service had a positive culture that was open and inclusive.

Staff understood their role and were confident to approach management with any concerns.

Quality assurance systems were in place.

Woodbridge Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 June 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived in the service, two relatives, three care staff, the cook, activities co-ordinator, the manager and the provider's operations manager. We looked at five care plans, three staff files and documentation relating to the management of the service such as audits and quality assurance surveys.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, "I have been here for a long time and I always feel safe. A relative told us, "We are confident that [relative] is safe and well cared for here."

Staff showed a good understanding of safeguarding procedures. One staff member told us, "If I saw a problem I would immediately tell the manager or use the number in the office if they were not about." We saw that the number for the local safeguarding authority was displayed in the main office. Records showed that staff had received training in safeguarding adults and whistleblowing.

Accidents and incidents were recorded in detail. The detail of the recording allowed the manager to identify if there were any trends such as accidents happening at a particular time of day or place in the service. Where a pattern was identified, for example a person having regular falls, action was taken such as referring the person to the appropriate care professional.

We saw from care records that risks to people had been assessed and where appropriate actions put in place to mitigate identified risks. For example where a person had been assessed as at a high risk of falls staff were reminded, in the care plan, to keep their bedroom clear from obstructions.

Regular checks were carried out around the building to ensure that people were kept safe. There were risk assessments in place for each room which included radiators and window restrictors. The service employed a handyman which meant that where small repairs were required these could be carried out promptly.

People told us that there were sufficient staff to meet their needs. One person told us, "Staff always come quickly when I ring my bell." A relative said, "I never have a problem finding a member of staff if I want to speak to somebody." The operations manager for the new owners of the service told us that staffing levels were being increased from the week following our inspection. Staff rotas we saw confirmed this. Staff we spoke with were positive about the

increase in numbers. They said that although they felt that they were able to provide the care required with the current staffing levels an increase would mean they could spend more time with each person.

The manager told us that they monitored staffing levels by personal observation and if more staff were required due to people's increased needs or a medical appointment staff were brought in to cover this. The manager also told us that during hot weather last year more staff were brought in to provide extra support to people. This was confirmed by staff we spoke with.

Staff who had been recently employed told us that their recruitment process had been thorough. The manager told us that all recruitment checks were carried out before staff commenced employment to ensure they were suitable to work in this type of environment. Records we saw confirmed this. However, records for staff who had been employed in the service for a number of years did not show that these checks had taken place. We spoke with the manager and staff concerned who told us that the checks had been carried out. The manager told us they would check the records to find the missing documents.

People told us they received their medicines when they needed them. One person told us what medication they were taking and why. They went on to tell us, "I always get my medication when I need it." We saw that people's medication profile recorded exactly how they liked to take their medication. For example, '[Person] likes tablet placed on the back of tongue.' This meant staff were able to provide people's medication as they preferred.

We saw that medicines were stored correctly and safely in a locked trolley within a locked room. We looked at the medicines administration records (MAR) and found these were correctly completed. There were protocols in place to record when 'as and when' required, medicines were administered. However, these protocols were not stored in the medicines room which meant they were not readily available to the person administering medicines. We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. We saw that the staff administering medicines had received appropriate training to do so.

Is the service effective?

Our findings

Mental capacity assessments in people's records did not reflect the Supreme Court ruling of March 2014. The deprivation of liberty assessments relied on the person not trying to leave the service as a reason not to apply for the appropriate authorisation. We discussed this with the manager and the operations manager. The operations manager told us they had become aware of this since the provider had taken over the service and the appropriate applications would be made as soon as possible.

Staff had received training in the provisions of the Mental Capacity Act 2005 and were observed supporting people to make day to day decisions. One person we spoke with told us, "Staff help me choose my clothes but I make the final choice." Where a person displayed behaviour which may have caused distress to others we saw staff gently diverted the person. Whilst doing this staff displayed a good knowledge of the person's background to support them with this.

On the day of our inspection the manager was supporting a person to visit another service as relatives believed that the other service would better meet that person's needs. An independent advocate had been arranged to meet them at the new service to ensure that the move was what the person wanted. Thus supporting the person to be as involved in the decision making process as possible.

People told us that staff had the skills required to provide their care effectively. One person said, "They know what they are doing."

Staff told us they received regular training which provided them with the knowledge they needed to provide safe and effective care. The manager told us that training was delivered by a mixture of DVD's and face to face training. Training records showed that staff had undertaken training in relevant subjects such as safeguarding, manual handling and infection control. However, it was not clear from these records exactly when the training had taken place or needed to be refreshed. We discussed this with the manager and operations manager for the provider. The operations manager told us that all staff would be undertaking the providers training within the next three months to ensure they were up to date with their training and to ensure consistency across all the provider's services.

New staff received an induction into the service. This included shadowing a senior member of staff as supernumerary to staffing numbers for three days. The manager told us that if the new member of staff did not feel confident to provide care after this they would be paired up with an experienced member of staff in order to support them. We saw that a new member of staff was carrying out a shadow shift on the day of our inspection.

The manager told us that they did not carry out regular formal staff supervisions as they worked regularly with care staff and monitored the standard of care provided during this time. A member of care staff told us, "The manager is always about. She will pull you up if you need to be."

People told us they enjoyed the food provided. One person said, "The food is wonderful." We observed the lunchtime meal and saw that staff took their time whilst supporting people. The meal was served at a steady pace and nobody was rushed or hurried to eat it. Regular drinks and snacks were offered throughout the day.

People were offered a choice of what they wanted to eat from a menu. This menu was displayed in the dining room. However, we did not see the menu displayed in a format that everybody living in the service would be able to understand, for example picture format. We asked staff about this. They told us that they had folder with the various foods on the menu in picture format which they used when assisting people to make their choice from the menu.

Kitchen staff told us how they managed people's nutritional requirements. They knew people's particular food likes and dislikes and explained that some people had specific dietary requirements which they took into account.

The service used the Malnutrition Universal Screen Tool (MUST) to assess people's nutritional risk. Where a risk had been identified appropriate action was taken to address the risk, for example the use of fortified foods or referral to a dietician as appropriate. One person's care record showed that on admission to the service they had been assessed as at high risk of malnutrition but had gained weight whilst living in the service.

People told us that their healthcare needs were met. We saw a district nurse was visiting one person during our inspection. People told us that they saw health professionals when they needed them, such as the

Is the service effective?

chiropractor, optician and dentist. We saw from the care records viewed that health appointments had been recorded together with the outcome and any action required from the consultation.

Is the service caring?

Our findings

People told us that they were treated with kindness by staff that listened and talked to them appropriately. One person said, "I am happy here, they look after me very well." Another person said, "If I wasn't happy here I wouldn't be happy anywhere." Relatives we spoke with also expressed satisfaction with the manner in which the care was provided. One person told us that prior to their relative moving into the service they had regularly visited a friend living in the service. When the time had come that their relative required this type of support they had immediately enquired if this service had any vacancies.

Throughout our inspection we saw that staff treated people respectfully. We saw staff supporting one person to walk from their room to a communal area. The member of staff carried on a conversation with the person during the walk encouraging them to use equipment correctly. The staff member used their knowledge of the person's abilities and personal circumstances to provide support with compassion.

People were involved in making decisions about the care they received. On the day of our inspection the manager was supporting a person to make a decision as to whether

they wished to make a major decision as to how their care and support was provided. The manager had involved an independent advocate in the process to ensure that the person was supported to express their views. People told us they were supported to make day to day decisions. One person told us, "Staff help me choose what to wear."

The minutes of a recent residents meeting were displayed on the service notice board. We saw that options for outings in the summer had been discussed at this meeting. The activities co-ordinator told us that outings had been arranged to destinations suggested at the meeting, for example Felixstowe.

People had their privacy and dignity respected and promoted. Where a person's care assessment showed that they required staff to remind them of the need to use the toilet we observed staff prompting the person in a discreet kindly manner. A visiting relative we spoke with told us they lived quite close by and liked being able to, "pop into the service at any time to visit [relative]."

The layout of the service provided communal areas where group activities could be conducted as well as smaller areas where people could speak quietly with visiting friends and relatives.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the service to establish whether or not their needs could be properly met by the staff working there. People told us they recalled being involved in the initial assessment. The manager or a member of staff had visited them in their home to carry out this assessment.

From the assessment of need, a plan of care had been developed. Each care plan contained information on people's preferences and concerns taken from the assessment. This meant the staff working at the service had the information they needed in order to provide individual, personalised care. When we spoke with people and relatives they could not recall being involved in on-going care planning reviews. When we asked one person about involvement in their relatives care planning they told us they could not recall any recent involvement but had been involved in the past. The manager told us that people's care plans were reviewed with them six months after they moved into the service and yearly thereafter. Care plans did not demonstrate that people had been involved in this review or any actions taken as a result of the review. The manager also told us that they reviewed people's care plans every month to ensure care was meeting people's needs. Care plans recorded this review had taken place but did not demonstrate that people had been involved with the review and been able to express their views as to any changes they may want with regard to the care being provided.

People were supported to follow interests they may have had prior to moving into the service and to develop new interests. One person told us their relative had recently began participating in carpet bowls, an activity they appeared to have a talent for and which they were enjoying. The activities co-ordinator told us that as well as providing group activities such as bingo they spoke to people about what they had enjoyed doing prior to moving into the service and supported them to carry on with this interest. They gave an example of a person who had enjoyed making models and how they were supporting this person to carry on with the model making. They also told us that a number of people living in the service had an interest in gardening and that a gardening club had been formed to meet these needs. When, because of the weather, people were not able to get out into the garden they held gardening quizzes.

People told us that they had not had any cause to complain. They told us that if they had any concerns of complaints they would speak with the manager. One person told us the manager was always available and they could discuss any problems or concerns with them. The service complaints procedure had recently changed to reflect that of the new provider. People had been informed of the change and updated with the contact details of the new provider.

Is the service well-led?

Our findings

Woodbridge Lodge Residential Home had been taken over by a new provider six weeks prior to our inspection. The new provider had actively informed people of the change of ownership. One relative told us they had received a letter from the new provider and attended a meeting where the provider had provided assurances as to the continued operation of the service.

Staff told us that the change was unsettling as the previous provider had given them no notice of their intention to sell the service. They went on to say that new provider had organised staff meetings to explain what the changes would mean to people living in the service and for the staff team. All of the staff we spoke with were positive about the changes expressing the view that care for people living in the service would be improved. One member of staff said, "I am really positive. Seems like there will be more opportunities."

On the day of our inspection two members of staff from the new owner were working with the manager to put in place changes to bring the service way of working into line with that of the owners other services. The operations manager for the provider attended the service during our inspection. They told us that there were plans to improve the quality of the service. This included installing a new computer system for care records. They told us that this would address the issues with people's involvement in the review of their care records identified earlier in this report. They were planning to put all the care plans onto the new system within the next three months. Part of this process would be a review of the care plan with the involvement of the person or their relative as appropriate. They emphasised that any changes to the service would be in consultation with people and their relatives and would not be rushed.

People and relatives told us that the manager was approachable. One relative told us, "She is very patient with me and has been supportive during a time which has been difficult for me." Staff told us they felt supported by the registered manager and they felt able to speak to them if they had any concerns or suggestions. One staff member explained, "The manager's door is always open, they will listen to what you say." Another said, "The manager is always approachable." The manager was receiving support from the provider to manage the change. The operations manager had identified a partner manager from another service their organisation to be support the manager. The manager told us they felt positive about the change in ownership. They gave examples of improved training, staffing levels and staff terms and conditions which were motivating staff to provide good quality care.

Prior to the new owner taking over, regular audits had been carried out on the records held, including care plans, medication records and incidents and accident records. These audits were now being monitored by the new owner. The new owner was also implementing a new system of audits. This was to check people were receiving the care and support they required.

Regular checks had been carried out on the environment and on the equipment used to maintain people's safety. We found audits had been carried out and up to date records had been maintained. This showed us people who used the service were protected by an environment that was well maintained. The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff were aware of and followed these.