

Werneth Lodge Limited

# Werneth Lodge Care Home

## Inspection report

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Date of inspection visit:  
20 April 2018

Date of publication:  
01 June 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Werneth Lodge is a residential care home that provides accommodation and personal care for up to 42 older people, including some people who live with dementia. At the time of our inspection the home accommodated 37 people.

Werneth Lodge is a former red brick mill owner's house close to the main Manchester to Oldham Road. The main building runs at a tangent to the road, accessed via a side street, and an extension built on the western side of the main building enclosed a car park and garden area. On the opposite side of the building stands part of the original building – the coach house which has been converted to provide a further number of bedrooms and a lounge area. This part of the building is connected to the main building through a short hallway which passes the main entrance. Some of the rooms in this part of the building looked out over Manchester Road.

This inspection took place on the 20 April 2018 and was unannounced. This was a focused inspection carried out by two adult social care inspectors. The inspection had been brought forward prompted by concerns relating to a specific incident. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident.

When we last inspected Werneth Lodge in December 2017 we rated the service as 'good' and did not find any breaches of the Health and Social Care Act 2008. We did however make recommendations about the security of the building, the management of risk, and care planning. At this inspection the service remained 'good'.

This focused inspection was carried out to assess any current risks to people using the service. We therefore only looked at two domains where the key lines of enquiry are about risk and leadership of the service. No other concerns had been identified through our ongoing monitoring. Therefore the other three domains, namely, effective, caring or responsive were not assessed as part of this targeted inspection process. A full comprehensive inspection will be carried out at a later date.

There was a registered manager in post. 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.

People told us they felt safe at the service. The registered manager knew how to protect people from harm and told us what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep risks to a minimum. Lessons were also learnt from complaints, safeguarding and incidents to help prevent reoccurrence in the future.

We toured the building and found the service had improved security by fitting new key pads and updating

the codes that allowed people to enter and leave the building. The service had also ordered a closed-circuit television (CCTV) system to capture the entry and exit of people, staff and visitors to the home. The CCTV has been fitted since the inspection.

We saw the home had detailed and up to date risk assessments to promote the safety and well-being of people who used the service

Detailed assessments of people's needs were completed before they moved into the service. This was done to ensure the service could meet the person's needs and that they would be happy living at Werneth Lodge. The assessment process included visits to the person's home or hospital.

People's initial care plans were based on information gathered during the assessment process and background information from commissioners and relatives.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were reviewed monthly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good.

People said they felt safe.

The security of the building had improved recently.

Risk assessments were produced and reviewed to mitigate risk.

Care plans were good quality.

### Is the service well-led?

Good ●

The service remained Good.

There was a registered manager in place who had been at Werneth Lodge since April 2016 who knew people well.

Learning had taken place from previous events at the service.

The culture of the home encouraged enablement.

There were systems in place to monitor, analyse and improve the service.

# Werneth Lodge Care 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 was a focused inspection and was carried out by two adult social care inspectors on 20 April 2018. This inspection was unannounced.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with four people who used the service and the registered manager. During our inspection we assessed the environmental safety and security at the home. We looked at care records for eight people who used the service. We also looked at a range of risk assessments relating to people's safety.

# Is the service safe?

## Our findings

The service remained safe. People told us they felt safe at Werneth Lodge. One person said, "I do feel safe here, it's a lovely place, we all look out for one another."

We toured the building and saw that a pass code was required to operate all the external doors.

There were three emergency exits, all of which were signed as such. A side entrance led around the back of the main building into the car park; and a larger door led directly onto a busy road. Both these doors were used for emergency only; they were alarmed fire doors which would open if the alarm was signalled. We tested both and saw that they were secure.

People that could be at risk if they left the building unaccompanied were not given the pass code to maintain their safety, but the registered manager explained they could speak to staff to arrange to go out accompanied by staff if they wished. We saw a garden area that had a wall which made it a secure and safe area for people to use.

A small conservatory at the back of the Coach House led to a back garden and smoking area for people who used the service. We saw that this area was secure, there was a gate which was padlocked, and a wall and shrubs ensured privacy and security for the people who used the service.

A window in the main office overlooked the main entrance, but the layout of the building meant that the main entrance could not be observed during daily activities. This meant a person could enter or leave the building without being observed. There was no CCTV to monitor people entering or leaving the building. However, the area manager informed us that the service had arranged for cameras to be installed with monitoring equipment in the main office. Since the inspection the CCTV has been fitted and covers the front door, the main entrance and the back garden areas.

We saw that staff showed a good awareness of the security around the building. The registered manager would not give us the door code to allow us to leave to maintain safety but there were staff around that we could ask when we needed to access another area of the grounds. We observed that staff regularly supervised areas of the building and checked on residents to ensure their wellbeing.

We spoke to three people that accessed the community independently and they told us they had been issued with the pass code so they could leave the home and return when they wished, with no restrictions. One person said, "I come and go as I please, the staff ask me what time I will be home so they know when to expect me." The registered manager explained that residents are encouraged to call in to the office to let staff know they are going out so staff can monitor where they are and would know if someone does not return home when expected. The same information was kept in a handover book; again so that staff finishing a shift can let those starting a shift know if someone is out and when to expect them back.

We saw risk assessments that related to people going out independently. These assessments included a

brief overview of people's capacity and detailed possible hazards. For example; the risk of getting lost, crossing the road or being harmed by strangers. The registered manager had discussed the possible risks with all the people that went out independently, including the importance of not allowing anyone else in or out when they leave or enter the building. People had signed the risk assessment to show they had understood this.

We saw that people had a 'missing persons' form. This action plan was put in place for staff to follow should a person not return home when expected.

We also looked at risk assessments relating to falls, malnutrition, skin care, mobility and smoking. These risk assessments were reviewed every month and updated when required. One assessment referred to risks around a person's low mood. It contained signs; triggers and an action plan so that staff knew how to support the person effectively should they exhibit these signs.

The service had a pre-assessment tool in place. This is used when people wish to move to the home and helps the assessor decide if the service can meet their needs. The service's pre-assessment process captured people's needs and highlighted areas of risk. We looked at one pre-assessment form that included a person's medical information, life background, sensory needs, psychological needs, independence skills, eating and drinking guidance, continence support, mobility and the reason for the referral. We saw that the service prepared detailed care plans for all the relevant areas that guided staff to support people in an appropriate way.

The areas of safeguarding training and staff awareness, staffing levels, recruitment, medicine management and infection control usually form part of an inspection. These areas were not part of this inspection process because we focused on specific areas of concern. We will look at these areas when we carry out a full comprehensive inspection at the service.

# Is the service well-led?

## Our findings

There was a registered manager in place who had been at Werneth Lodge since April 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Services that provide health and social care to people are required to inform the CQC, about important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. We know that the registered manager had recently reported events in a timely manner and had also submitted a new statement of purpose to allow the home to accommodate people over 50 years of age. This was done by a notification to the CQC.

We observed that the registered manager had a good understanding of people's needs. The support plans and risk assessments reflected people's needs and wishes and were written in a person-centred way. For example, one person had said they did not want to use the footplates on their wheelchair because it would restrict their mobility, this had been risk assessed and it was agreed that the person had capacity to make this decision despite the potential risks.

We found the culture of the home encouraged enablement. Many people at the home were permanent residents but some people were hoping to return to their own homes. We saw that the service balanced potential risks against the person's right to take informed risks, in order to promote and regain their independence.

There were systems in place to monitor, analyse and improve the service. The registered manager completed regular audits which included; staff files, care plans and training. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored these to ensure actions were completed. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence.

The registered manager had a good awareness of general risks. For example, we saw records of a discussion that had taken place between the registered manager and a resident about going outside in the very cold weather wearing suitable clothing so they did not get cold. The registered manager also gave us an example of where a hygienic hand sanitiser had to be removed from an area of the home because one person might be at risk of ingesting it.

The registered manager regularly dealt with risks around the home proactively. For example, they had taken action to prevent a person smoking in a part of the building where smoking was prohibited. They did this by speaking to the person about the risks, putting up no smoking signs and arranging for the local fire safety prevention team to come to the home to speak to people.



We saw evidence that learning had taken place from previous events at the service in relation to how they have improved general safety and managed risk.

The service had also put risk assessments in place relating to people going out independently and guidance to be followed should they not return when expected.

We saw that staff showed a good awareness of the security around the building. The registered manager would not give us the door code to allow us to leave to maintain safety but there were staff around that we could ask when we needed to access another area of the grounds. We observed that staff regularly supervised areas of the building and checked on residents to ensure their wellbeing.

The areas of openness, transparency, and partnership working control usually form part of an inspection. These areas were not part of this inspection process because we focused on specific areas of concern. We will look at these areas when we carry out a full comprehensive inspection at the service.