

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?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 18 August 2017 and was carried out by one inspector. The first day of the inspection was unannounced.

Our previous inspection in December 2016 had identified a breach of Regulations 9 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans contained generic statements which were not always correct and quality monitoring and auditing processes required improvement. At this inspection we found that the provider was in the process of implementing a new care planning system. Care plans were now more person centred but still lacked some detail about people's care requirements. Quality monitoring had improved with regular audits. However, the implementation of the new care planning system meant that some action had not taken place. Sufficient action had taken place to improve the care plans and quality monitoring at the service, which meant they were no longer in breach of the regulation. However, they still needed to make improvements.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk from the environment. This inspection examined those risks.

The service provides care and support for up to 32 people. At the time of our inspection there were 21 people living in the service some of whom were living with dementia.

The service is required as a condition of registration to have a registered manager. On the day of our inspection there was not 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. The service had a manager in place who was undertaking the registration process.

Since our previous inspection the service had introduced a new computer based care planning system. Care staff used hand held smart phones to access care plans and input information about the care provided. At this inspection the new system was being used by staff but full details had not been transferred to the new care plans. This meant that care plans did not always contain the detail required. However, staff knew people well and were able to provide the care and support needed. The manager was working to get all the care plans up to date.

Staff knew how to respond to any suspected abuse. People's care plans contained risk assessments but these did not always contain sufficient detail about the action to be taken to mitigate the risk to ensure staff knew how to support people safely.

There were sufficient staff to meet people's needs. They were appropriately trained to support people with their care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to be as independent as they were able.

There were effective policies and procedures for managing people's medicines. People received their medicine as prescribed. The provider was introducing a computer tablet based system for the management of medicines.

People were supported to have sufficient to eat and drink. A choice of food and was offered and specific diets, such as gluten free, were catered for. People's fluid intake was monitored when required.

Staff were caring and kind and treated people and each other with respect. People's right to privacy was maintained by the actions and care given by staff members. The service had recently employed two activities co-ordinators who were developing activities to meet people's preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments were in place but details of actions put in place to mitigate risk was not always detailed or readily available.

There were sufficient staff to provide people with the required care and support.

Medicines were administered and managed safely.

Is the service effective?

Good ●

The service was effective.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

Staff worked with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality that met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans were not reviewed in accordance with the

provider's own policy.

Communication failures meant that people were not always aware of the support that could be provided.

People were supported to participate in meaningful activities.

Is the service well-led?

The service was not consistently well-led.

The management team had not fully recognised the implications of the introduction of a new care planning system.

There were systems in place to assess and monitor the quality of the service.

Relatives and staff felt that the management team was approachable.

Requires Improvement 

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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 checked 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 16 and 18 August 2017 and was carried out by one inspector. The first day was unannounced.

Before the inspection we looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law. We also looked at information we held about the service including previous inspection reports.

During our inspection we spoke with four people using the service, four relatives and observed how staff supported and interacted with people. We also spoke with three members of care staff, the kitchen assistant, the manager, two of the provider's quality managers and the provider's maintenance manager.

To help us assess how people's care and support needs were being met we reviewed three people's care records. We also looked at other records regarding the management of the service, for example staff rotas. We looked at the systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

At our previous inspection in December 2016 we found that people did not always feel there were sufficient staff to support them as they needed. We also found that the care was provided in a very task centre manner. The service was rated as requiring improvement at that inspection for this key question.

At this inspection people told us that there were sufficient staff. One person said, "If I need help I get it." A relative told us that they, "Never see a problem [with staffing]" Care staff told us that staffing levels were good and that they had time to provide the care and support people required. One member of care staff said, "Overall staffing levels are good. I get time to sit down and talk to people." From observations we saw staff responding promptly to people's needs and staff had time to sit and talk with people.

The manager explained to us how the service arrived at staffing levels using a dependency score for people using the service. They also told us that this would be adjusted if required, for example if a person required support to attend an appointment or if somebody was unwell and required more support. They also explained that they had changed the way staff were deployed using staff, who had been appropriately trained, such as the handyman to support when more staff were required. We observed this in practise when the handyman was supporting a person with their lunch meal.

The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. These included references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. The manager and staff confirmed that these checks were undertaken before staff began work at the service.

People told us that they felt safe living in the service. One person said, "I have been quite well looked after." Relatives we spoke with also told us they felt confident their relative was safe living in the service.

The service was implementing a new care planning system during our inspection. The new system was a computer based system which contained an assessment tool for areas such as skin integrity and nutrition. The system then generated the required risk assessment to be completed by staff. The risk assessments in the new care planning system had not been completed in very much detail. For example for one person who had been assessed as at risk of falls the action to mitigate this were not detailed and simply stated, 'I need assistance whenever I am moved. Assistance may be required when mobilising.' There were no details as to the assistance required. We discussed this with the manager who showed us that there was more detail in the person's old care plan. However, staff were using the new care planning system and if they needed to refer to the care plan for guidance there was insufficient detail to provide adequate guidance.

On the first day of our inspection we checked the risk assessment for the building. This did not include risks to people from using the stairs in the service. Neither did people's care plans contain a specific assessment of their ability to use the stairs with regard to any age-related psychological conditions, medical condition or medication. We asked the manager if there were any other risk assessments which covered the stairs and

they confirmed there was not. On the second day of our inspection the maintenance manager showed us a general risk assessment they had completed for the stairs in the building. This risk assessment covered precautions already in place and additional precautions for the stairs that were being put in place. We have spoken with the manager of the service since our visits who has advised that every person living in the service has an individual risk assessment in their care plan for using the stairs. They have told us that the risk assessment included action in place to mitigate the risk to the individual such as an assessment of their mobility.

People told us that they received their medicines as needed. One person said, "Yes they always give me my pills." We observed staff providing people with their medicine and offering them a drink if they needed one.

The service was implementing a new administration and recording system which recorded people's medicines electronically using a bar code. The system was based on an electronic tablet which contained records of each person's medicines and when they were required. Staff had received training in the new system and were confident in its use. The quality manager demonstrated how the system had a number of safety systems. This included monitoring the time between administration of medicines to ensure people did not get their medicine early. The system also produced audit reports for the manager. The manager explained to us how they intended to use these to ensure medicines were being administered appropriately.

Is the service effective?

Our findings

Our inspection of December 2016 identified concerns with how the service monitored people's fluid intake. The service was rated as requiring improvement in that inspection for this key question.

At this inspection we found that the method used by the service to record people's fluid intake had changed due to the introduction of a new smart phone based care planning system. Care staff recorded people's fluid intake contemporaneously on a hand held smart phone. The smart phone alerted staff if people's fluid intake was low but did not show the amount of fluid they should be consuming. The system also allowed the manager to remotely monitor people's fluid intake over a 24 hour period. However, the system did not show the optimum amount of fluid for each person in that 24 hour period but the average they had consumed over previous days. We discussed this with the manager on the first day of our inspection. On the second day of our inspection the manager had put a system in place which clearly showed the amount of fluid each person should consume on care staff smart phones.

People and their relatives told us that staff had the knowledge and skills to carry out their roles effectively. For example, one person told us, "They do their job well."

People told us that meal times were a relaxed, enjoyable experience. A relative told us that the manager had recently introduced a member of staff sitting at each dining table during the meal and this had led to an improved atmosphere. We observed the lunch meal and saw people being offered a choice of meals. Where people could not decide what to eat staff showed them meals already plated to support them to make the decision.

Care plans contained details of any particular diets people required. For example low sugar or gluten free. One person who required a particular diet told us that they, "Always get my [specific diet]. The chef comes and chats. I get a choice."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. One new member of staff praised the moving and handling training they had during their induction. They explained how actually being moved in the hoist helped them appreciate how vulnerable people must feel when being hoisted.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs including falls prevention, infection control and moving and handling. Care staff we spoke with were positive about the training they had received. One said, "Training is brilliant. It is a mixture of on-line and one to one." The provider also encouraged staff to study for nationally recognised qualifications in care. One member of staff said, "They [provider] like to keep you up to date and will support you with where you want to go."

Care staff also received regular supervision sessions from their manager. This enabled any areas for

development to be addressed and any concerns discussed. Care staff told us that supervision meetings were a two way process. One member of care staff said, "Supervisions are useful. We talk about training and get asked how you feel and any problems."

Staff had received training in the Mental Capacity Act 2005 (MCA) and knew how to reflect this in their practice. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found that the service had 12 DoLS authorisations in place. None had any conditions on their authorisations. The manager had a procedure in place to ensure these were reviewed and renewed when necessary. Staff understood the importance of supporting people, including people living with dementia, to exercise as much choice and control over their lives as possible. One relative told us, "Staff help [relative] to decide what to wear, they do not tell her."

The new care plan documentation being implemented contained information about people's mental capacity. This enabled staff to be aware of when a person may require support to make a decision and what decisions they were able to make for themselves.

People were supported to maintain good health and access healthcare service. All of the people living in the service were registered with the same GP. This GP held weekly surgeries in the service where people could be seen if there were any concerns. We spoke with the GP on the day of our inspection. They were complimentary about the arrangement but did express concerns about the amount of support the service gave to them during their visits. They cited examples of where people were not brought down to the room they were using and a recent urine sample that had not been obtained. We discussed this with the manager who told us they would speak with the GP on their next visit and work with them to improve. People's care records showed that, where appropriate, referrals were made to other healthcare professionals such as the dietician and speech and language therapist.

Is the service caring?

Our findings

Our previous inspection rated the service as good for this key question. Everyone we spoke with at this inspection told us that staff were caring and kind. One person said, "The staff are lovely. I am very pleased." A relative said, "The staff are friendly and helpful." Written feedback to the service from a relative said, "The care and humanity [person] received from you was exceptional."

People and relatives gave us varied views on how much they were involved in their care planning. A relative said, "I talk to them [staff] about it [care plan] all the time." Another person told us that prior to them moving into the service the manager had visited them and they had, "A long chat" about what they needed. However, another person told us they had had no involvement in their care planning. The manager acknowledged that this may have been the case but they had not been in post when previous reviews were carried out.

People's care plans had not been reviewed in accordance with timescales in the provider's policy. We asked the manager about this. They told us that once people's care plans had been put onto the new system a review would take place with the involvement of the person and their relative, if appropriate. There was no fixed timescale to complete the reviews. Lack of regular reviews with the involvement of the person may mean that the care plan did not accurately reflect people's changing care needs.

There was a warm, relaxed atmosphere in the home and throughout our inspection we saw staff interacting with people in kind and caring ways. We observed one member of staff showing a person their care plan on the hand held electronic device and using the display to encourage the person to drink by saying, "Look [name] this is your care plan it is showing red because you have not drunk enough. Shall we try and make it green." The person responded by agreeing to have a drink. On another occasion we saw a member of staff complimenting a person on the drawing they had done by saying, "That looks so beautiful we need to frame it." The person responded with an appreciative smile.

Staff knew the interests of people they were supporting and had developed positive relationships with them. For example, one member of care staff travelled to work on a motor cycle. They told us that the previous week, when the weather had been good, they had gone out to the car park with a person living in the service that had an interest in motor cycles and had a chat about their motor cycle. They told us that the person now regularly wants to talk with them about motorcycling. This person also had a motor cycle picture on the door of their bedroom to remind them it was their room.

People were supported to maintain their independence and exercise as much control over their own lives as possible. One relative said, "They are very good at trying to retain as much independence as possible. [Relative] is starting to lose [person's] mobility, they [care staff] encourage [person] to walk as much as possible. [Relative] decides what to wear each morning." We observed care staff offering people choice in activities of daily living such as if they wanted to sit in the lounge or conservatory.

People's family members told us that they were made to feel welcome when they visited the service and

confirmed that they were offered refreshments. This allowed them to spend time socialising with their relatives as they would in their own homes. We observed examples where staff were respectful during their interactions with family members.

People's confidentiality was protected. Records containing personal information were stored securely in locked offices and computers were password protected to prevent unauthorised access. Staff ensured that offices were locked when not in use.

The staff team also supported people in ways that helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff said, "I always ask if it is okay for me to provide care and make sure everything [windows and doors] are shut."

Is the service responsive?

Our findings

Our previous inspection of December 2016 found that care records required improvement and there was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they were not written in a person centred way and contained generic statements. The rating for this key question at that inspection was requires improvement.

At this inspection we found the service was implementing a new computer based care planning system. Information from a person's previous care plan was being transferred to the new system. We found that the new system did not always provide the detail required to provide responsive care and support. For example one person's mobility assessment showed that they were at risk of falls. The care plan recorded 'Assistance may be required when mobilising.' It did not provide information to staff as to what assistance would be required. Staff we spoke with displayed a good knowledge of people's abilities and were able to describe the support people required. However, this was not always recorded in the care plan which meant that not all staff may be aware of people's needs.

People we spoke with raised issues with us about their care and support. One person told us that their electric wheelchair was not available for them to use in the garden and another person told us that they could not have a shower when they wanted. We raised these concerns with the manager who told us that, in both cases, the person's perceptions were not correct. They spoke with the people concerned and addressed the issues raised. In both cases the person had experienced poor communication from the service as to what was available to them.

We discussed with the manager how the service communicated and involved people and their relatives to gain their feedback on the service provided. They told us that this was a difficult area and that nobody had attended the last relatives meeting. A barbeque had been organised at the service and relatives had been invited to encourage them to visit the service in a less formal setting. There had been a much improved attendance and the manager had used the opportunity to speak with people about their experience of the service. The manager also told us, and relatives confirmed that they sent regular electronic messages to relatives. A relative said, "We get an e mail once a month from the manager and can air any grievance or give bouquets."

During our inspection we saw some people involved in meaningful activities. We observed the activities co-ordinator supporting people to prepare fruit kebabs which they later ate for tea on one day. On another day we observed people making cakes. The manager told us that people were encouraged to carry on with activities they enjoyed. They gave us an example of one person who was supported one to one to go into the kitchen and make a cup of tea.

One relative told us that, "Activities have been a problem until recently." They told us that there had been no organised activities and their relative liked to be kept busy so they had brought in colouring and quiz books. The manager explained that until recently there had been no activities person in the service. They had recently employed two activities co-ordinators who were working with people to find out what activities

people would like and that this information would be developed over time to ensure people's interests were met. They went on to say that the two new members of staff would enable more group and one to one activities to be provided.

There was a complaints procedure in place which was accessible to people and their family members. The manager and registered provider had responded to people's concerns promptly and in line with the registered provider's policy, and a review into people's concerns had been undertaken. The manager gave us an example of where a person had not received their personal care as they wished. This had been addressed with the individual and the care plans of others receiving similar support reviewed.

Is the service well-led?

Our findings

Our previous inspection of December 2016 had rated the service as requiring improvement in this key question. That inspection also found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because auditing and monitoring processes were not effective. For this inspection the overall rating for the service remains at requires improvement.

At this inspection we found that auditing and monitoring procedures were in place. However, the introduction of the new care planning system and the time taken to input new care plans into the system had, to some extent, compromised these. For example the manager told us that care plan reviews were not up to date. Also the service audits for the building had not identified that there were no risk assessment in place for people's use of the stairs or individual assessments of people's ability to use the stairs. Generic audits carried out by the manager in areas such as medicines and accident had been carried out and where issues had been identified these had been addressed. The service had been rated as one at a food hygiene rating carried out in January 2017. We are aware that despite submitting an action plan the service was again rated at one at an inspection in August 2017 demonstrating that no improvement had been made. A rating of one is the lowest rating which can be given with five being the highest.

In the year prior to our inspection there had been two registered managers and a seven month period where there had been no registered manager. The current manager had been in post for four months. They had previously managed another of the provider's services. They had applied to register with us as the manager of Woodbridge Lodge. People and staff told us that the constant changes of management had been unsettling. Constant changes in management affect the service ability to make and sustain improvements.

The service was in the process of implementing a new computer based care planning system. Previous care plans were available to staff in the manager's office but staff were using the new system to provide day to day care. Staff had received training in the new system and told us that on the whole the system was user friendly. Information such as when a person had been re-positioned and their fluid intake was put into a smart phone they carried with them contemporaneously. Notices had been put up around the service to tell people and relatives what staff were doing. However, the transfer of care plans onto the new system was taking time to complete. This had resulted in care plans not being reviewed when they should and lacking the necessary detail about the care and support people required. The provider had not fully assessed the impact of the time it had taken to input new care plans.

The service did not have a registered manager in place. The current manager had transferred from one of the other provider's services and was in the process of registering to manage this service. They had been managing this service for four months on the day of our inspection.

People, their relatives and staff were complimentary about the manager and improvements that had been made since they started. One person told us that their relative had, "Perked up," due to improvements made in the service by the manager. Another person said, "The new manager is on top of everything." People also told us that the manager encouraged open communication and was available to speak with them if they

wanted. One relative told us about a concern they had approached the manager about and which the manager had resolved to their satisfaction. Staff told us that the management team were approachable and would listen to any suggestions they made. One member of care staff said, "The new manager is brilliant, very approachable." Another member of care staff gave us an example of a suggestion they had made to improve a person's care and how it had been acted upon.

The manager told us that they liked to be out in the service observing the care provided and demonstrating good practice. They had a good knowledge of the people the service supported. Throughout our inspection the manager demonstrated a positive and forward-looking approach.

They had identified further change and improvement for the future. For example, they told us how they were working with other services in the area to obtain a lottery grant to start a local care home choir.

Staff worked together in a well-coordinated and mutually supportive way. For example, one member of staff said, "As a whole it is getting good." Another member of staff said, "Absolutely brilliant place." Staff spoke positively of their experience of attending staff meetings saying that they felt free to speak openly and that if they made any suggestions these would be acted upon.

The provider held a yearly awards ceremony to recognise and encourage good practise in the service. Members of staff could nominate a colleague in various categories for their exceptional work or impressive attitude. The manager also told us that they could request a financial bonus for a member of staff if their performance was outstanding.