

Worcester Garden (No.1) Limited

Worcester Lodge

Inspection report

30-32 Castle Road
Walton St. Mary
Clevedon
Somerset
BS21 7DE

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Tel: 01275874031

Website: www.worcesterlodge.co.uk/

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 31 people living at the service.

Worcester Lodge is situated in Clevedon. There are two areas to the service. The main house and Garden Wing which focuses on care and support for people living with dementia. There are communal lounges and dining areas.

People's experience of using this service:

Improvements had been made to the services environment to ensure it was safe, clean and better maintained. Radiators were now covered. A programme of works scheduled areas for redecoration and refurbishments. Areas had been completed and other were in progress or planned.

New equipment and furniture was in place. This provided items that were clean, fit for use and in good working order. The garden area had been made safe.

Systems to monitor and review the quality of the service had been revised and amended to ensure areas were identified and actions taken. The management structure had changed to ensure responsibility was clear and tasks completed.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection and update:

Requires Improvement (June 2019). This service had been rated as requires improvement at the previous three inspections (January 2017, June 2018 and June 2019).

We carried out an unannounced comprehensive inspection of this service in February 2019. Breaches of legal requirements were found. We issued two warning notices to the provider in relation to safe care and treatment and good governance. The provider sent us an action plan of how they would meet the registration regulation, notification of other incidents.

Why we inspected:

We undertook this focused inspection to check they had met the warning notices, fulfilled their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Worcester Lodge on our website at www.cqc.org.uk.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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.

Service and service type:

Worcester Lodge is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 CQC. 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in February 2019. This included details about incidents the provider must notify us about. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

During the inspection we spoke with the registered manager, the deputy manager and two members of staff. We reviewed four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, health and safety monitoring, meeting minutes, recruitment records, policies and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection in February 2019 we found risks from hot surfaces, the environment and infection control. The provider had taken actions and had met the warning notice in relation to Regulation 12; safe care and treatment.
- Radiators and associated pipework were now covered or used a cool touch system. People did not have portable heaters in their rooms, except one person who had an associated risk assessment in place.
- The garden had been cleared from hazardous items. The service had been awarded a grant to create a dementia garden.
- Environmental risk assessments were in place. These were in the process of being transferred to an electronic format, so they were easier to review and amend.
- An external health and safety audit had been completed and recommended actions taken.
- Systems to monitor and identify areas of health and safety concerns had been changed.
- Improvements had been made to the environment. Communal areas of the service had been repainted. As people's rooms were being redecorated, furniture was being replaced which was better quality and easier to clean. New bedding and towels had been purchased.
- Fire systems and equipment were monitored and checked both internally and externally. We highlighted the fire information would benefit from being better organised and fire drills undertaken should occur more frequently and include deeper reflections. After the inspection the provider told us the service had appointed a fire champion to support in this area.
- People had individual risk assessments in place to identify and reduce known risks which were person centred. The service monitored people's behaviour as appropriate. We highlighted that this needed to link to information and guidance in people's care plan. The registered manager said this would be addressed.

Preventing and controlling infection

- The service was clean. The provider had made positive changes to the environment.
- New equipment and furniture had been obtained. Commodes, mattresses, chairs, toilet frames and cushions had been replaced to ensure they were clean, fit for use and in good working order.
- A redecorated bathroom was now clean, bright and had ornaments to provide a pleasant experience for people.
- Toilet flooring, bins and toilet brushes had been replaced.
- Staff were observed adhering to infection control policies. Bathrooms were regularly checked.
- Areas of the service that may pose an infection risk or required maintenance were identified and included in a scheduled plan of ongoing work.

- Areas, such as the bathrooms and toilets, were now included in this plan to ensure they were regularly maintained and redecorated.
- The provider acknowledged work was ongoing to ensure all areas previously identified were addressed and improvements made maintained.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and actions taken.
- Improvements had been made in having clearer processes to review incidents.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to identify and report safeguarding concerns.
- Safeguarding concerns were reported to the local authority and Care Quality Commission as required and actions were taken.

Staffing and recruitment

- We reviewed the rotas and staffing was kept at the level deemed safe by the provider. One staff member said, "There is enough staff. If agency staff are used it is consistent."
- 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 received their medicines as prescribed. Storage temperatures were monitored, and protocols were in place for 'as required' medicines.

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the previous three inspections in September 2016, March 2018 and February 2019 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 inspections.
- At this inspection the provider had made improvements to the systems to monitor and review the quality of the service and had met the warning notice issued in relation to good governance.
- Audits around health and safety, infection control and maintenance work had been revised.
- We highlighted that the daily walk around records required further detail and maintenance tasks needed to accurately show completion or progression to the schedule of works. The provider said this would be addressed.
- Following the last inspection senior roles had been reviewed and changes made to the structure to enable senior managers to complete required duties. A staff member said, "Changes in management have helped. Work is in progress." This meant there was clearer responsibility and allocation of tasks.
- At the previous inspection when Deprivation of Liberty Safeguards (DoLS) had been authorised these had not been notified to the Care Quality Commission as legally required.
- The provider had followed their action plan and now had systems in place to identify when a notification should be sent.
- The provider had displayed their assessment rating at the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff commented positively about the registered manager and senior staff team. Staff said they were well supported and could speak to the registered manager at any time. A staff member said, "Can speak to them when you want."
- There was a positive and friendly atmosphere at the service.

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

- People participated in meetings to give their views and opinions. People had contributed in ideas about activities, which had been facilitated.
- A newsletter communicated information about the service to people and visitors.

- Staff commented there was good team work. One staff member said, "There is more team work everyone knows what they are doing."

Continuous learning and improving care

- Effective systems communicated information across the staff team. This included a communication book, verbal and written handovers and a diary of appointments.
- Regular meetings were held with different areas of the service. For example, senior staff, care staff, kitchen and domestic staff.
- The registered manager and senior staff were highlighting and supporting staff to ensure expected standards of care were met.

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.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities on the duty of candour. Relatives and relevant others were informed. For example, if someone had a fall.