

HC-One Limited

# Worsley Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We last inspected Worsley Lodge, in January 2018, when we identified multiple breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to; safe management of medicines, managing assessed risks, meeting nutritional needs, staffing and good governance. Two of the five breaches had been identified in a previous inspection. The home were rated 'Inadequate' in two key questions, Safe and Well led, 'Requires Improvement' in effective and 'Good' in Caring and Responsive. The overall rating for this provider was 'Inadequate' and the home was placed into 'special measures' by CQC.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the three key questions to at least good. The provider subsequently submitted action plans to CQC on a regular basis. The provider had regular meetings with Salford quality assurance team to monitor progress and to review the action plan. We found there had been significant improvements in two key questions but further improvement was still needed in relation to the key question Well led. This was because the registered manager still needed to embed effective systems to sustain the improvements achieved in the service and to develop further oversight of records.

Worsley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate a maximum of 48 people. When we inspected there were 39 people living at the home, some people were living with dementia. Accommodation was provided over two floors in single rooms, 33 rooms were en-suite. There was a lift. There were a variety of communal areas for people to access which included quieter areas for people who preferred this. There were extensive gardens with a variety of furniture which people could access directly through one of the lounges downstairs.

Since the last inspection the home manager had successfully applied to CQC to be the registered manager. 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 living in Worsley Lodge and their relatives told us they felt safe in the home. At our last inspection we had found the service had failed to manage some of the assessed risks they had identified, a small kitchen door had been propped open which had exposed some people to the risk of scalding. At this inspection we found there had been an improvement. The door was not propped open unless a member of staff was present to maintain people's safety. At the last inspection fire escape signage had been removed from the first floor and not replaced in a timely way. Shortly after the last inspection this had been replaced to ensure people knew where their nearest fire exit was.

Medicines had not been managed safely. Some medicines had been out of date, stocks were not accurate,

records were incomplete and we could not be confident people had received time sensitive medicines or topical treatments when required. Since the last inspection the home had worked with the quality assurance team pharmacist to improve their medicines procedures and records. At this inspection we found this had been significantly improved and were confident medicines were being managed safely.

At the last inspection we found staffing levels had been low, staff had been very rushed and found it difficult supervise vulnerable people. This was reviewed during the last inspection and increased. This increased level remained in place and a further increase had happened since then.

People continued to be protected from the risk of harm and abuse by staff who were knowledgeable about what might be a safeguarding concern and how to raise this. The home had raised safeguarding matters however, there had been some concern expressed by the local safeguarding team about how quickly the home had responded to their requests for information during a recent safeguarding investigation.

Risks associated with peoples care and support needs had been assessed and plans developed to minimise the potential for harm. Risk assessments had also been completed in relation to the premises and equipment. These had been reviewed and updated when required.

People were protected from the risk of infection. Staff were observed to use personal protective equipment such as gloves and aprons when providing personal care.

People's needs were assessed prior to them moving into the home, this ensured the service was confident they could meet the persons needs.

People received support from trained staff who had the appropriate knowledge and skills to support them. At the last inspection we found induction training for agency staff had not been effective and the home had been in breach of the regulations relating to staffing. At this inspection we found this had been addressed fully.

At the last inspection we found people had not received effective support to maintain their nutritional needs. Records had not been completed and care plans had not been updated to reflect changes. The home had been in breach of the regulations in relation to meeting people's nutritional needs. At this inspection we found this had improved significantly.

People received a variety of food and drink throughout the day. People we spoke with told us they thought the food was good or alright. No one told us they did not like the food.

People were supported to maintain their health and wellbeing. Records in care plans showed people had regular screening and were supported to access health professionals when required.

The home continued to support people in kind and caring ways. We observed staff throughout the inspection and saw they took their time to respond to people and reassure them. Staff were seen to be skilled at maintaining peoples' dignity and promoting choice and independence.

People continued to receive personalised care that was responsive to their needs. Care plans included details of the person's history, background, cultural identity and preferences. Reviews were held regularly and plans updated to reflect any changes to a persons needs or wishes. People and their relatives had been involved in reviews.

There was a complaints policy and we could see how the home had followed this in relation to complaints received.

People were supported at the end of their lives to have as dignified and pain free death as possible. People had been supported to have discussions about this aspect of their care and to consider their wishes.

Staff who worked at Worsley Lodge told us they felt the home was well managed. Some people identified specific improvements that had been made since the last inspection. One of the relatives we spoke with also praised the management team.

We looked at the governance systems in place to see whether auditing and monitoring systems had improved. At the last inspection we had found audits and walk around checks had not been consistently completed and some had failed to identify the issues we had found. This meant the home were in breach of the regulations in relation to governance. At this inspection we found there had been significant improvements in the frequency and scope of audits. However, some records were not readily available during the inspection and the local safeguarding team had found it difficult to obtain up to date information in a timely way to inform their investigation. Further improvement was needed in this area.

## 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.

People were protected from the risk of harm and abuse by staff who were knowledgeable about how to recognise and raise concerns.

Risk had been assessed in relation to the environment and plans developed to mitigate the identified risks. The small kitchen area door was not propped open except when staff were present. This meant the risk of scalding had been minimised.

Staffing levels had been increased and the method of assessing how many staff were required had been improved to ensure people were safe.

### Is the service effective?

Good ●

The service was effective.

People's care and support needs had been comprehensively assessed prior to them staying in the home. This meant the home could be confident they were able to meet someone's needs.

Staff had received training essential to their role. Where some staff had not completed all necessary training and refreshers these had been planned for and reminders given to prompt staff.

The home were following the principles of the Mental Capacity Act (2005). Staff were knowledgeable about supporting people with decisions and ensuring they had given consent to receive care.

### Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring when they supported them. Some relatives told us how kind and supportive they had found the staff, especially during stressful periods.

People were supported to communicate their needs and wishes. Staff took time to follow the communication guides in people's care plans to encourage people to be involved in decisions about their care.

People told us the staff supported them to maintain their dignity and respect. Staff we spoke with were skilled at understanding how to support people respectfully.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People continued to receive person centred care which was responsive to their needs and preferences.

People's care was kept under review and referrals had been made to other professionals when required. Advice and guidance from other professionals was incorporated into people's care plans to ensure they received appropriate care and support.

A broad range of activities was available including activities shared with other homes and trips out in the mini bus.

### **Is the service well-led?**

**Requires Improvement** ●

The home was not consistently well led.

The local safeguarding team had found it difficult to get hold of enough information in a timely way for an investigation. There had been difficulty locating all the information we needed for the inspection in a timely way.

People living in the home and their relatives praised the management team and reported they found them easy to approach and found they responded to them well.

People working in the home praised the quality of the team work and the skill of the management team in ensuring everyone understood their role.

# Worsley Lodge

## 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.

The inspection was undertaken on 25 and 27 September 2018. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and one expert by experience. 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 who attended this inspection had experience in older adult's residential and community care and dementia care.

The inspection was undertaken to check improvements had been made following our last inspection on 31 January and 1 February 2018. Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service, including statutory notifications and any safeguarding referrals submitted by the service.

Prior to this inspection we did not request a Provider Information Return. 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.

We looked at a selection of records the home maintained including; policies and procedures, the recruitment records of four staff three of whom had been employed since the last inspection, the care records of six people, supervision and training records, staff rotas and other records relating to quality and audit checks completed by the service. We spoke with; seven people who lived in the home, three of their relatives and seven members of staff which included night staff, care staff, a senior and deputies.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We observed two lunch and two breakfast services. We spent time in communal areas observing how care was provided.

## Is the service safe?

### Our findings

At our last inspection in January 2018, this key question was rated as 'Inadequate'. This was because we identified concerns relating to; how the home mitigated assessed risks, the management of medicines and lack of signage of fire exits on the first floor which meant the home were in breach of the regulations in relation to safe care and treatment. At this inspection we found there had been significant improvements and the home was no longer in breach of this regulation.

People living in Worsley Lodge and their relatives told us they felt safe in the home. There was a safeguarding policy and procedure in place to protect people from the risk of harm and abuse. Staff we spoke with were aware of what might be a safeguarding concern and how to raise this. One member of staff told us, "Sometimes you might notice a person's behaviour changes or the way they speak, I would speak with them and let a senior know." Another said "I raised a concern I had recently and it was dealt with quickly by the manager."

We looked at how the home assessed and mitigated the risks people needed support to manage in their every day lives. We found risk assessments in care plans had identified the risks associated with each aspect of the person's health and social care needs. Plans had been drawn up to ensure the risks were minimised. We could see these were updated when there had been a change in the person's needs, for example, a person's mobility support had been adjusted, following the identification of an increased risk of falls, to include a sensor mat.

We toured the building to check if the risks to people living in the home had been managed. We found the door to the small kitchen area, identified at the previous inspection as a potential hazard, was no longer propped open, unless there was a member of staff present. The fire exit signage on the first floor had been replaced and it was easy for people to identify their nearest fire exit. A new key pad had ensured the corridor leading to the kitchen and laundry area could only be accessed by staff. Cleaning materials had been stored securely to prevent the risk of accidental consumption or harm.

There had been some concerns expressed in a recent relative's survey about the safety of the garden area because some flag stones were loose. There was a plan in place to address this to ensure it was safe.

At our last inspection we had found staffing levels to be low on the ground floor, staff on duty were rushed and had not been able to provide adequate supervision to maintain people's safety. Staffing was increased during the last inspection and we saw this was still in place. The registered manager said a further increase had occurred. The home used a system to determine how many staff were needed to ensure people were safe. Some people living in the home told us they felt there were still too few staff. The recent relative's survey had also raised this. We could see the home had acknowledged this concern and had been actively seeking to recruit more staff and this was ongoing at the time of our inspection.

We reviewed the home's recruitment practices and staff records to check whether the home had continued to recruit people safely. We looked at the records of four staff, including staff who had been recruited since



the last inspection. Staff records were comprehensive and included the appropriate documentation, including; application forms, interview notes, employment histories and references. In addition Disclosure and Barring Service (DBS) checks had been undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out before staff started employment.

The home still needed to use agency staffing, on occasion, including at night. At the last inspection we had been concerned some agency staff did not understand how to respond to an emergency such as the fire alarms sounding. At this inspection we found the induction plan for agency staff had been improved and the agency staff we spoke with could accurately describe the home's fire evacuation procedure.

We looked at how the home managed medicines, at the last inspection there had been several concerns identified in relation to; some medicines being out of date, inaccurate stock levels, incomplete records of administration of time sensitive medicines and topical treatments including creams. As part of the action plan the home had developed in response to the last inspection they had worked with the quality assurance team pharmacist to improve medicine management procedures. We found medicines had been managed safely. Records were accurate, time sensitive medicines had been recorded properly, stocks were well managed and accurate, all topical treatments including creams were recorded and body maps available to ensure staff knew where people needed them to be applied.

The home was clean and tidy with no malodours. People were protected from the risk of infection by staff who had received appropriate training. Personal protective equipment, including gloves, aprons and hand gel, were available throughout the home. We observed staff using these when providing care and support including at meal times.

The premises continued to be maintained to a good standard. There were environmental risk assessments and management plans. Some of these were developed at provider level but were tailored to the home. We found the safety certificates for gas, electricity, legionella and fire safety equipment were in place and up to date.

There was a clear system in place to record and monitor accidents and incidents. We found information recorded was detailed and the actions taken and outcomes recorded.

## Is the service effective?

### Our findings

At our last inspection in January 2018 this key question was rated as 'Requires Improvement', because we had found concerns in relation to how the home supported people to eat and drink. Some people who needed an enriched diet had not always received this. At this inspection we found there had been significant improvement and people were now receiving effective support to maintain their nutritional needs. People who had supplements and enriched diets were identified on the handover sheets and on lists in the kitchen. Staff we spoke with were aware of who needed supplements and enrichment and maintained accurate records to show this had been provided. People who were nutritionally at risk had accurate records of food and drink consumed and were being weighed as regularly as required to ensure their weight was managed.

People we spoke with said they liked the food. One person told us, "The food is very good, we have our own chef who is very good if you need something special." We observed breakfast and lunch service on both days of our inspection. We found the food served did not always match the menus displayed outside the dining rooms. We discussed this with the registered manager who advised the menus were developed by the organisations nutritionist and they did not have any input into them. To ensure people received the food they wanted the cook would make changes if people did not like the meal on the menu. We also noticed the gap between breakfast ending and the main meal being served in the middle of the day could be as short as an hour and a half for some people. We saw this resulted in them not eating much of their lunch. We discussed this with the registered manager who advised they were reviewing when and how meals are served. We will review this at our next inspection.

We reviewed the care records of six people including two people who had moved into the home since the last inspection. We saw people's needs had been assessed prior to them moving into the home, this ensured the home could be confident they could meet their needs. Assessments included all aspects of the person health and social care needs, their preferences and what was important to them in relation to their identity and culture.

People living in the home told us they thought the staff who supported them knew what they needed and how to support them. One person said, "We do have very good staff and the regular staff have the skills and experience they need." A relative we spoke with said, "They really looked after [name], they knew what they needed and were skilled at reassuring them."

We checked the training records to see if staff had received the necessary training to fulfil their roles. We found the majority of staff had received all training and refresher sessions. Where some staff were not up to date with their training the registered manager explained the steps they had taken to ensure the training was completed. This had included; blocking out time in the rota and letters of concern being given to those who had not completed on line refresher training. We will review this at our next inspection.

Staff we spoke with said they felt they had received enough training and felt they had the skills and knowledge they needed to provide effective care and support.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of this inspection there were 15 people who were subject to DoLS. The home had a system in place to ensure these were kept up to date and two new applications were in process.

The home continued to work within the principles of the MCA. Staff understood the importance of getting people's consent before providing care and support. We observed staff asking people before supporting them, offering people choices of food and drink and asking whether they wanted to move to another room.

People were supported to maintain their health and wellbeing. We spoke with a visiting district nurse who told us the home always referred people to them in a timely way. Information was shared between the home and visiting health professionals to ensure effective care. We could see in the care records people had received regular eye and dental check-ups.

Research has shown people living with dementia can benefit from adaptations to their environments which promotes their ability to find their way around independently. Some adaptations had been made promote this. There were plans to develop this further. The registered manager discussed plans to develop rummage boxes and picture signs. The wider organisation had employed a consultant to look at dementia environments. We will review how this has progressed at the next inspection.

## Is the service caring?

### Our findings

People who lived in the home praised the kind and caring support the staff provided. One person said, "I like living here and the staff are lovely." Another person said, "The staff are all good, kind and caring." Relatives we spoke with were impressed with the caring attitude of the staff. One relative told us, "I know [relative] is happy here. Management and staff were brilliant [during a recent period of stress], they were brilliant showing care and compassion above and beyond anything I expected." Another relative told us, "I saw the staff were very caring and reassuring, especially when [relative] was distressed. Staff were wonderful with me."

Not everyone who lived in the home was able to tell us their views or describe their feelings about the care they received. We therefore used the Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. During our observation we saw staff interacted and engaged with people. Some staff were more skilled than others and recognised when they needed to respond to a person's non verbal communication. We discussed this with the registered manager who advised this was an ongoing part of learning and development. All our other observations showed staff interacted and responded positively and sensitively to people.

People had communication guides in their care plans which identified the most effective ways to support their communication. This had included details about keeping messages easy to understand and ensuring a person had time to think about what they had been told in order to respond. Staff were skilled in supporting people to make decisions and exercise choice. We saw people being offered choices of drinks, activities and meals during the inspection. One member of staff we spoke with said, "I always ask people and offer them a choice, try to involve them." Another said, "I always check if people are ready and if they want to get up, if they say no I leave them till later and ask again."

The home also considered people's specific needs in relation to gender, race, religion and protected characteristics identified in the Equality Act 2010. During this inspection there was no one living at the home with protected characteristics but staff were able to describe their understanding of equality.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The home had made good efforts to meet this standard. They were continuing to work on improving their menus and other signs to include photographs to assist people to recognise and respond. We will review this at our next inspection.

Staff understood the importance of supporting people in ways that upheld their dignity and respect. One of the people living in the home told us, "I am always treated the dignity and respect." Staff told us, "I make sure people are covered up as much as possible, I speak with them to make them feel comfortable."

## Is the service responsive?

### Our findings

People continued to receive care and support which was personalised to their individual needs and preferences.

The six care plans we reviewed contained detailed histories and background information that included people's life story, likes and dislikes and important events. Staff were able to refer to the care plans which they said provided useful information. In addition an agency worker told us, "It is important I get to know people, I always read the care plan. I can understand from this what is important to the person and I try to give them the best care."

Some people had separate life story booklets which were being developed for everyone in time. In addition the home were considering making memory boxes for people who were living with dementia. These would include items the person was known to have valued which may support reminiscing and prompt memories. We will review this progress at our next inspection.

People's care plans and preferences had been reviewed and updated regularly to reflect any changes to their needs or wishes. Information recorded in the reviews showed the person had been involved.

There was a system for ensuring accurate information was transferred between services which had been developed by the provider. There were hospital admission forms which could be given to paramedics when required. There was also a log in the care plans for other professionals to record the outcome of their visit.

People had been referred to other professionals when required. Where a person had lost weight we could see they had been referred to the dietician and the plan had been included in the care plan. We spoke to a visiting district nurse who told us the home were good at making referrals to them and when they visited they could find the appropriate information and recorded their visit. We also spoke with a visiting physiotherapist who said they had been supported by the staff to identify the person and their needs as soon as they arrived.

There was a complaints policy and we could see how the home had followed this in relation to complaints received.

There was an activities coordinator in post. We saw them during the inspection supporting people to engage in a variety of activities. We saw people's interests and hobbies had been recorded in their care plans. People from another home visited to join in with an entertainer. We could see the home encouraged people to interact and socialise but respected people who preferred not to be involved. During the week there were activities twice a day including; quizzes, armchair exercise, singing, pamper sessions, reminiscing, movie afternoons and a cheese and wine party. In addition there were trips out in the home's mini bus.

People were supported at the end of their life to have as dignified and pain free death as possible. We could see people had been supported to have discussions about this aspect of their care. Their preferences and

wishes had been recorded. Where people had chosen not to discuss this it had been respected. Where people did not have the capacity to make advanced decisions we could see family members and community health professionals had been consulted. People's decisions had been reviewed regularly and updated where required.

## Is the service well-led?

### Our findings

At the last comprehensive inspection the service was rated as 'Inadequate' in this domain. This was because governance systems were not effective in maintaining and improving the quality of service for people. At this inspection we found there had been some improvements but more were needed because the registered manager still needed to embed effective systems to sustain the improvements achieved. This key question is rated as 'Requires Improvement'.

Governance systems and audits had been completed consistently by the whole management team. Concerns identified by audits and other checks had been acted on in a timely way. We could see that effective audits and governance had led to improvements in the quality of the service.

There were some delays in getting some information for the inspection. Some records had been archived so quickly it meant it would be difficult to review some records to inform care planning. Staff training records had been provided but only showed the percentage of staff that had completed some training. We had to chase up the information after the inspection. The local safeguarding team had had concerns about how long it had taken the home to provide information in relation to an investigation. We have discussed this with the registered manager who accepted there had been some administrative challenges which had since been addressed. We will review this at our next inspection.

There was a registered manager. 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 living in the home told us they knew who the manager was and felt confident to approach them at any time. One person told us, "I can talk to the staff and the managers with no problem." Relatives told us they always found the home to be calm and peaceful with the staff and manager easy to approach. They told us they thought the home was well managed and the staff understood their responsibilities.

One staff member told us, "I'm impressed with how this home is managed, you can tell from the records it is really neat. The manager did my induction with me and checked the handover was being done well enough for me." Another member of staff told us, "the registered manager is good, they are clear on standards and I feel able to approach them." Another member of staff said, "It is much better than before, there has been a lot of improvement [in leadership] the main reason though has been in the increase in staffing." A third member of staff told us, "Leadership is good, they are very supportive and we have daily briefings to make sure we are to date."

All the staff we spoke with talked about how effectively the team worked together. Agency staff had praised how friendly and helpful the regular team were towards them and made sure they knew what they had to do. People seemed to be proud of the home and happy to work there.

A variety of regular meetings had ensured people were able to raise any areas of interest or concern and share information and knowledge. There were meetings for people living in the home and their relatives, staff team meetings, daily flash meetings between heads of department, and handover at each shift change.

Since the last inspection the registered manager and the home had worked closely with Salford quality improvement network to improve the quality of the service. There had also been regular support from senior managers for the registered manager which had helped to reinforce their achievements in improving the service overall.

The most recent CQC report and ratings were displayed in the home and on the home's website. The home had also submitted all necessary notifications to CQC.