Hestia Care Limited

Wessex Lodge Nursing Home

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?	Good

Overall summary

The inspection took place on 4 and 5 March 2015 and was unannounced.

At the previous inspection, in September 2014, we judged the service to be in breach of four regulations, relating to supporting people's care and welfare, staffing levels, meeting people's nutritional needs and records management. The provider sent us an action plan showing how they would achieve compliance.

This inspection, in March 2015, showed the provider had made improvements in all areas where we had previously found breaches in legal requirements.

Wessex Lodge Nursing Home provides personal and nursing care to up to 40 older people and people living with dementia. When we visited there were 38 people living at the home. The home is purpose built, with accommodation over three floors and people have their own rooms with en-suite facilities. Two ground floor rooms have been combined to create an open plan room for sitting, dining and activities. This room opens onto a sheltered patio area and the home is set in a large garden.

The service is required to have a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 and associated Regulations about how the service is run. The manager at Wessex Lodge started in September 2014 and became registered with the CQC in October 2014.

The provider had ensured the quality of care had improved since our previous inspection. The new registered manager had created a strong staff team, committed to providing personalised care, in line with people's needs and preferences. People living at the home, their visitors and visiting health care professionals were complimentary about the quality of care.

People told us they felt safe and staff were friendly, kind and compassionate, treating them with respect and dignity. People's safety was promoted through individualised risk assessments and safe medicines management. Arrangements were in place to check safe care and treatment procedures were undertaken and to improve the quality of care provision.

Staff recruitment processes were robust. There were sufficient staff deployed to provide care and treatment and staff understood their roles and responsibilities to provide care in the way people wished. They were responsive to people's specific needs and tailored care for each individual. Staff worked well as a team and were supported to develop their skills and acquire further qualifications.

Staff helped people to maintain their health and wellbeing by providing practical support. Staff were trained to deliver effective care, and followed advice from specialists and other professionals. This included training in caring for people with specific health conditions.

People's health needs were looked after, and medical advice and treatment was sought promptly. Any concerns about people's health were escalated appropriately to health care professionals for advice and guidance.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when a DoLS application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The home aimed to enable people to maintain their independence and socialise as much as possible. People were cared for without restrictions on their movement. Staff supported people to make decisions and to have as much control over their lives as possible.

The registered manager promoted a culture of openness and had made changes at the home to improve the morale of staff and to promote a culture where people came first. There was a clear management structure and systems were in place to deliver improvements in care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely and incidents were reported, investigated and any learning was put into practice.

There were sufficient staff with the right skills and experience to care for people. Staff suitability and skills were assessed at recruitment.

People's medicines were managed and administered safely.

Good

Is the service effective?
The service was effective.

People were supported by a staff team who were trained and supported to provide the care and treatment they needed.

Staff understood people's care needs and followed best practice guidance.

People were asked their views about their care and consented before staff gave assistance. When people were not able to understand aspects of their care, decisions about their care were made in their best interest and in liaison with professionals, following the Mental Capacity Act 2005.

They were assisted to maintain their health and receive suitable nutrition. Any changes were discussed with specialist healthcare professionals.

Good

Is the service caring?
The service was caring.

People received care and support from friendly, kind and compassionate staff. Staff provided practical support in a respectful and sensitive way.

Staff respected people's privacy and dignity. Everyone had their own room, personalised with their own belongings.

People were encouraged to build relationships with staff and with each other to lead independent lives where possible.

Good

Is the service responsive?
The service was responsive.

Care was personalised, based on people's wishes and preferences. Staff understood people's specific needs and provided care in line with their wishes and particular needs.

Concerns or complaints were listened to, investigated and acted upon promptly.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager promoted an open culture, encouraged staff involvement in improving the service. Staff morale was good and people's needs and happiness were a priority.

Systems were in place to monitor the quality of the service and deliver improvements in care. There was a clear management structure and staff understood their roles and responsibilities in relation to keeping people safe and happy.

Plans were in place for continued improvement and development of the service.

Wessex Lodge Nursing 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 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 4 and 5 March 2015 and was unannounced.

The inspection team included an inspector, an expert by experience and a specialist advisor in nursing. 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 by experience on this inspection had personal experience of caring for a relative. The specialist advisor had clinical experience and knowledge of nursing older people.

Before the inspection we reviewed the information we held about the home, including previous inspection reports, any events the provider had notified us of and any concerns raised about the service. This helped us plan our inspection.

We had not asked the provider to complete a Provider Information Return (PIR) before our inspection, but the registered manager had voluntarily prepared one before our visit. A PIR is a form we ask providers to complete, which includes key information about the service, what the service does well and any improvements they plan to make.

During our inspection we observed how staff interacted with people using the service and used the Short Observational Framework for Inspection (SOFI) during lunch. The SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 18 people living at the home and seven relatives to obtain their reviews on the quality of care. In addition, we spoke with the registered manager and nine members of staff, including care, nursing and support staff. We reviewed eight people's care records which included their daily records, care plans and medicine administration records (MARs). We looked at recruitment files for seven staff. We also looked at records relating to the management of the home. These included maintenance reports, audits and minutes of meetings. During and after the inspection we spoke with three healthcare professionals to obtain their views on the quality of care.

We last inspected this service on 30 September 2014 and we identified four breaches, relating to care and welfare, meeting nutritional needs, staffing and records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Wessex Lodge Nursing Home. People and visitors commented they had noticed an improvement in the organisation and staffing of the home. One relative said, "I feel the home is much more secure now, and I have greater confidence that people are safe and well cared for". People also told us that staffing levels had improved, saying they did not have to wait long when they called for assistance and there were always staff in the lounge. One person commented that staffing was more consistent and there was far less reliance on agency staff. People also praised the way staff had carried out an emergency evacuation recently, in response to a fire alarm.

The areas of concern from the previous inspection, which related directly to people's safe care, had been addressed. Staffing levels and support for people's care and welfare had improved.

There were enough staff on duty to care for people safely. An evaluation of staffing levels had been carried out and the service had increased the number of care staff on duty and created team leaders to ensure care delivery was effective. The registered manager had recruited additional staff and when there was a need for agency staff to cover vacancies, sickness or annual leave, they were mostly regular staff who were familiar with people's needs. There were still some posts advertised and waiting to be filled, including an additional team leader post and cleaning staff. Staff reported that shifts were covered with sufficient staff and they worked well as a team to ensure people received the care they needed. Duties were allocated by team leaders and one care worker was assigned to assist with the hot drinks and snacks trolley, to ensure people were prompted to drink regularly. One staff member commented that staff skills were balanced as far as possible on shifts, which helped staff work efficiently.

The registered manager operated safe recruitment procedures. People were looked after by staff whose suitability had been checked at recruitment and whose performance was monitored. Suitability checks included following up references from previous employers, interviewing candidates to assess their skills and experience for the role and carrying out criminal records checks.

Staff supported people to keep safe by carrying out risk assessments and taking steps to minimise risks effectively. People's needs were assessed before they moved into the home, using information from the person themselves, relatives and others involved in their care. These assessments were used to ensure people were admitted only if their needs could be met safely.

Risk assessments included risks relating to falling, skin breakdown, choking and malnutrition. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm. They did this with minimal restrictions on people's movement and choices. For example, people were encouraged to be as independent as possible. When people required equipment to support their independence or safety, such as walking aids, specialist chairs, slings or bed sides, these were risk assessed appropriately. We observed staff using equipment correctly and considering risks to people's health and safely. On two occasions we saw people being repositioned before they ate their meals, to reduce their risk of choking.

People assessed at a high risk of developing pressure ulcers or of malnutrition had individual care plans to minimise the risk of harm. For example, this was achieved by ensuring people had the correct cushions and mattress support and by providing appropriate nutritional support.

There were safe procedures for the management of medicines. There were systems for ordering, receiving and disposing of medicines and medicines were stored safely, at the correct temperature. Some people were prescribed controlled drugs and these were managed in line with guidance. Controlled drugs are medicines controlled under the Misuse of Drugs Act 1971 which must be stored, recorded and administered according to specific procedures. Staff completed topical medicine charts correctly and documented any changes to people's medicines.

People's risk of harm from abuse was minimised because staff had a good understanding of how to keep people safe. Most staff were trained to recognise signs of abuse and further annual update training was booked for those where it was due. The provider's quality monitoring had included an audit of safeguarding, whistle blowing and consent and any shortfalls were addressed. Staff were able to explain how to care for people safely and how to report actual or suspected abuse. They were confident that action would

Good

Is the service safe?

be taken if abuse was reported to the manager. The registered manager had submitted notifications of alleged abuse to the safeguarding authority and the Care Quality Commission (CQC) when concerns had been raised, and had followed agreed procedures. Staff knew about the provider's whistle blowing policy and said they would use it to keep people safe if they needed to.

Incidents and accidents were documented appropriately and reviewed by the registered manager, so that any changes could be put into practice to minimise the risk of people experiencing a repeat event. Staff understood the importance of reporting such events, and the registered manager maintained a falls monitor to help identify any trends for further review.

The premises were maintained so that people lived in a safe environment. The utilities, such as gas and electricity were routinely checked under contract and the maintenance staff ensured that repairs were completed promptly. There was an emergency business and continuity plan for the home. Fire equipment had been tested in the past three months and the registered manager had prepared an emergency box which included useful equipment as well as a list of people living at the home showing their specific mobility needs. Fire systems were checked regularly.

Good

Is the service effective?

Our findings

The provider had focused on improving people's nutrition and hydration, as well as staffing levels, since our last inspection, as these were areas where we had identified breaches in regulations.

People living at the home and their relatives were complimentary about the care and support they received. Most told us they had noticed the standard of care had improved. One person said "Drinks are much better now, we are offered them regularly" and people told us that the quality and choice of food was good. People also said their health needs were looked after well. A visitor said that staff called the GP "really quickly" when their relative was concerned about their health, saying "The next day it was all sorted." People also told us that staff were well trained, and they had observed new staff shadowed the experienced staff for "quite a long time," which they thought was good. People said the staff were attentive, and a visiting health professional confirmed that staff followed any guidance they provided. Health professionals commented that the service was working hard to improve staff awareness of how to support people with swallowing difficulties, by providing training and planning refresher training.

People were cared for by a team of staff able to understand and respond to people's needs. Staff were knowledgeable about people's needs and provided care in a calm, cheerful manner. Staff were able to explain their roles and responsibilities and could describe the training they had received. The registered manager maintained a training record which showed that most staff were up to date with their essential training, and where updates were due, these had been identified with dates planned. Staff had also completed a variety of condition-specific training, often provided by specialists in the topic. For example, clinicians from the local hospice and NHS services had delivered training in end of life care, nutrition and supporting people with swallowing difficulties. Recent training in supporting people with their nutrition had led to improvements in monitoring people's nutritional intake. The kitchen staff were providing a greater variety of fortified meals and snacks and had a better knowledge of how to support people with malnutrition. In-house trainers provided practical training in topics such as moving and handling. A new approach to induction was being developed, in line with current guidance, to provide staff with a thorough skill base and qualifications. Staff reported that access to training was good.

Staff said they were supported in their roles by their colleagues and the leadership team. The manager had appointed team leaders and staff said this, and effective handovers, had improved the organisation of their duties. Staff supervisions were planned quarterly and most care and nursing staff had received supervisions in the last three months. Supervisions were used to discuss individual performances with staff as well as to raise issues for discussion, for example, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguarding (DoLS).

Staff understood their obligation to support people's freedom and independence. People had access to all parts of the home, and chose how they spent their time. When staff offered people options, for example, in relation to meals, drinks or clothing, they gave people time to decide and respected their decisions. Staff explained what they would do if people refused aspects of personal care, and would, for example, ask another member to offer assistance at a later time.

Mental capacity assessments had been undertaken when there was doubt about a person's ability to make decisions about their care or treatment. When people lacked or had variable capacity, care was provided in their best interest following the principles of the MCA. If people had capacity to refuse treatment or care, their views were respected. Staff had completed training to understand the MCA and its associated legislation, the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way. The registered manager followed legal requirements and had submitted DoLS applications to the local authority for over 10 people, who were at risk of having their liberty restricted.

People received care and support that helped achieve good health outcomes. Staff understood people's specific health needs and care was planned effectively to monitor and respond to changes in people's health. Staff communicated changes in people's health or wellbeing at shift change-over meetings and people's care records were monitored daily to identify any particular issues or trends. Staff used recognised tools for monitoring malnutrition and

Good

Is the service effective?

skin integrity, and implemented these correctly. People's health was also monitored by health professionals, such as doctors, dieticians, chiropodists, physiotherapists, mental health nurses and opticians, and changes were made to people's care in response to their recommendations.

People's nutritional needs were assessed and there was guidance for staff on how to support people in the way they needed. Staff followed nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians. This guidance was detailed in their care files and the chef was involved in ensuring people received suitable foods of the correct consistency. Information about peoples' nutritional needs was on display in the kitchen. Where people were identified at risk of malnutrition or dehydration, staff monitored their daily intake of food and fluids. Any shortfalls were discussed and staff had a good understanding of people's changing needs. Staff also knew people's preferences and if people didn't like a meal they had initially selected, alternatives were offered and provided. Staff understood that some people preferred smaller portion sizes and also offered encouragement or assistance where this was required. A staff member was allocated to offer people drinks and snacks each morning and afternoon. People had a choice of hot or cold drinks and a variety of snacks that included sweat biscuits, savoury snacks and prepared fruits. There were also fruit smoothies on offer and particular focus was given to offering these to people identified at risk of malnutrition. In addition, we observed that people had easy access to drinks in their rooms.

Good

Is the service caring?

Our findings

People told us they were happy living at Wessex Lodge, and we heard comments such as “Its lovely here, I am settled”, “Staff speak with dignity and respect, very much so”, and “Staff are very caring”. One relative commented their mother felt at home at Wessex Lodge and another said “Staff are very calm and seem very attached to the residents.”

We observed a warm, homely atmosphere with people engaging staff and each other in conversation. Staff appeared kind and caring and there was often good-natured banter between staff and people, as well as smiling and laughter. Staff talked with people in a gentle supportive way and did not appear rushed when assisting with care. Visiting health professional commented that staff were friendly and compassionate.

People’s privacy and dignity was respected. People had their own rooms and these were personalised with their belongings, furniture and memorabilia. Staff knocked and asked for permission before entering their rooms and spoke courteously with people. Staff gave examples of how they supported people in a dignified way when assisting with personal care, by ensuring doors were closed and drawing curtains when necessary.

Staff provided practical support when it was required in a gentle and encouraging way. This was demonstrated at lunch time, and when staff offered drinks and snacks during the day, when some people required assistance. Staff spoke quietly and calmly and involved people in making decisions about their care. This included whether they would like an apron or napkin to protect their clothes from spillages or whether they would prefer to be shielded from the sunlight. Visiting health professionals told us they observed good interactions between people and staff.

People enjoyed the activities on offer and staff enabled people to participate at their own pace. During our inspection these included painting, crafts and a quiz as well as more informal games.

People were involved in planning their care, and people’s care documents showed that pre-admission assessments were completed with the involvement of the individual and key family members. Care plans were reviewed on a regular basis with the appropriate involvement of relatives. Care plans captured people’s individual preferences in relation to how they wished to spend their time and live their lives at the home. Some people had expressed their wishes for end of life care and these were noted in people’s records.

Good

Is the service responsive?

Our findings

People were satisfied with the care they received. Relatives said people were encouraged to socialise more than they had been in the past, and were assisted to live as they wished at the home. People told us the activities were good and were more varied and interesting than before. They were aware of the complaints process and those who had made suggestions for improvements said these were followed up immediately. People commented on changes that had been made as a result of feedback such as the new menus and their suggestions for activities. One person told us, "They always follow up on concerns or suggestions". One person living at the home had volunteered to be the resident's spokesperson, and said people sometimes came to them to raise issues. They commented this had resulted in different options being offered at dinner as well other improvements. Visiting health professionals commented that staff encouraged people to keep physically and mentally active.

The registered manager maintained a complaints log for formal complaints, but said that most issues were brought to her attention verbally and were addressed swiftly. This open approach was confirmed by people, relatives and staff. There had been no recent complaints, but the PIR showed that formal complaints over the past year had been resolved within the required timescales and closed. The complaints process was made available to people and relatives on admission.

People's care plans were comprehensive and personalised, providing useful guidance to staff in how to provide care in the way people wanted. Care documents included information about people's life history, interests and individual support needs. Information was presented in a personalised way and included details such as people's food preferences and how people liked to be supported people when they were distressed or unhappy. People's care plans generally included plans for supporting people's specific health conditions, such as multiple sclerosis or diabetes, and how to support them if they became unwell. Care plans also described how people communicated and any care needs associated with this, such as prompting staff to check batteries in people's hearing aids.

Most people's care plans were relevant and up to date as they were reviewed monthly or more frequently if people's needs changes. Although, one person's body map was not up to date, showing pressure areas correctly, their care delivery was effective and staff could describe their needs. Similarly, one person, recently discharged from hospital, had not had all aspects of their care re-assessed and reviewed. We pointed this out to the registered manager and the issues were investigated and addressed immediately. In addition to the detailed care plans, each person's care was summarised on a one-page 'snapshot'. This was also personalised, showing people's preferred routines as well as important details about their care needs.

Care plans highlighted when people preferred staff of a particular gender and how people liked to be addressed. They contained detailed guidance about how people preferred to be cared for, such as whether they preferred to spend time in their rooms or in the lounge, whether they liked their door left open or specific dietary preferences. Some people's plans included the Alzheimer's Society's 'This is me' brochure, which had been completed with relative's assistance, describing people's interests and life history. Staff told us all the care plans had been revised and there was a greater focus on care documentation being person centred. Visiting health professionals said they found care records were good.

People's day to day care was recorded, with daily records showing the support people had received. Where people's health was at risk of deteriorating, there were regular records of the specific care they received, for example, with repositioning or assisting with meals. This meant information was available to monitor trends in people's wellbeing.

People were supported to pursue social activities to protect them from social isolation. The activities programme had been revised and there were a range of social events arranged in the home, which included visiting entertainers, quizzes, arts and crafts, parties, cream teas and music. The activities coordinator had redecorated and rearranged the furniture in the main lounge areas, to create a homely environment and to promote opportunities for informal socialising. People were very positive about the activities programme and the enthusiasm of the staff. A bar had been built in the main lounge with a view to offering a 'pub experience' and plans were in place to create film lounge. The activities coordinator said they were given the resources and support to expand the activities provision and they monitored which activities were successful and

Good

Is the service responsive?

people enjoyed, in order to improve the programme. They said they left suggestions for staff to pursue with people when they were not on duty. An area identified for further development was the expansion of 'one to one' time with people in their rooms.

Good

Is the service well-led?

Our findings

People and relatives were positive about the changes in the home since the new manager had been appointed. We heard comments such as, "There is good organisation now", "There have been changes for the better since [the new manager] started" and we were told the quality of care was monitored more effectively. A few people and staff said staff morale had improved and there was better communication within the home. One relative said "They look after the family here too" which they valued. Another commented on the improved décor and the programme of refurbishment in the home.

Staff told us that staff turnover had decreased, staffing levels were higher and more consistent and they were more motivated and worked well as a team. They felt empowered to make improvements in the home, and were proud of the changes that had been made. One staff member told us they were all committed to creating a happy environment for people, and another said, "It's a friendly unit, especially with the new manager, and I enjoy my role. The residents and staff are very well treated".

Staff understood their roles and responsibilities. The new team leader role meant the leadership and support for care staff had improved and the nurses had more defined responsibilities. Regular staff meetings at shift changes enabled staff to share and discuss key issues relating to people and events. The provider's PIR stated they were also used as brief teaching sessions and times for reflection. Staff also commented that the rotas were better organised, taking account of training and annual leave, which helped with workloads.

Systems were in place for monitoring the quality of the service. Team leaders checked that care had been delivered effectively each day, and there were regular audits of care plans. The operations manager and an external consultant carried out monthly reviews of the service, each assessing different aspects of quality. These helped to identify areas for improvement and prioritise the audit program. The registered manager had created the annual audit programme, and actions from these audits were being addressed. For example, an audit of people's needs had led to an increase in staffing levels and quality reviews had resulted in a more varied activities programme. Audits had also identified the need for more robust staff induction and training resources and these were being sourced and developed. External audits had been used to improve staff knowledge and practices. For example, health service commissioners had audited the service's approach to nutritional assessments and the provider had commissioned training in nutrition for staff. This has resulted in the implementation of revised tools and techniques for supporting people's dietary intake and hydration.

Management arrangements for communicating important events and tasks were effective. This was confirmed by visiting health professionals, staff and relatives. There were daily meetings at shift handovers, regular staff meetings as well as meetings for specific staff groups such as nurses and kitchen staff. These emphasised the person-centred approach to care, areas for development and any issues that needed to be addressed.

The management team aimed to develop the service further to deliver a consistently high quality of care. Plans were in place for developing the staff team, with further recruitment and training. Relatives and community events had raised money to invest in activities for people and these included building raised flower and vegetable beds in the garden. The bathrooms were also being refurbished at the time of our visit. At one staff meeting, staff had discussed how they could achieve the highest quality rating from CQC, and what improvements they would like to implement to become an outstanding service.

There was visible leadership in the home and the management team were open to suggestions. People, staff and relatives said the registered manager was open to feedback and the team leader roles were effective. Relatives and resident meetings enabled people to make suggestions for the service. For example, people had asked for staff to wear name badges. Initial name-badge samples had been tested and improved versions were being sourced. One visitor said they had asked for a communications book to be placed in their relative's room, and this was set up and made use of straight away.

Incident trends were monitored. For example, if a trend showed people were falling frequently, action was taken to minimise the risk of them experiencing harm. As well as monitoring their fluid levels, alert mats were put in their rooms so staff could attend and provide assistance.

There was a culture of reporting errors, omissions and concerns. Staff understood the importance of escalating

Good

Is the service well-led?

concerns to keep people safe, and they were offered additional support and training when necessary. The registered manager understood her responsibility to report incidents of actual or suspected abuse promptly to the Local Authority and to notify the CQC.

Records were managed well to promote effective care. The records were clearly written, up to date and informative. They were routinely audited and kept securely to maintain confidentiality.