

Wantsum Lodge Limited

# Wantsum 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?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 01 June 2016. Wantsum Lodge is in a residential area in Ramsgate. The service provides person centred care and support for up to 41 older people, some of whom may be living with dementia. The service is built over four floors and has good transport links to local towns. On the day of the inspection there were 40 people living at Wantsum Lodge.

The service is run by a registered manager who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People said they felt safe living at the service. Staff understood how to protect people from the risk of abuse and the action they needed to take keep people safe. Staff were confident to whistle blow to the registered manager or other organisations if they had any concerns and were confident that the appropriate action would be taken.

Risks to people's safety were identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

Recruitment processes were in place to check that staff were of good character and safe to work with people. Information had been requested about staff's employment history, including gaps in employment. There was a comprehensive training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff who knew them well.

People received their medicines safely and people told us they received their medicines when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager had submitted applications in line with guidance.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. Staff had received training on the MCA and understood the key requirements of the

MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

The registered manager and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

People were provided with a choice of healthy food that they told us they liked. When people were not eating enough they were seen by a dietician or their doctor. Staff followed the guidance given when fortified drinks and diets were required.

People were supported to maintain good health and had access to health care professionals when needed. Staff had strong working relationships with health professionals, such as, GPs and the community nursing team.

People were happy with the care and support they received. People received their care in the way they preferred. Care plans contained information and guidance so staff knew how to provide people's care and support. Staff were familiar with people's life stories and were knowledgeable about people's likes, dislikes and preferences.

People and their relatives were involved with the planning of their care. Care and support was planned and given in line with people's individual care needs. People spoke positively about staff and told us they were supportive and caring. Privacy was respected and people were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people.

People, their relatives, staff and health professionals were encouraged to provide feedback to the registered manager about the quality of the service. People said their views were taken seriously and any issues they raised were dealt with quickly. People told us they did not have any complaints about the service or the support they received from the staff.

An activities co-ordinator offered a range of different activities each day. People made suggestions of new activities they would like to do.

People, staff and health professionals told us the service was well-led. Staff said they felt supported, that the registered manager was approachable and that they worked closely as a team.

The registered manager and area manager coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and told us they felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

## 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.

Risks to people's safety were identified, assessed and managed appropriately. People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

The provider had a recruitment and selection process in place to make sure that staff were of good character.

### Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of healthy food that they told us they liked.

### Is the service caring?

Good ●

The service was caring.

People were happy living at Wantsum Lodge. Staff treated people kindly and respected their privacy and dignity.

Staff were aware of, and promoted, people's preferences and different cultural and religious needs.

People were supported to be as independent as possible. People's records were securely stored to protect their

confidentiality.

### Is the service responsive?

Good ●

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs. People were involved in a range of activities each day when they chose to.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

### Is the service well-led?

Good ●

The service was well-led

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People, staff and health professionals were positive about the leadership at the service.

# Wantsum 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 01 June 2016 and was unannounced. This inspection was carried out by two inspectors. Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met more than ten people living at the service. We spoke with members of the care, domestic and kitchen teams, the area manager and the registered manager. During our inspection we observed how the staff spoke with and engaged with people. We spoke with two health professionals.

Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans. We looked at a range of other records, including safety checks, policies, four staff files and records about how the quality of the service was managed.

# Is the service safe?

## Our findings

People told us they felt safe living at Wantsum Lodge. People said, "I feel safe living in this environment" and "Oh yeah, you're safe here". One person had sent a card to the staff following a short stay at the service. The card noted, "Thank you for making me feel safe when I was vulnerable; making me laugh when I was crying and making my first ever respite a great one". One person's relative told us their loved one was "Very safe" living at the service and another relative commented, "He's safe here". A recent note left in a 'comments box' was 'Really nice visit. Thanks for keeping it clean and safe'.

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. Staff made sure people had information about risks and supported them in their choices so that they had as much control and autonomy as possible.

People were protected against the risks of potential abuse. People benefited from living in a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people and this was confirmed by the training records we looked at. Staff knew the correct procedures to follow should they suspect abuse.

The registered manager had a copy of the Kent local authority safeguarding protocols for staff to refer to. The registered manager had a clear understanding of what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and keep people safe. Risk assessments were updated as changes occurred and were regularly reviewed to make sure they were kept up to date. When people had difficulty in moving around the service there was guidance for staff about what each person could do independently. This included what support they needed, how many staff were needed to support them safely and any specialist equipment they needed to help them stay as independent as possible.

Some people were at risk of developing pressure ulcers. Actions were taken to prevent pressure ulcers by using barrier creams and providing people with air mattresses and profiling beds. Staff regularly repositioned people in bed to reduce the risk of them developing pressure ulcers. This was clearly recorded. Staff we spoke with had a good knowledge of how to prevent pressure ulcers and how to recognise changes in people's skin. Staff took the appropriate action when they noticed any deterioration in people's skin. For example, when a person returned to the service following a hospital admission staff noticed a small red friction area on their skin. This was regularly checked and cream frequently applied and the pressure area had fully healed.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager and the registered manager raised concerns with the relevant authorities in line with guidance. The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. The registered manager discussed incidents with staff and used as a learning opportunity to reduce the risk of incidents recurring.

There were enough staff on duty to meet people's needs and keep them safe. People told us there were staff there when they needed them. One person commented, "There's always someone here in the middle of the night". Staff said there were always enough staff available throughout the day and night to make sure people received the care and support they needed. Throughout the inspection people approached staff and they had time to sit with people, offering reassurance and advice as required. One staff commented, "I am never so busy that I can't stop and help or reassure someone that needs it. People come first". The duty rota showed that there were consistent numbers of staff working at the service. Staffing was planned around people's needs and any support they needed for appointments. The registered manager regularly reviewed the staffing levels, and increased the numbers when necessary, to make sure people had the support they required.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment were discussed during interview. The registered manager told us they were in the process of involving people in the interview process of prospective employees. Two or three references were obtained, including the last employer, and telephone confirmation of references was also completed by the registered manager. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were well organised and included proof of identity, health questionnaires and equal opportunities monitoring.

People said staff supported them to make sure they received their medicines safely and on time. People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. The registered manager completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines. Medicines were stored in a locked room and were administered from a medicines trolley. Medicines trolleys were securely stored when not in use. The medicines trolleys were clean, tidy and not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date.

Some medicines had specific procedures with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were guidelines for staff to follow about when to give these medicines and these were reviewed each month by the registered manager. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.



People and staff knew how to leave the building in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. A business continuity plan contained plans in the event of a major incident, such as, a gas leak or flooding. Emergency contingency arrangements were in place for people to be moved, if needed, to other services owned by the provider to keep people in a safe environment.

The service was light and airy. Standards of hygiene and cleanliness were good and the service was free from odours. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean and tidy and well maintained.

# Is the service effective?

## Our findings

People said the staff were knowledgeable and efficient at their jobs. People had confidence in the staff. One person had written to a local newspaper, following a respite stay, saying "I received skilled, kind and compassionate care". Staff spoke about people with a good knowledge and understanding of their health needs and also their personal life histories. The atmosphere in the service was happy, friendly and relaxed. Feedback from a relative noted, 'It is clear to us that everyone involved in the team takes a great deal of pride and care in the work that they do'.

Staff completed an induction when they started working at the service. Staff said they shadowed experienced staff to get to know people, their routines and their preferences. A training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. Staff said they completed some face to face training and completed some on-line. Staff told us what training they had undertaken and this matched the information on the training schedule held by the registered manager. Training courses were relevant to the care needs of people and included dementia awareness and dementia in care.

The registered manager told us they encouraged and supported staff to develop their skills further. Staff told us they had acquired or were working on level 2 or 3 qualifications in social care. Other staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

Staff said they felt supported by the registered manager. The area manager and registered manager reviewed the effectiveness of the training by observing staff providing care and treatment to people. A clinical lead from the head office completed additional checks on staff competencies supporting people with their medicines. Staff received feedback from their observations immediately afterwards and at regular one to one meetings with the registered manager. Any changes needed to staff practice were discussed at these meetings and the area manager and registered manager supported and coached staff to provide good care.

Staff told us they had one to one meetings and an annual appraisal. These meetings were planned in advance so that staff could prepare and this enabled the registered manager to track the progress towards the staff member's objectives. Staff progress towards changing their practice following any concerns was also discussed and the registered manager quickly identified staff who were not able to provide the service to the standard they required. The registered manager followed the provider's disciplinary process when needed.

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 application 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.

The registered manager understood their responsibilities under the MCA and submitted applications to the 'supervisory body' for a DoLS authorisation when needed. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

When people did not have the capacity to make complex decisions, meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Some people had made advanced decisions, such as, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This was documented in people's care plans so that the person's wishes could be acted on. A visual prompt of a red heart on the spine of the person's care file denoted there was a DNACPR in place. This was so staff knew but people's dignity and confidentiality was protected.

People were provided with a choice of healthy food that they liked. People spoke positively about the food and one person told us, "The food is marvellous, and I am a bit fussy!" Each person had a copy of the week's menu in their room to refer to.

People chose where they wanted to eat their meals and most people ate together in the dining room. Minutes of a recent staff meeting noted, 'Discussed new members of staff, offering support and guidance. Encouraging them to interact with people at meal times. Also advising where people like to sit'. New staff sat with people during meal times, chatted with them and made sure they had everything they wanted.

Meal times were relaxed, social occasions with people and staff chatting. The tables were neatly set out with tablecloths, napkins and condiments. The food looked appetising and people ate well, saying that they had enjoyed it. One person sat back in their chair smiling and rubbing their tummy when they had finished their meal and expressed how much they had enjoyed it to the person next to them. Staff spent time with people in the dining room and some ate their meal with them, asking them first if it was alright to join them. When people decided they didn't want their meal this was respected by the staff. Staff offered people alternative meals or a different place to sit and eat to encourage people to eat a meal.

Some people were at risk of dehydration or malnutrition. When people were not eating their meals because their health was deteriorating, or they were unwell, staff encouraged people to have regular snacks. Staff monitored people's weight closely and followed guidance given by specialist health professionals, such as, dieticians or speech and language therapists. For example, some people had their meals fortified with full fat milk, cheese and other high fat products.

There were snacks and hot and cold drinks available for people whenever they wanted them. Fridges and store cupboards were well stocked. Plenty of fresh vegetables and fresh fruit were readily available. Meals were home cooked and menus were created with people's involvement. The registered manager explained the head cook met with people individually to make sure their dietary needs and preferences were being met. The catering staff used good quality fresh foods, herbs and spices to create a range of meals and took pride in their work. People living with diabetes were made diabetic birthday cakes, deserts and meals to ensure they received the same options as others.

People were supported to maintain good health because the registered manager and staff worked closely with health professionals. People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Most people were registered at one surgery and the doctors and nurses visited regularly. One of those health professionals told us, "The registered manager is very good at looking at the whole picture. They spot signs we may not and make the right referrals, such as, involving occupational therapists when they feel someone may need some extra support" and "The registered manager and staff notice early signs of deterioration. The staff have been trained to carry out initial observations, such as, blood pressure, oxygen saturation and pulse, and send that information through to the surgery before calling the GP. This process works really well".

# Is the service caring?

## Our findings

People told us they were happy living at the service and valued their relationships with the staff team. People said the staff were kind, caring and respectful. People told us about the care and support they received and said, "When I came here I couldn't believe it. It was so nice. It was peaceful. The staff are always laughing", "Faultless, absolutely faultless" and "It couldn't be better. I get more than I need". A relative said, "They are a truly professional bunch of wonderful people who seriously care about people and their families".

People received care and support that was individual to them and were involved in the planning of their care. Staff had built strong relationships with people and their loved ones; staff knew people well and understood their preferences, needs, likes and dislikes. People were relaxed in the company of each other and staff. Staff spoke with and supported people in a respectful and professional manner that included checking that people were happy and having their needs met.

Staff actively involved people in their care. Staff explained what was going to happen before they provided support and continued to explain when supporting people. People told us they were involved in making decisions about the levels of support they needed. The emphasis of giving people choices was reflected in the way people's care plans were written. For example, one person's care plan noted 'I like to have my windows and door open'. Staff made sure this was always done. People were asked what time they preferred to get up and go to bed and their preference was recorded. People told us, "They [staff] know my routine but it's my choice if I want to get up at a different time" and, "If we want to go to bed early we can". People felt listened to with regard to their preferences.

Some people had family members to support them when they needed to make complex decisions about their care, such as, undergoing major dental treatment. Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

People's religious preferences and needs were supported and staff arranged for clergy from different denominations to visit. Members of a local church visited the service every six weeks for an afternoon of singing with tea and cakes which people said they enjoyed. Local churches also invited people to join them for events and staff supported people with this if they chose to attend.

Staff spoke with people in a sensitive, professional and respectful way. Staff made eye contact with people when they were speaking with them. Staff chatted to people when passing by and held people's hands to reassure them. Staff understood people and responded to each person to meet their needs in a caring, considerate and compassionate way. Staff listened to people, were patient and allowed people time to respond. A relative had written a letter to the provider which included, 'In six months we visited almost daily and there was not a member of staff we encountered who did not continually impress us with their efficiency and care. Nor a single occasion when we had any reason to be concerned that [our loved one]

was not in the best possible place. They are a credit to your organisation and deserve the highest of praise'.

During the inspection there were many positive interactions between staff and people. Staff never missed an opportunity for a meaningful interaction with people. For example, when the registered manager walked through the dining room they affectionately touched a person's hand and offered them a drink. On another occasion the area manager was chatting to a person as they were walking to their room. They mentioned their bed hadn't been made yet and the area manager walked with them to the room and made their bed. Their chat and laughter could be heard in the corridor and the person was visibly happy.

Staff said they enjoyed working at Wantsum Lodge and that people received excellent care. A number of staff had their own loved ones living at the service and commented, "I wouldn't have arranged for [my loved one] to live here unless I thought it was excellent" and, "[My loved one] lives here. I know all the staff, without exception, will provide them with amazing love and care".

The registered manager worked alongside the staff and continuously monitored staff practice to ensure a positive and respectful approach was sustained. The registered manager and staff spoke about people with warmth, compassion and a genuine concern for their well-being.

People told us they were treated with respect and their privacy and dignity was promoted. Staff gave us various examples of how they promoted people's dignity, such as, knocking on people's doors and making sure people were covered up during personal care. All staff completed the training course 'dignity through action' which reinforced the need to promote treating people with dignity and respect at all times. There was a 'dignity champion' at Wantsum Lodge. This member of staff took the lead to make sure staff understood treating people with dignity was a basic human right and not an optional extra. The registered manager told us having a champion encouraged staff to provide compassionate and person centred care. A relative had written to the registered manager and noted, 'From the most junior carers to the managers I have witnessed some very sensitive, persistent, patient and personal care being given'.

People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely. Care plans and associated risk assessments were located promptly when we asked to see them. People's care plans gave staff guidance on what people could do for themselves and what support was needed. Staff had an in-depth knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen.

People moved freely around the service and could choose whether to spend time in their room or in communal areas. When people chose to spend time in their bedroom or in a quiet area of the service staff respected their privacy. Staff checked on people from time to time to see if they needed anything. People said they had friends and relatives visit and that there were no restrictions on times they could visit. A relative commented, "No matter what time of day we have called or visited we have always been made to feel welcome".

The registered manager had noted on the Provider Information Return, 'We have a caring and proactive approach to end of life care'. Staff told us they were "Privileged" to be able to support people when they were nearing the end of their life. Staff completed additional training on end of life care to make sure they had the skills and knowledge to provide the care and support people needed. People and their loved ones were involved in the planning, decision making and management of their end of life care. When people did not want to discuss this it was respected and clearly recorded. The registered manager and staff made sure people were supported at the end of their life to have a comfortable, dignified and pain free death. Staff worked closely with the local hospice to make sure people had all the support they needed at this difficult

time.

There were a large number of 'thank you' cards displayed in the service which had been received from people after their loved ones had passed away. Comments included, "Every one of the staff were just fantastic and we could never have wished for a better place for [our loved one] to spend their last few weeks", "We cannot thank you enough for the way you and your staff cared for [our loved one]. You were always there to listen to us" and "Thank you for looking after [my loved one] so wonderfully".

## Is the service responsive?

### Our findings

People received the care and support they needed and the staff were responsive to their needs. The staff knew people and their relatives well. One person commented, "They [staff] notice if you're a bit iffy. They're observant". People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and contained detailed daily routines specific to each person. Staff had guidance to follow and were able to tell us how they followed this closely because they knew people so well.

People told us they had met with the registered manager and health professionals before they moved to Wantsum Lodge. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet people's needs or not. On admission a 'my preferences' record was completed with people. From all this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way they preferred.

Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, life histories and any preferred routines. Relationships with people's families and friends were supported and encouraged. People were encouraged to be as independent as possible. One person told us, "They don't interfere with you. If we can do it they let us do it. We're not confined in any little thing". A relative had written to the registered manager and noted, 'The staff are clearly committed to personalised care. They have knowledge of who each of their residents is, and are aware of their personalities, interests and their preferences, They are also supportive of them retaining independence and their ability to take care of themselves for as long as they are able'.

Staff had a good knowledge of the people they supported. Care plans included details about people's health needs and risk assessments were in place and applicable for each person. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support and care. Care plans were regularly reviewed to make sure they were kept up to date. A relative had sent a card to the registered manager and noted, 'My relative took great pride in their appearance. Their particular soaps and perfumes were always used and their instructions on how to cut their hair were used. Thank you'.

During the inspection staff were responsive to people's individual needs. Staff noticed if people were becoming unsettled or agitated and were quick to respond, staff spent time with them and offered reassurance. For example, staff saw a person looking a little lost and immediately went to them, spoke quietly and gently touched their arm saying, "Are you alright [name]? It's ok" and offered them a cup of tea. Staff then spent time sitting with them. The person smiled and appeared to relax.



Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. Regular newsletters introduced new members of staff, and mentioned important events and things to do, such as, the gardening club and the library. The registered manager employed an activities co-ordinator five days a week. People were offered choices of what to do and to share ideas of new activities. Minutes of residents' committee meetings confirmed people discussed new ideas. At a recent meeting people had talked about setting up a pen pal club, holding a mini Olympics in the garden which would include a bean bag game and mini archery and starting flower arranging. People told us there was always something to do if they wanted to and that they recently had a 60's themed day. Staff said the 60's day had been "A real success" and that they were planning to organise a 1920's themed day next. People said, "I'm always reading. I like joining in with all the different stuff" and "There's quizzes which I like to do".

One of the lounges was set out like a cinema. During the afternoon of the inspection people went to the 'cinema' and watched a film. People told us they decided between them what to watch and that they really enjoyed this. Minutes of a residents committee meeting noted the different suggestions people had made of films they would like to watch.

People said that they received the care they needed when they wanted it. A health care professional told us two beds at Wantsum Lodge were funded by the local Clinical Commissioning Group. For example, if a person had a severe chest infection and may not need to be admitted to hospital but would not be able to manage on their own at home they would go to Wantsum Lodge for a short stay. This health professional told us, "We have received universal praise when people have had respite stays there".

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People commented that they did not have any complaints about the service or the support they received from the staff. There were regular meetings for people when they were asked if they had any concerns or complaints and were reminded how to raise any worries. Each person had a service user guide in their room which explained how to complain.

A suggestions box in the entrance was used by people, their relatives and visiting health professionals. A copy of the complaints procedure was placed next to this. The registered manager made sure that any complaints or compliments were shared with the staff during staff meetings. Staff listened to people's views and made changes to the service in accordance with people's comments and suggestions. For example, when a person complained about the food a meeting was held with the person and the cook. Menus were reviewed and the registered manager told us the cook had ensured that vegetables were cooked until very tender and to the resident's choosing.

When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly. Action was taken to rectify complaints when needed. For example, a relative had raised a concern that they had tried to telephone the service at a weekend and had not received a reply. The registered manager realised this was because the administrative staff did not work at weekends and immediately arranged for staff at weekend to carry phones with them. This reduced the chance of this happening again.

## Is the service well-led?

### Our findings

People knew the staff and management team by name. All staff wore a uniform and a name badge. The entrance / reception area of the service was staffed by an administrator who greeted people when they arrived at Wantsum Lodge. A large board displayed photographs and names of all the staff.

People, staff and health professionals told us they felt the service was well led. People said, "The manager and staff are excellent". Staff said they felt "Totally supported by [the registered manager]" and "[The registered manager] is brilliant". A health professional commented, "The registered manager and the staff team do a fantastic job looking after a lot of older people with differing needs".

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager had systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. People, their relatives and health professionals had taken part in questionnaires about the quality of the service delivered. These were analysed by the head office and reviewed by the registered manager and area manager to see if any actions were needed.

Regular residents' committee meetings were held to give people the opportunity to make any suggestions. People's families were invited to meetings so the registered manager was able to receive additional feedback on the quality of care provided by them and their staff team.

Feedback was regularly received from people's loved ones. A relative had noted, 'The team at Wantsum Lodge have provided a fabulous care package. They have been warm, friendly, efficient, polite, courteous, caring, flexible and eager to ensure [my loved one] has been comfortable'.

There was a 'You said / We did' board displayed at the service. This highlighted suggestions people had made and the actions taken. These included, 'You asked for an area outside your bedroom window to plant flowers. We had an area prepared and supplied the plants' and, 'You requested a church service. We arranged a Songs of Praise every two months'.

The registered manager and staff were clear about the aims and visions of the service. The philosophy of the service was 'The management and staff at Wantsum Lodge Care Home are committed to providing a standard of care that embraces all the principles of excellent care home practices. The resident's physical and spiritual wellbeing is at the heart of our plan of care which ultimately enables each resident to reach their desired goals and level of fulfilment in life. We actively promote a happy working and living environment which is both professional, courteous and fun. We believe in respecting individual preferences whilst encouraging independence'.

The registered manager was visible and had an 'open door' ethos. There was a clear and open dialogue between the people, staff and registered manager. Staff and the registered manager spoke with each other and with people in a respectful and kind way. The registered manager knew people well, was sensitive and compassionate and had a real understanding of the people they cared for. The registered manager monitored staff on an informal basis and worked with staff each day as a cohesive team to ensure they

maintained oversight of the day to day running of the service.

Staff told us they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the registered manager listened and responded. Staff told us they felt valued by the registered manager and the organisation. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues.

Staff were clear about what was expected of them and their roles and responsibilities. Staff took on the responsibility of 'champion' which were lead roles in things, such as, dignity; infection control and skin integrity. This aided staff's personal development and benefitted the whole staff team by furthering their knowledge. Staff told us that there was good communication between the team and they worked closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were "Very confident" and "Certain" that they could raise concerns with the registered manager and that action would be taken.

There were strong links with the local community. Wantsum Lodge had received an 'Outstanding Employer Contribution' award from East Kent College – this was in recognition of the excellent support in assisting East Kent College Health and Social Care students through their work placements.

The registered manager and staff worked closely with key organisations and health professionals to support care provisions and to promote joined up care. These included local GPs, community nurses and the local hospice.

When we asked for any information it was immediately available. Records were very organised and stored securely to protect people's confidentiality. There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in line with guidance.