

Larcombe Housing Association Limited

Wellesley Lodge Residential 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 ●

Summary of findings

Overall summary

Wellesley Lodge Residential Home provides residential care and support for up to 21 people. The service specialises in meeting the needs of older people living with dementia. At the time of our inspection, 21 people were using the service.

At the last Care Quality Commission (CQC) inspection in October 2015, the service was rated 'Good' overall but we rated the service 'requires improvement' for the key question, 'is the service well led?' We did not find the service in breach of regulations but we found some gaps in audit systems and there was a lack of robust scrutiny and oversight at provider level. There was also no registered manager in post. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run.

At this inspection we found the service remained 'Good'. Improvement had been made to the well led question. The range of quality monitoring checks of the service had been improved to give the provider better assurances that key aspects of the service were effective. There was improved scrutiny of the service at provider level including meetings every three months with trustees on how the service was meeting its aims and objectives for people. There was also a registered manager in post. We have revised the rating for the well led question to Good. The service demonstrated they met the regulations and fundamental standards.

People continued to be safe at Wellesley Lodge Residential Home. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing. There were enough staff to keep people safe. The provider maintained recruitment checks to assure themselves of staff's suitability and fitness to support people.

The environment was clean and staff followed good practice to ensure risks to people from poor hygiene and cleanliness were minimised. Staff also made sure the environment was clear of slip and trip hazards so people could move freely around. The premises and equipment were regularly maintained and serviced to ensure these were safe. The provider maintained appropriate arrangements for the safe management of medicines. People received these as prescribed to them.

People continued to receive support that was personalised and which met their specific needs. Senior staff reviewed people's needs regularly to ensure the support they received continued to meet these. Staff received relevant training and felt well supported by senior staff. Staff knew people well and had a good awareness and understanding of their needs, preferences and wishes.

People were supported to eat and drink enough to meet their needs. People were also supported to stay healthy and to access healthcare services when needed. Staff encouraged people to participate in activities and events and to maintain relationships with the people that mattered to them. Staff were warm and

welcoming to visitors to the home and friends and families were free to visit when they wished. There were good links with the local community which helped to enhance the quality of people's lives.

Staff treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were encouraged to do as much as they could and wanted to do for themselves to retain their independence. People were prompted to make choices and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and relatives were satisfied with the support provided by staff. The provider maintained arrangements to deal with people's complaints appropriately if these should arise.

People and staff spoke positively about the management of the service and were encouraged to provide feedback about how the service could be improved. The provider had plans in place to make improvements that people had asked for.

The provider was working proactively with other healthcare professionals and organisations to enhance the quality of people's health and wellbeing. This helped staff to stay abreast of best practice in falls prevention and end of life care and improve their understanding and awareness of how to support people to stay healthy and well and reduce unnecessary admissions to hospital.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was now well led. The range of quality monitoring checks of the service had been improved. There was better scrutiny of the service at provider level.

People and staff were asked for their views on how the service could be improved. The provider had plans in place to make improvements that people asked for.

Senior staff worked proactively with other healthcare professionals and organisations to enhance the quality of people's health and wellbeing.

Wellesley Lodge Residential 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection took place on 11 July 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we spoke with one person using the service and six visiting relatives. We also spoke with the registered manager, assistant manager and four care support workers. We looked at records which included three people's care records, 10 people's medicines administration record (MAR), three staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the lunchtime meal service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

During our inspection a person said, "I know that the [staff] are in charge and they will keep me safe." A relative told us, "[Family member] is a bit wobbly but they still allow her to move around. She has blossomed with that freedom." And another relative said, "Our family's total involvement with anything that concerns [family member] gives us total confidence that [family member] is safe living here and we are here a lot."

Since our last inspection the provider continued to support staff to keep people safe from abuse or harm. Staff were trained in safeguarding adults at risk. This was refreshed annually. Their knowledge and understanding about how to protect people from abuse or harm was assessed by senior staff through supervision (one to one meetings) and in staff team meetings. Minutes of these minutes showed staff were encouraged and supported to speak out if they were concerned about poor working practices or behaviours that could pose a risk to people. Clear processes were in place for all staff to follow should they have a concern about a person, so that these were reported promptly to ensure the person would be sufficiently protected.

Staff were also well supported to minimise risks posed to people. Senior staff continued to assess and routinely review risks to people due to their specific healthcare needs. They ensured there was up to date guidance for staff to follow on how to reduce these risks to keep people safe whilst allowing them as much freedom as possible. For example for people that were at risk of falls, staff were instructed on how to ensure any risk to them was reduced by supporting people to move and transfer safely and keeping the environment clear of trip and slip hazards so people could move freely around. Staff were knowledgeable about the individual risks posed to people and able to explain how these should be minimised to protect them. For example they were able to identify those people at a higher risk of falling in the home and the actions they should take to reduce this, such as remaining vigilant when people were moving, and ensuring they had the appropriate walking aids to hand to assist them to move safely.

The provider continued to ensure the environment did not pose unnecessary risks to people. There was a programme of regular maintenance and servicing of the premises and equipment in the home. Any issues identified though these checks were immediately dealt with. Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. The environment, including communal areas such as toilets and bathrooms, was clean. Staff wore personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases.

There were enough staff to support people. A relative told us, in the past, they felt there had been fewer staff on duty at weekends, as staff were slower to respond when needed. However, they also told us this had improved recently. We discussed this with the registered manager who said staffing levels were not reduced at the weekends. They told us they had taken recent action to improve the accessibility and visibility of staff at the weekend when they had become aware the quality of this during these times was not to the standard required. We saw minutes of staff team meetings that supported this and all staff had been reminded of

their duties and responsibilities towards the people they supported.

Staff rotas showed the registered manager took account of the level of care and support people required each day to plan the numbers of staff needed to support them safely. We saw staff were visibly present and providing appropriate support and assistance to people when this was needed. Staff carried 'walkie talkies' which they could use to seek additional support quickly from colleagues, if needed. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of any new staff to undertake their role.

People were supported to take the medicines prescribed to them. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were stored safely and securely. Staff were suitably trained and their competency to safely administer medicines was regularly assessed by senior staff.

Is the service effective?

Our findings

A relative told us, "Staff are well trained, especially in their understanding of dementia and how it affects people differently. It shows in all their actions."

Since our last inspection, people continued to be supported by staff who received regular and relevant training to meet people's needs. This included refresher training to help staff keep their knowledge and skills up to date with current best practice. Specialist training had also been provided to staff around falls prevention and management and end of life care by the local Clinical Commissioning Group (CCG), as part of the Sutton Homes of Care vanguard initiative. This initiative aimed to provide older people living in care homes better integrated access to healthcare services through close working with the NHS, the local authority, and other key stakeholders. The registered manager told us working with this initiative had improved working practices and led to a reduction in the number of falls experienced by people in the home.

New members of staff could only support people unsupervised once senior staff were satisfied of their competence to do so. Staff had regular supervision meetings and a performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

People's ability to make and consent to decisions about their care and support needs was monitored and reviewed monthly by the registered manager. We saw staff continually prompted people to make decisions and choices and sought their permission and consent before providing any support. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

We found applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate and in the person's best interests.

People were supported to eat and drink enough to meet their needs. We saw during mealtimes staff encouraged and prompted people to eat their meals. Throughout the day staff made sure people had access to plenty of drinks to support them to stay well hydrated. Staff recorded people's food and fluid intake and used this information to check they had had sufficient amounts to meet their needs. Staff showed good awareness of people's individual dietary needs. People with food allergies or special diets due

to their cultural, religious or healthcare needs were catered for. People enjoyed the meals they were provided. A relative told us, "Mum enjoys the food so much that she has put on too much weight!"

Records showed when staff had concerns about a person's food and fluid intake they reported this to senior staff who in turn sought additional support and advice from the appropriate healthcare professionals. Senior staff also carried out nutritional risk assessments each month to monitor and review that the support provided to each person remained appropriate and to identify anyone who may need further support with their food and fluid intake due to any changes in their needs.

People also continued to be supported to maintain their health and wellbeing. Staff carried out regular health checks and recorded the support people received on a daily basis. They included their observations about people's general health and wellbeing. This information was monitored by senior staff to identify any potential underlying issues about a person's current health. Senior staff worked closely with the GP, who visited the home once a week, to flag up any concerns they had about people. Information about people's current health and wellbeing was shared with all staff through shift handover meetings and recorded in care records which helped to ensure all staff were up to date and informed about the current support people.

When people needed emergency support from healthcare professionals, staff made sure these professionals had access to the person's individual 'Red Bag' which contained current information about their general health, any existing medical conditions they had, the medication they took and any current health concerns. 'The Red Bag' was part of the Sutton Homes of Care vanguard initiative and aimed to provide ambulance and hospital staff with the information they needed in an emergency to help them determine the treatment the person needed more effectively.

Is the service caring?

Our findings

A relative told us, "This home is wonderful and it's the carers who make it. We are so grateful that they let [family member] be himself, even if that's difficult at times." Another relative said, "This is not the poshest place in terms of decoration but the care of [family member] is wonderful. It never varies. You can count on brilliant care." And another relative told us, "[Family member] is happy, clean and they have a dossier about her likes and dislikes. They have all taken time to get to know her. Wonderful care."

Throughout our inspection we observed many instances of positive interactions between people and staff. Staff chatted with people, asked how they were and regularly checked if people required any help and assistance from them. People appeared comfortable and relaxed with staff and did not hesitate to ask for their support when they wanted this. People were not rushed and given the time they needed to make choices or to move around the home. During activities we saw staff created a friendly, fun atmosphere making sure everyone was encouraged to participate if they wished. The staff member facilitating the activities had a very good understanding of each person and their personal preferences and as such adapted activities to meet their needs. Staff reacted promptly and appropriately when people became agitated, distressed or disorientated. They alleviated people's anxiety or agitation in a calm and reassuring manner and gently supported people to reorientate.

Staff knew people well. A relative said, "The carers soon learnt that [family member] could be cheeky and that she loved to sing and dance. They make a fuss of her and use gentle banter that she loves and responds really well to." Another relative told us, "Everyone [staff] has a lovely manner and they know people as themselves." People's records contained current information for staff about people's communication needs and preferences. Staff were able to explain to us the specific support people required and how each person communicated their choices about what they wanted.

People were supported to retain as much independence and control as possible. One person said, "They know I like to wash myself and they let me and if I want to stay in my dressing gown, then that's OK." A relative told us, "The carers allow the residents to do and be where they want. They are not told to just sit down. It's relaxed and homely." People's records detailed the level of support they required from staff with day to day tasks. We saw staff prompted people to do as much as they could and wanted to do for themselves, offering appropriate praise to encourage people. For example people were encouraged to use the bathroom independently but staff remained close by checking at regular intervals that people were ok and offering any help if this was needed. Staff ensured people were able to rise from chairs and to mobilise independently at a pace that suited them.

People were treated with dignity, respect and staff ensured they had privacy when this was needed. Staff addressed people by their preferred name and asked for their permission before providing any support. We observed staff knocked on people's doors and waited for permission before entering their rooms. Doors to people's rooms and communal bathrooms and toilets were kept closed when people were being supported with their personal care to ensure they were afforded privacy. People were dressed in fresh, clean clothes and their hair and nails were tidy and trim.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive support which met their specific needs. People and their relatives were actively involved in planning the care and support people required. People's support plans were current and contained information about their life histories, their likes and dislikes and their specific preferences and choices for how support should be provided to them. There was detailed information for staff on how people should be supported. For example, with the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care, how they wished to spend their day and the meals they preferred to eat. This ensured people should receive support that was personalised and focused on their needs being met. A relative said about their family member's support plan, "I have seen it. There are lots of notes on how to manage [family member] and how to keep her as independent as possible especially as she is resistant to any help."

Senior staff ensured people's care and support needs were reviewed with them every month or sooner if there had been any changes to these. When there were changes to people's needs, their support plans were updated to reflect this along with updated guidance for staff on how people should be supported with this.

People continued to be supported to participate in activities and events to meet their social and physical needs. There were a wide range of activities in the home each day that people could take part in such as singing and music sessions, exercise classes, arts and crafts, puzzles, quizzes and games. People also undertook outings in the local community. A relative said, "We take [family member] out to a singing group in the community. It supports us and she has a lovely time." Staff were warm and welcoming towards visitors at the service. People's family and friends were invited to join in with celebratory events such as birthdays, summer parties and other special occasions and activities at the home. This helped people to maintain relationships with those that mattered to them.

The provider had good links with the community and used these to enhance the quality of people's lives. For example priests were welcomed to the home to undertake services for people who wished to have their religious beliefs catered for. We also saw people employed by a local business volunteered their time to work at the home. They had recently helped to redevelop the home's garden. They also undertook activities with people such as singing and musical performances.

From feedback we obtained from people and relatives, we noted people were satisfied with the care and support provided by staff. This was also evidenced in the positive feedback obtained by the provider through quality surveys they received from people and their relatives and visitors to the home such as healthcare professionals. A relative told us, "If I had any complaints (and I don't) I would go straight to them. Nothing, any little concern, would never become a complaint as they are there and want you to share the care of the person that's here." People and their relatives were informed about how they could make a complaint about the service. The registered manager confirmed no complaints had been received by the service in the last 12 months. We saw the provider continued to maintain appropriate arrangements for dealing with complaints or concerns if these should arise.

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. A relative said, "The management are fantastic. They listen and are always available." Another relative told us, "[Registered manager] is open and wants to talk to us. She will telephone with any change that affects [family member]."

At our last inspection of the service in October 2015 we found improvement was needed because we found some gaps in audit systems and a lack of robust scrutiny and oversight at provider level. There was also no registered manager in post.

At this inspection we found improvement had been made and maintained. Records showed senior staff continued to make regular checks of key aspects of the service which had been broadened to include infection control to ensure that staff maintained a good standard of cleanliness and hygiene within the environment. The registered manager had also increased the frequency of fire drills to assure themselves that the systems put in place to safely evacuate people in the event of a fire remained effective. Records indicated senior staff took appropriate action to address any shortfalls or gaps identified through their checks of the service.

There was improved oversight of the service at provider level. We saw a trustee from the organisation had carried out a quality visit to the service within the last six months and provided the registered manager with feedback about their findings about the quality of care and support they found. The registered manager also attended provider level meetings every three months to update the trustees on how the service was meeting its aims and objectives for people.

There was now a registered manager in post. The registered manager had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

There had been some improvements made to the environment since our last inspection. This included the creation of a sensory garden in the external courtyard to provide a relaxing and calm area for people to sit or spend time with their family and friends. We also saw walls and doors around the home had been repainted. However people and relatives told us some aspects of the general environment could still be improved. We discussed this with the registered manager, who shared with us the improvement plan for the service for the forthcoming year. This included refurbishment of bathrooms into wet rooms to make them more accessible to people, replacement of older furniture with new items, refurbishment of some of the individual bedrooms, improving access to the home's garden and courtyard, replacement of the conservatory roof and general painting and decorating around the home.

People, relatives and staff were able to share their views and feedback about the service through quality surveys. Senior staff reviewed these to check for any suggestions made for how the service could be improved. There was also a regular programme of 'residents and relatives meetings' at which people could

give their views about how the service could be improved.

Staff spoke positively about senior staff and said they were well supported by them. Regular staff team meetings took place at which senior staff shared any important changes taking place within the service that impacted on staff's roles. Staff were also encouraged to reflect on their working practices, to share information and learning about people's care and support needs and their ideas about how people's experience of the service could be improved.

Senior staff worked proactively with other healthcare professionals and organisations to enhance the quality of people's health and wellbeing. Through the service's participation with Sutton Homes of Care vanguard initiative, staff were able to stay abreast of best practice in falls prevention and end of life care. Designated staff members took the lead for sharing information and learning in these areas with all staff across the service.

Staff had also been supported through this initiative to reduce unnecessary hospital admissions through better understanding and awareness of how they could support people to stay healthy and well. For example, recent training had been provided to all staff on how to reduce instances of urinary tract infections by prompting people to take regular drinks and maintaining a good level of hygiene when providing personal care to reduce risks of cross contamination.