

Victoria Nursing Group Limited

Wells Lodge Nursing Home

Inspection report

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Tel: 01303850898

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 16 May 2018. The inspection was unannounced. Wells Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Wells Lodge Nursing Home is registered to provide accommodation, nursing and personal care for 22 older people. There were 22 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. There was no registered manager in post. A registered manager is a person who has registered with the 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. However, there was a manager who was in charge of the day to day running of the service and who had applied to be registered with CQC. In this report we refer to the company as being, 'the registered person'. When we speak about the person who was in day to day charge of the service we refer to them as being, 'the manager'.

At the last comprehensive inspection on 24 and 25 January 2017 the overall rating of the service was, 'Requires Improvement'. We found that there were two breaches of the regulations. This was because there were shortfalls in the arrangements that had been made to provide people with person-centred care. In particular, suitable provision had not been made to fully support people who had special communication needs to express their wishes about all parts of the care they received. We also found that robust arrangements had not been made to complete background checks in relation to new nurses and care staff.

We told the registered person to take action to make improvements to address both of our concerns. After the inspection the registered person told us that they had made the necessary improvements.

At the present inspection we found that suitable provision had been made to provide people with person-centred care and to complete background checks in relation to new nurses and care staff.

Our other findings were as follows. People had been safeguarded from situations in which they might experience abuse. People received safe care and treatment. Medicines were managed in the right way and there were enough nurses and care staff on duty. Suitable provision had been made to prevent and control infection. Lessons had been learned when things had gone wrong.

People received care that achieved effective outcomes in line with national guidance. This included providing people with the reassurance they needed if they became distressed. Nurses and care staff knew how to care for people in the right way and had received training and guidance. People were helped to eat and drink enough to maintain a balanced diet. Appropriate arrangements had been made to help people

receive coordinated care when they moved between different services. People had been supported to access healthcare services when necessary. Suitable arrangements had been made to obtain people's consent to the care and treatment they received. The accommodation was adapted, designed and decorated to meet people's needs and expectations.

People were treated with kindness and compassion in a way that respected their dignity. People were given emotional support when it was needed and they had been supported to be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received responsive care that met their needs for practical assistance and which took into account their special communication needs. People had been offered sufficient opportunities to pursue their hobbies and interests and to engage in social activities. Suitable arrangements were in place to promote equality and diversity including supporting people if they chose lesbian, gay, bisexual or transgender life-course identities. There were suitable arrangements for managing complaints and provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was no registered manager in post. However, the person in day to day charge of the service had promoted an open and inclusive culture and there were suitable management arrangements to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered person and manager were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse.

People received safe care and treatment.

Medicines were managed in the right way.

There were suitable and sufficient nurses and care staff to promptly give people all of the care they needed.

Background checks had been completed before new nurses and care staff were appointed.

People were protected by the prevention and control of infection.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good ●

The service was effective.

Care was delivered in line with national guidance and nurses and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access on-going healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Nurses and care staff recognised the importance of promoting equality and diversity.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was no registered manager.

Nurses and care staff understood their responsibilities so that risks and regulatory requirements were met.

People who lived in the service, their relatives and care staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn, innovate and maintain its sustainability.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Wells 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 was planned to check whether the registered person continued to meet 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.

We used information the registered person sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 16 May 2018 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection visit we spoke with 10 people who lived in the service and with four relatives. We also spoke with a nurse, four care staff, a housekeeper and the activities coordinator. In addition, we met with the manager, the care quality director and the managing director of the company who ran the service. The care quality director was responsible for supervising the manager and for checking that the service was being run in line with the company's quality standards. We observed care that was provided in communal areas and looked at the care records for five people. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After the inspection visit we spoke by telephone with a further three relatives.

Is the service safe?

Our findings

At our last inspection on 24 and 25 January 2017 we found that there was a breach of regulations. This was because suitable arrangements had not been made to ensure that only fit persons were employed to work in the service. In particular, suitable background checks had not always been completed to ensure that new nurses and care staff were of good character and had conducted themselves in the right way during their previous jobs.

After the inspection the registered person wrote to tell us that they had made all of the improvements that were necessary to put right the shortfall.

At the present inspection we found that sufficient action had been taken to address our concerns. We examined records of the background checks that the registered person had completed when appointing a new nurse and a new member of care staff. We found that in relation to each member of staff the registered person had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

The improvements that had been made to the service's recruitment and selection procedure had resulted in the breach of regulations being met.

People told us they felt safe living in the service. One of them said, "I chose this place because it had a friendly feel to it and I made the right choice. The care staff and the nurses are all lovely and I can't fault them." A person who lived with dementia and who had special communication needs smiled and waved in the direction of a passing member of staff when we used sign assisted language to ask them about their experience of living in the service. Relatives were also complimentary about the service. One of them remarked, "I think that Wells Lodge is a very good service indeed. I know I can leave after a visit and my mother will be safe and well cared for so I don't have to worry."

People were safeguarded from situations in which they may experience abuse. Records showed that nurses and care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Nurses and care staff told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. The registered person had also established suitable systems to assist the people to manage their personal spending money. This included the administrator keeping an accurate record of any money spent on behalf of people so that an accurate bill could be sent to their relatives. This arrangement contributed to protecting people from the risk of financial mistreatment.

Nurses and care staff were able to promote positive outcomes for people who lived with dementia if they became distressed. We noted that when this occurred care staff followed the guidance in the people's care

plans so that they supported them in the right way. An example of this was a person who was worried because they could not recall when a particular member of their family was next due to visit them. A member of care staff noticed that the person was becoming loud in their manner and that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person about the date on which their relative was most likely to next visit them. This information reassured the person who was then pleased to occupy themselves by reading a magazine.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. There was a passenger lift that gave step-free access throughout the accommodation to reduce the risk of falls. Windows were fitted with safety latches so that they could be opened safely without the risk of someone falling out of them. The accommodation was fitted with a modern fire safety system that is designed to prevent and quickly contain fire safety emergencies so that people are kept safe. Also, nurses and care staff had been given training and guidance about how to safely evacuate the service or move people to a safe place in the event of a fire.

There was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was a person who sometimes wanted to help when tidying up in one of the lounges. We found that care staff were gently assisting the person when doing this so that they stayed safe.

There were suitable arrangements in place to order, store, administer and dispose of people's medicines in line with national guidelines. These included there being a sufficient supply of medicines that were stored securely. The nurses who administered medicines had received training. Furthermore, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

Suitable measures were in place to prevent and control infection. The manager had assessed, reviewed and monitored the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that all parts of the accommodation had a fresh atmosphere and that soft furnishings, beds and bed linen had been kept in a hygienic condition. Nurses and care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and wore disposable gloves when assisting people with close personal care.

Records showed that the registered person had carefully established how many nurses and care staff needed to be on duty. When doing this they had taken into account the number of people living in the service and the assistance each of them needed to receive. Records showed that sufficient nurses and care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered person. We noted that during our inspection visit there were enough nurses and care staff on duty because people promptly received all of the care they needed and wanted to receive.

There were robust arrangements to enable lessons to be learned and improvements made when things went wrong. This included the manager carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence. An example of this was people who were at risk of falling being referred to specialist health care professionals so that nurses and care staff could be advised about how best to keep the people concerned safe.

Is the service effective?

Our findings

People told us they were confident that the nurses and care staff knew what they were doing and had had their best interests at heart. One of them said, "I like knowing that there's always a nurse on duty in case I need help with my medical conditions." Another person said, "The staff are fine with me and they know how I like things to be done." Relatives were also confident that the service was run in an effective way. One of them told us, "Whenever I call to see my family member I find them to be well cared for, neatly dressed and comfortable in themselves. They need a lot of help to achieve this and so I know that the care is right in Wells Lodge."

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the manager and nurses had carefully established what assistance each person needed before they had moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the manager and nurses asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

Records showed that new nurses and care staff had received introductory training before they provided people with care. New care staff had also been offered the opportunity to complete the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. Records also showed that nurses and care staff had received refresher training to keep their knowledge and skills up to date. We found that nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to support people to manage on-going healthcare conditions. Another example was care staff knowing how to assist people who needed help moving about, who were at risk of developing sore skin or who needed assistance to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The meals here are actually very good and we have a choice at each mealtime. There are other options on top of that if we don't want any of the main dishes." People were being supported to eat and drink enough to maintain a balanced diet. Records showed that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. For some people special arrangements had been made for them to have their food and drink modified. This had been done on the advice of a healthcare professional so that it was easier for the people concerned to swallow without having to worry about choking.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included nurses preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the manager offering to arrange for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

National guidelines were followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered person was working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. We also checked whether the registered person had ensured that any conditions on authorisations were met.

People had been consulted about the care they received and had consented to its provision. In addition, the registered person had correctly established when a person lacked the necessary mental capacity to make decisions about important things that affected them. When this had occurred they had involved key people in a person's life to help to ensure that decisions were taken in their best interests.

Records showed that the registered person had made the necessary applications for DoLS authorisations. They had also checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

People's individual needs and expectations were met by the design, adaptation and decoration of the accommodation. Each person had their own bedroom that was arranged as a bed sitting area. There was sufficient communal space and enough toilets and bathrooms. People also had easy access to a well maintained and attractive garden.

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "I find the staff to be very accommodating and kind. I've no concerns about them." Another person remarked, "When I first walked into the home I noticed lots of staff coming to the door, peeping around the corner and smiling at me. It made me feel genuinely welcome and since then I've come to know the staff as being really helpful and kind." Relatives impressed upon us their positive assessment of the service. One of them remarked, "I have a very high regard for the staff because they're always cheerful and polite."

We saw that people were treated with kindness and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom. They both looked out of the window at various birds that visited a bird-table that had been carefully placed so that it was in the person's line of vision. This led the person to reflect on how much they had enjoyed their own garden when at home.

People told us that the nurses and care staff were considerate and had made a special effort to welcome them when they first moved into the service. They said that they had helped to make the experience more positive and less daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Records showed that care staff had also asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door closed or left ajar.

People had been supported to express their views as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. Records showed and relatives confirmed that the manager and nurses had encouraged their involvement by liaising with them on a regular basis. The service had also developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. We also saw nurses and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

People told us that they could speak with relatives and meet with health and social care professionals in private if this was their wish. We also noted that nurses and care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

At our last inspection on 24 and 25 January 2017 we found that there was a breach of regulations. This was because suitable provision had not been made to enable people who had special communication needs to express their views and contribute to decisions made about the care they received.

After the inspection the registered person wrote to tell us that they had made all of the improvements that were necessary to put right the shortfalls.

At the present inspection we found that sufficient action had been taken to address our concerns. Nurses and care staff had been given additional training and guidance to better enable them to use a variety of means to communicate with people who needed extra help due to living with dementia, hearing loss and/or physical adaptive needs. We saw them using the information they had been given in an effective way. This included speaking slowly and clearly to people and giving them more time to reply. It also included checking with people that staff had understood them correctly. When necessary people were also assisted by nurses and care staff using gestures and signs. Other people were supported to express themselves by staff referring to pictures and objects that depicted parts of the care they received. All of these measures supported people to express their needs and wishes so that they received care that was responsive to their preferences.

The improvements that had been made to the way people were enabled to use sign-assisted language had resulted in the breach of regulations being met.

People told us that nurses and care staff consistently provided them with all of the assistance they needed. One of them remarked, "The staff help me with all sorts and I'd be lost without them. They have the right attitude as they don't rush and I never feel like I'm being a nuisance." Relatives were also positive about the amount of assistance their family members received. One of them commented, "I'd know straight away if things weren't right but all I can say is that I think the care in Wells Lodge is excellent."

Nurses and care staff had prepared a care plan for each person. These described the care each person needed and had agreed to receive. Records showed and our observations confirmed that people were reliably being given the practical assistance that they had agreed to receive in line with their care plan. This included assistance with managing healthcare conditions, washing and dressing, getting about safely and promoting their continence.

The activities coordinator told us that it was important to offer people a wide range of opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. We were told that this involved both inviting people to attend regular small-group activities and offering them one to one support. During the course of our inspection visit we saw a number of people enjoying singing along to their favourite tunes. We also saw other people receiving individual assistance to enjoy gentle exercises. All in all there was a lively and engaged atmosphere in the service that promoted people's wellbeing.

Suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake. Furthermore, we were told that people had been enabled to share in community events. An example of this was people being helped to participate in national events such as Remembrance Sunday. Another example was people being supported to exercise their citizenship right to put their name on the electoral roll and cast their vote if they wished to do so.

Nurses and care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs through religious observance. Furthermore, documents showed that the manager, nurses and care staff recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual or transgender life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

Suitable arrangements were in place to listen and respond to people's concerns and complaints. People told us that they felt free to raise any concerns they had so that they could be used to develop the service. Records showed that the registered person had established suitable systems and processes to ensure that complaints were thoroughly investigated. This was so that complainants' issues could be addressed and any necessary improvements made.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that people had been consulted about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. As part of this special arrangements had been made for the service to hold 'anticipatory medicines' that nurses could quickly access if people needed extra support to be comfortable and free from pain.

Is the service well-led?

Our findings

There was no registered manager and there had not been a registered manager in post for more than 12 weeks before our inspection visit. This shortfall had occurred because the registered person had not acted quickly enough to appoint the new manager so that there was sufficient time left for them to apply to CQC to be registered within the timescale we require. However, records showed that the manager had begun the process to seek registration. The registered person also assured us that the application to register the manager would be progressed as a matter of priority.

Everyone with whom we spoke considered the service to be well run. Summarising this view a person said, "I'm very impressed with this place really. It seems to run smoothly and the staff plainly get on well together and work as a team." Relatives were also complimentary about the management of the service. One of them remarked, "They have been through a few managers in the recent past and the company needs to get on top of that because the staff find it unsettling. However, the service is well run and the nurses are very professional and they make sure things get done. As far as I'm concerned it's ten out of ten for Wells Lodge."

The manager had organised the service so as to achieve good outcomes for people. As part of this nurses and care staff had been provided with a number of policies and procedures each of which emphasised the importance of providing people with responsive care that promoted their dignity.

The registered person understood and managed risks and complied with regulatory requirements. This included operating systems and processes to ensure that we are quickly told about any significant events that related to the operation of the service. This is necessary so that we can be assured that people are being kept safe. The registered person had also suitably displayed in the service the quality rating we gave to the service at our last inspection. This is important so that people who use the service, relatives and staff know what we have said about how well the service is meeting people's needs and expectations.

There were suitable arrangements to enable the service to learn, innovate and ensure its sustainability. This included the manager and the care quality director completing a number of quality checks that were designed to anticipate, identify and quickly resolve problems in the running of the service. An example of this was the completion of regular checks to ensure that people's care plans were up to date so that they reflected their changing needs for assistance.

There were a number of systems and processes to help care staff to be clear about their responsibilities. This included there always being a nurse on duty who was in charge of each shift. There was also provision for the nurse on duty to contact the manager, deputy manager or care quality director during out of office hours if they needed advice or assistance. Records showed that nurses and care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. These measures all contributed to care staff being suitably supported to care for people in the right way.

A number of arrangements had been made to support people who lived in the service and their relatives to suggest improvements to the service. These included being invited to 'residents' and relatives' meetings' at

which people were offered the opportunity to give feedback about their experience of living in and using the service. The registered person had also invited people and their relatives to complete on-line reviews of the service so that anyone using the internet could benefit from seeing them. There were a number of examples of suggested improvements being put into effect. One of these involved changes that had been made to the menu after people had asked for it to provide more choice and variety.

The manager, nurses and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this nurses and care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service worked in partnership with other agencies. There were a number of examples to confirm that the registered person and manager recognised the importance of ensuring that people received 'joined-up' care. One of these involved the manager liaising with the local authority to advise them about their capacity to offer a service to new people who needed to receive care in a residential setting. This helped to ensure that people could leave hospital as soon as they were well enough to do so.