

Cedar Care Homes Limited Winfield Lodge

Inspection report

Weston Park
Lower Weston
Bath
BA1 4AS

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Date of inspection visit:
11 June 2019
12 June 2019

Date of publication:
02 July 2019

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

About the service

Winfield Lodge is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

The building is laid out over three floors, with lounges on the middle and ground floor, a large dining area on the ground floor and two lifts for people to use, although at the time of the inspection one lift was not working. There is a storage area for equipment such as hoists and wheelchairs. There is a hairdressing salon on the first floor.

People's experience of using this service and what we found

People told us they felt safe and protected from harm and abuse. Risks were assessed, and staff were confident about identifying potential abuse and actions they would take if abuse was witnessed or suspected. The service was working to develop their staffing dependency tool and currently overstaffed while this was in progress. Medicines and creams were managed and administered safely. The service worked to prevent the spread of infection, this included staff wearing gloves and aprons. The service learned lessons and used the learning to drive improvement.

People told us staff who supported them were caring. We observed caring interactions between staff and people on both days of our inspection. Although people were not aware of what a care plan was, they told us they were involved with making decisions about their care. People told us they were treated with dignity and respect.

People received care that was personalised to meet their needs. Complaints and concerns were responded to appropriately by the service. No one was receiving end of life care at the time of our inspection however we reviewed a compliment and one end of life care plan for a person who had recently passed away. The service had installed technology into the walls that could monitor if a person at risk of falls had fallen.

The service was working to build relationships with organisations in the community including a local school and religious organisation. People were supported to express their views, questionnaires were reviewed by the service to identify areas for improvement. We received mixed comments from staff about the registered manager, however staff told us they worked together as a team to achieve good outcomes for people. There were checks and audits in place to ensure that errors, omissions and themes and trends were identified, and actions taken to prevent a recurrence.

Peoples' needs were assessed, and detailed care plans guided staff about actions they should take to meet the needs of people and help them to retain their independence. Staff received training relevant to their roles, however the service had identified that equality training was an area for development. People were supported to eat and drink, the service was working to improve the dining experience and planned to

introduce a buffet. Staff worked together as a team and worked well with external healthcare professionals to ensure good outcomes for people. People's needs were met by the home environment, the service was working with people to improve the décor in line with their requirements. Staff ensured consent was gained before providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 30 August 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating 'requires improvement' to inform our planning and decisions about the rating at this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Winfield Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert's area of expertise was older people.

Service and service type

Winfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced, the second day was announced.

Inspection activity started on 11 June 2019 and ended on 12 June 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with 16 people who used the service and one relative about their experience of the care provided. We spoke with 12 members of staff including the registered manager, area manager, head of operations, two care coordinators, one named carer and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments from people included, "Absolutely safe. Every bit of equipment is new. An instant response to the call bell at night. Everything asked for – the policy is to say yes."
- Staff spoke confidently about how they would identify and report actual or suspected abuse. Comments from staff included, "I would report unexplained bruising" and, "I would report abuse. I couldn't have that. I would go to management and above. I know the registered manager would deal with it straight away."
- Appropriate actions were taken to protect people from the risk of potential abuse, these included reporting concerns to the local authority safeguarding team and contacting the Police.

Staffing and recruitment

- People told us there were enough suitably qualified staff to meet their needs. Comments from people included, "Yes, enough staff" and, "They [staff] give me the time I need."
- The service had been using a staffing dependency tool to allocate staff. However, the management team had identified that the tool did not provide enough staff to meet the needs of people. Because of this, the organisation was working to develop the staffing dependency tool and the service was 'overstaffing' the service to ensure that peoples' needs were met. Comments from staff included, "We are always fully staffed."
- Staff were recruited safely. Background checks were completed, including those with the Disclosure and Barring Service (DBS), reference checks with previous employers, and the staff member's full employment history.
- The service explored ways to recruit and retain staff including, incentive and awards schemes.

Using medicines safely

- People told us their medicines were managed safely. Comments from people included, "It is a relief to me to hand over medication to the staff. Medication staff get special training. Care – superb."
- Medicines were managed and stored safely, including daily checks of fridge and room temperatures to ensure medicines were being stored at the correct temperature.
- There were 'protocols in place for people who needed their medicines 'as required'. If a person needing 'as required' medicines could not communicate their pain, staff observed the person's body language and used a 'pain management scale' to assess if 'as required' medicines should be administered.
- People who received creams had body maps that guided staff where to apply which cream.

Preventing and controlling infection

- People told us the home was clean. One person said they felt the environment was, "Superbly clean [and] cleaning staff [were] excellent."
- Cleaners were visible throughout the home on both days of the inspection, the home was clean and free from malodours.
- Staff wore personal protective equipment (PPE) including gloves and aprons and changed them in between tasks.
- The service was exploring ways to reduce the spread of infection. For example, decreasing the numbers of staff entering the kitchen during meal times.

Learning lessons when things go wrong

- The service had recently updated their business emergency continuity plan in response to an incident at another home. The business continuity plan now included pictures, diagrams and comprehensive instructions to provide staff with robust guidance about the actions they should take in an emergency.

Assessing risk, safety monitoring and management

- Risks to people were assessed and actions were taken to lower the risk of harm to people. For example, one person was at risk of pressure ulcers and guidance required staff to apply creams twice daily, care records confirmed that cream was being applied as required.
- The service completed various checks including those for legionella, gas safety and water temperatures. The service had recently identified that water in some peoples' bedrooms had exceeded recommended safe levels and it was unclear what action had been taken to manage the risk to people. We brought this to the attention of the management team who told us people were aware of the hot water temperatures and the plumber visited after our inspection to reduce the temperature of water in affected bedrooms.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans included detailed information about a person, their history and guidance for staff about what actions they should take. For example, when a person had an illness, the care plan provided information about how the illness impacted the person and what staff should be aware of. This included information about symptoms staff should look out for and actions they should take, for example contacting the District Nurse.
- People we spoke with were not aware of their care plans but told us they were involved with the decision making. Comments from people included, "Not familiar with a care plan but they write down everything they do for me. They ask me about any decisions" and, "Care plan? I've probably got one. I'm stable but can make sure that things that need updating are done."

Staff support: induction, training, skills and experience

- The staff induction programme was aligned with the Care Certificate. The Care Certificate is a set of fifteen standards that includes information that all staff new to care should know.
- Staff received various training, including manual handling and safeguarding training.
- The service had identified that staff were not receiving regular one to one supervision sessions and were working to improve this. However, all staff had received regular team supervision sessions, these involved staff learning from events, discussing changes to people and being made aware of new processes or procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed comments from people about their experiences of food. Comments from people included, "The food is pretty good. There is choice and enough to eat and drink. You can have a snack if you want it" and, "I don't get on well with food. Very difficult discussing it. Meat tends to be tough. Yes, enough to drink. If you're hungry and want something they'll give it to you."
- The service was working to improve people's experiences of food, this included introducing a four-week rolling menu that offered people choices of three course meals and there were plans to introduce a buffet.
- There were jugs of drink, and snacks accessible for people to eat when they wished.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to ensure good outcomes for people. We saw various healthcare professionals visiting during our inspection including a GP and social worker.

Supporting people to live healthier lives, access healthcare services and support

- People did not raise concerns about access to healthcare. One person said, "The District Nurse comes in to keep an eye on things in general."

Adapting service, design, decoration to meet people's needs

- People told us the service was designed to meet their needs. Comments from people included, "Yes, happy with the environment."
- Areas of the home required updating, there were many neutral walls and doors throughout. At the time of our inspection, the provider was in the process of working with an interior designer to improve the décor of the home. One communal bathroom, lounge and some bedrooms had recently been refurbished to a high standard. The provider told us residents had been involved with choosing wallpaper in the dining room and they would be seeking further input from people about the decoration of the service.
- The provider had recently installed sensors in the walls of some bedrooms in the home. These were used to monitor people who were at high risk of falls. The sensors could be switched on and off to meet the needs of people.
- People had recently been involved with improving the gardens, this included planting flowers and updating fences. The garden was accessible to people and there was small woodland that people could use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked with Independent Mental Capacity Advocates (IMCAs) and during our inspection we saw an IMCA Advocate visiting the service. An IMCA is someone who supports and helps to represent a person who may lack capacity to make a specific decision. At the time of our inspection there were 17 people subject to DoLS. The service took appropriate action to ensure that DoLS applications and authorisations were managed correctly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff who supported them were caring. Comments from people included, "Yes, [staff are] kind. Particularly kind when one of us has a poorly day" and, "The staff are kind."
- We observed kind and caring interactions between people and staff during our inspection, these included staff bending down to speak with people at eye level and laughing and joking with people.
- Peoples' beliefs and cultures were respected. For example, one person was helped to attend a religious organisation. The area manager told us the service focussed on encouraging people to be who they were and live the life they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to comments included, "Of course, they listen" and, "Yes, they [staff] listen."
- People told us staff spoke with them and explained to them what was happening. Comments from people included, "They [staff] talk things through" and "Yes, they [staff] get permission – talk things through with us."
- The provider worked with people to include them in choosing the design and decoration of the service and this would continue as the work progressed.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. Comments from people included, "Our privacy and dignity are respected".
- Information guided staff to help people maintain their independence. For example, one person required assistance with brushing their teeth and the care plan said, "Staff to prompt [person's name] by showing him his toothbrush and paste." One person said, "We just take our independence. We assert our independence and have not seen any signs that it wasn't welcomed".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Medicines assessments included information about how people wished to take their medicines. For example, "[Person's name] takes their tablets one by one and likes to swallow them with water".
- People's assessments were detailed and included information about their likes, dislikes and preferences. For example, "[Person's name] likes to have a cup of tea before going to bed."
- People told us they had choices and retained control of their lives. Comments from people included, "Choice? We have complete freedom of where we sit. On a nice day I sit in the little sitting room. It has nice light to do art work". One person said, "They [experienced staff] explain [to new staff] how to do things and how individuals want things done."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people in different formats. For example, the menu was available in a larger format, different coloured font and a pictorial menu was accessible to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had worked to improve activities and had recently appointed an activities coordinator. Comments from people about activities included, "Yes, I am happy with the activities. Nice that the school comes in."
- There was an activity programme in place and accessible to people. Activities included visiting performers and skittles.
- The service used a minibus to take people out for day trips.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and responded to appropriately, when actions were taken these were explained to the person making the complaint.
- The service maintained a record of compliments. Compliments included, "Thank-you so much for your care of [person's name] and, "I am proud to work with a group of ambitious people who deliver excellent

results."

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- We reviewed one end of life care plan, it was personalised to reflect the person's needs and wishes. The family had been involved with the planning and staff were aware of loved ones who were important to the person.
- One relative complimented the service about the care they provided to their loved one. The compliment read, "We cannot praise the staff enough for their care and attention. We are so grateful to them for making [person's name] passing dignified and peaceful."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question is now Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke positively about the management team. Comments from people included, "Yes, a good atmosphere and the manager is approachable" and one relative said, "Oh yes, when my [relative' name] goes down they get a positive response for the slightest thing."
- There were checks and audits in place to ensure that errors, omissions and themes and trends were identified, and actions taken to prevent a recurrence. For example, falls were reviewed by the registered manager and there was a health and safety audit in place to help identify potential risks to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been offered the opportunity to complete a questionnaire in 2018 to give feedback on the service. The service had analysed the results of the questionnaire as a way of driving improvement.
- Staff were offered the opportunity to attend a forum in a different home, so staff voice and contributions could be heard away from the service and without input from the registered manager.
- The service had identified that staff did not receive appropriate training about equality and were working to improve this.

Continuous learning and improving care

- The service had identified that there were people living in the home at risk from self-neglect. The registered manager attended a course in partnership with the local authority to better understand how they could support people who were at risk from self-neglect.
- The service was planning to introduce 'hydration stations' throughout the service, this involved people using measured water bottles and staff monitoring water in-take as a way of helping to prevent dehydration.
- The service was working towards going the 'extra mile' for people. This scheme aimed at helping to make a person's wish come true.

Working in partnership with others

- The provider was working towards having a consultation room available for people at Winfield Lodge. This meant people would have a private and appropriately equipped space to see the GP. The provider had

contacted the GP to discuss the types of equipment required.

- The service was working to build links with the local community, including a local school, religious organisation and knitting group.
- Charity events were held at the service, including a 'cupcake challenge' to raise money for the Alzheimer's Society and plans were in place for a 'fete' that would raise money for a charity of peoples' choosing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they operated an 'open-door' policy and people could access them at any time with concerns and they would act on them appropriately. One person said, "They changed [registered] managers. They are approachable."
- Appropriate actions had been taken by the service when concerns were raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from staff about the registered manager. Comments from staff included, "[The] registered manager needs to work on their attitude, it's not the best. [They] need to know how to approach the staff" and, "I haven't needed any support - now we have more of a support network than we did before. Now we've got people, not just the [registered] manager, that we can go to. It's a massive difference". The registered manager and management team were aware of staff feedback and were meeting with staff to discuss their concerns. Comments from people about the registered manager included, "The [registered] manager is approachable" and, "I don't know the management well. I hardly ever see [them]."
- Staff told us there was a positive team culture. Comments from staff included, "I think our team is really pulling together, definite improvement every day and it's nice to come into work" and, "People get excellent care, they have choice. Good team."