

# Your Healthcare Community Interest Company

# Wesley Lodge

## Inspection report

2 Waverley Close  
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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

Wesley Lodge is a care home for up to eight people who have a learning disability, physical disability and complex needs. On the day of the inspection eight people were living in the home.

This was an unannounced inspection that took place on 20 September 2016.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

There was a kind, caring atmosphere in the home where staff displayed an inclusive attitude towards people. Relatives were happy with the care provided. Staff supported people to take part in various activities and staff were attentive to people to help ensure that activities were individualised and meaningful to people.

People had care responsive to their needs and staff knew people extremely well. People who had dietary requirements received appropriate foods and people could choose which foods they had. Staff followed the guidance of healthcare professionals where appropriate and involved healthcare professionals to help ensure people received effective care.

Staff provided care in line with the Mental Capacity Act (2005). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when specific decisions needed to be made. Where there were restrictions in place appropriate applications had been submitted to the supervisory body in relation to this.

Staff followed correct and appropriate procedures in administering medicines and medicines were stored safely. Care was provided to people by staff who were trained and received relevant support from their manager. This included regular supervisions and appraisals. Staff told us they felt valued by the registered manager and they worked together well as a team.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse or potential harm. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence.

In the event of an emergency where the home would have to close, there was a contingency plan in place to help ensure people's care would continue uninterrupted.

There were sufficient staff in the home to help ensure people received the care and support they required

when they required it. This included enabling people to attend their activities. Good recruitment processes were in place to ensure that those staff who were providing the care were suitable to be working in such a setting.

Care plans contained detailed information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food and personal care needs. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans.

Quality assurance checks were carried out to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held and they were encouraged to give their feedback. Relatives and other stakeholders were given the opportunity to provide feedback on the care provided through surveys. Relatives told us they told us if they had any concerns they would have no hesitation in speaking with the registered manager.

It was evident the registered manager had good management oversight and staff, relatives and professionals felt the home was well managed. The registered manager was keen to improve the quality of care provided.

## 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's risks were assessed and recorded and staff were able to describe people's risks to us.

The provider ensured there were enough staff on duty to meet the people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

People received the medicines they required.

There was a plan in place should the home have to be evacuated.

### Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Deprivation of Liberty Safeguards and followed the legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices. Staff were supported by management.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and attentive care, respect and dignity.

Staff respected people's own decisions and encouraged them to be independent.

Relatives felt involved in their family members care and were happy with the care provided.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to take part in daily activities appropriate to their needs and choices.

Care plans contained relevant and detailed information about the care people required.

Relatives knew how to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was responsive and continually looking for ways to improve the service.

Quality assurance audits were carried out to help ensure a high quality of care and safe home.

Staff felt supported and valued by the registered manager and relatives felt the home was well managed.

Everyone was involved in the running of the home and feedback obtained was used to improve the service.

# Wesley Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 20 September 2016. Due to the number of people who lived in the home the inspection team consisted of one inspector.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not review the PIR on this occasion because this inspection was a follow up from a previous inspection in 2015.

As part of our inspection we spoke with the registered manager, three staff, three relatives and three health care professionals. We observed staff carrying out their duties, such as assisting people when they required it and helping people with food and drink.

We reviewed a variety of documents which included two people's care plans, five staff files, training information, medicines records, quality assurance records and policies and procedures in relation to the running of the home.

We last inspected Wesley Lodge in May 2015 where we made recommendations to the provider in relation to recruitment, supporting staff and obtaining feedback from relatives.

## Is the service safe?

### Our findings

We asked relatives if they felt their family member is safe living at Wesley Lodge. One told us, "I have never seen a reason to think she is not safe." Another said, "I trust the people that are with him." A professional told us, "As soon as I got near the (front) door staff wanted to know who I was and who I wanted to see."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff knew of the procedures they should follow if they suspected any abuse was taking place. They were also able to tell us who they could contact in the event they wished to report concerns outside of the home, such as the local authority or CQC. A staff member told us, "I won't stand for abuse. I would tell the manager and re-mention it if nothing was done." Another member of staff said, "I would tell management and I would obviously whistleblow if necessary."

People were helped to stay safe and free from risk as staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or near misses these were recorded and monitored. Each incident was recorded in a detailed way and the registered manager analysed each incident to check appropriate action had been taken and that the incident was discussed within the staff team for learning opportunities. One person had an incident in relation to swallowing their medicines and a referral had been made to the Speech and Language Therapy Team for their advice and input.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Several people had epilepsy and detailed care plans were written in relation to this. These detailed what staff should do to ensure the person received appropriate care in the event of a seizure. Other people liked to go to the local hydrotherapy pool and risk assessments were in place to help ensure that when they were being transferred from the pool side to the water they were kept safe. One person liked to put items in their mouth. This had been identified and an appropriate risk assessment developed around this for staff.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Some people were able to propel themselves in their wheelchair around the home without staff support and we saw them doing this throughout the day. Staff had ensured that corridors and communal areas were free from clutter or hazards to enable people to do this in a safe way.

People were kept safe from the risk of emergencies in the home. There was a contingency plan in place as well as fire safety arrangements and risk assessments. Quarterly fire safety audits were carried out to help ensure fire procedures were being followed. Staff had a clear understanding of what to do in the event of a fire. They were able to describe to us where the fire exists were and one staff member said, "I'd pull the whole bed out with someone in it if necessary."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us there was a minimum of five care staff on duty (one nurse and four support staff) and additional staffing was brought in on particular days to enable people to attend activities. We

found this on the inspection when several people were going to the hydrotherapy pool and required two or three staff to support them to do this. Despite staff accompanying people outside of the home we saw a sufficient number of staff still remained behind to care for the people who stayed indoors. The registered manager told us they always ensured at least one staff member on duty was proficient in driving the home's mini-bus. This meant people were not deprived of attending activities because of a lack of drivers. Staff were clearly competent in their roles and worked together as well as independently to care for people. A relative told us, "There are always plenty of staff around."

Staff said, on the whole, they felt there were enough staff. They told us they had time to carry out all of their tasks but also spend time with people. Although staff were busy we did not see them rushing around constantly and we observed that when people needed assistance or support staff were available for them. One member of staff said, "There are enough staff. Sometimes we are down by one but we work together well as a team." Another member of staff said, "It's sometimes hectic and rushed but we don't fall below the minimum staffing levels."

At our last inspection we made a recommendation to the provider in relation to recruitment processes as some paperwork was missing from staff files. At this inspection the registered manager told us that they had been working with the HR department to ensure all files were up to date. We found this to be the case. Staff files showed checks were made to ensure staff were of good character and suitable for their role and an application had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Each person had a medicines administration record (MAR). MAR charts contained information such as people's allergies and staff did not sign people's MAR until medicines had been taken by the person. Robust processes were in place to help ensure that the information handwritten onto the MAR charts in relation to medicines and dosages was correct which helped prevent people receiving incorrect medicines or incorrect dosages of their medicines.

Staff were able to demonstrate they recorded when liquid medicines were opened and expiry dates were checked on medicines in tablet form. This helped ensure that when medicines given to people they were at their most effective. Staff undertook audits to ensure the safe and effective management of medicines which included ensuring stock levels were sufficient, storage temperatures were checked and staff had up to date training.

## Is the service effective?

### Our findings

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager ensured where someone lacked capacity to make a specific decision (for example, in relation to health intervention) a mental capacity assessment and best interest decision was made. Staff had received training in the MCA and the registered manager had delivered training to staff on the Human Rights Act as an additional way of ensuring staff were fully aware of the five key principals around the MCA. A relative told us, "I was involved in making the decision about whether or not she should have the operation." A staff member told us, "It relates to people's dignity and human rights. We had a best interest meeting in relation to one person who required an operation." A professional told us, "Staff are open to learning about and understanding the MCA."

We heard staff obtain consent from people in advance of carrying out a task. Staff consistently asked people if it was alright to move them if they planned to move people to a different part of the room or home.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager recognised when they believed people were being deprived of their liberty and as such had made DoLS applications to the supervisory body. This was in relation to the locked door in the home and other restrictions that were in place to keep people safe.

People were able to make choices about what they had to eat and people's dietary requirements and likes and dislikes were known by staff. We heard staff asking one person what they would like for their lunch in place of what had been cooked as they knew they did not like it. We saw the person communicate they wished a sandwich which was subsequently made for them. Some people were on a soft diet because of a risk of choking and as such had appropriate guidance in place in relation to how their food should be prepared. Other people required adapted cutlery or staff assistance to eat. We saw people received both in line with their care plans. People were weighed monthly so staff could monitor if a person was suffering from weight loss. Staff told us that food choices and menus were checked by an external dietician to ensure they were suitable and of a healthy option.

People's changing needs were monitored to make sure their health needs were responded to promptly and people had access to health and social care professionals. One person's health had deteriorated and due to staff's good knowledge of this person they had identified signs that indicated this person was in pain. Staff had sought prompt medical intervention and as a result the person was now receiving appropriate treatment. People were supported to access other healthcare professionals such as the doctor, chiropodist, dentist and neurologist. A relative said, "They (staff) were straight on the phone when she needed an

operation." Another relative told us, "They (staff) are concerned about her weight. This has been discussed and she is now going to be seeing a dietician. Staff know what to do. She is now on supplementary drinks."

People received effective care. We heard from staff how one person was quite distressed when they first moved into the home and displayed a lot of anger towards staff. They said through good team work this person was now calm and participated in activities and seemed settled. They said, "We all spoke to him quietly and we (staff) all used the same method of approaching him." We saw on the day this person seemed content and engaged.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. A member of staff told us, "I have asked for additional training with the community epilepsy nurse which is being arranged for me. I have supervision every month and I find it useful."

At our last inspection we found that staff had not received regular appraisals which meant they could be missing out on discussing their progress with their line manager. At this inspection, the registered manager provided us with evidence that all staff had undergone a performance development review. This was the provider's process for ensuring staff had the opportunity each year to discuss progress, aspirations and behaviours and well as any training or support they required. It was also their line manager's opportunity to monitor how well staff were doing in their role and whether or not they felt they were transferring their training into best practice.

People received individualised care from staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff confirmed they had received training and told us it made them feel confident in their role. They said they had been trained in how to deal with the types of situations that may arise in the home. Staff received a range of mandatory training which included medicines, safeguarding, fire awareness and health and safety. One staff member said, "I can ask for extra training if I want. I am trained in challenging behaviours which helps me understand how I can distract people. What helps is when staff plan together how we are going to approach someone." Another member of staff said, "The training prepared me for my role."

The registered manager had told us they occasionally used agency staff. They said that they expected agency staff to complete the same induction that any new permanent member of staff would undertake. This included the mandatory training and shadowing experienced members of staff. A professional told us, "Very thorough induction (for agency staff) which is unusual, but it is very good."

## Is the service caring?

### Our findings

We asked relatives for the views on the care their family member received. One told us, "The care is excellent. Even though she lives a way away from me, I believe she's in the best place." Another said, "The staff have always been delightful; very caring." A third told us, "I can't fault (the care). Quite happy with it."

A professional told us, "It's a nice home. Staff say hello to me and show an interest." Another professional said, "I've always felt staff were very positive and very helpful. They are always able to answer questions."

The service was caring as a whole and people were treated with kindness and attention from staff. Although people could not verbally communicate staff showed patience and dedication towards people, ensuring that wherever possible they worded things in such a way that people could indicate by their own forms of communication what they wished to do.

There was an inclusive atmosphere for people. During the morning a staff member was carrying out an art and craft activity with people. They ensured that throughout the session they included people, by showing or describing to them what they were doing. At times they would put items (such as tissue paper) into one person's hands so they could feel the texture of them. Another person had an interactive pad. The staff member gently encouraged them to use this to indicate whether or not they were happy with what the staff member was suggesting or to indicate which pictures or craft items they wanted to use to build the picture they were putting together.

People were treated with respect and dignity. One person's care plan stated that the way they looked was important to them. We saw they had been dressed in appropriate clothes which were colour coordinated and that they had matching bracelets and a necklace on. Another person liked to be called by a particular name and we heard staff use this name when they addressed them. Where people required their clothes changed or personal care because their clothes were stained or they were going out on an activity staff took people to their rooms to do this in private. One staff member said, "I will always knock and say good morning. I keep talking to let people know what I am doing. Even if they can't respond to me. Anyone who wants help – I'll be there." A relative said, "They (staff) have a great respect for her."

People were cared for by staff who knew them well. Staff knew people's individual preferences well. Staff were able to describe to us people's individual characteristics and tell us about people's backgrounds, such as what foods they preferred and the types of things they liked to do with their day. This included favourite football teams and other interests.

Although people could not verbally communicate, staff could clearly understand people from their gestures and the noises they made. The registered manager told us that some staff had become Makaton (form of communication using signs) Champions and with the input from the speech and language therapy team hoped to promote its use within the home. Objects of reference were also used for specific visitors. This helped people understand and recognise who was coming into the home. A relative said, "They (staff) go out of their way to interact with her even though she can't interact back."

People were made to feel as though they mattered and have privacy when they wished it. One person was due to go to the hydrotherapy pool and had become anxious about this. Staff explained that this sometimes happened but that when they got to the pool they thoroughly enjoyed it. Staff took time with this person to reassure them and calm them to enable them to attend the activity. Later on we heard a staff member playing a guitar to this person which was a particular favourite of the person as a way of relaxing them. Other people chose to watch the television in the afternoon and were enabled to do so without interruption, or return to their rooms for a rest as they were tired from their morning activity.

People's bedrooms were personalised and decorated to their taste. People's rooms contained photographs and ornaments of their choice. Each room had appropriate equipment that supported people to live as comfortably as possible in their room and the home.

People were supported to maintain relationships with people close to them. Relatives told us they visited regularly and one relative accompanied their family member to the hydrotherapy pool as and when possible. The recent relatives and stakeholders survey showed that people felt supported to visit their family member in the home.

## Is the service responsive?

### Our findings

We asked relatives about the activities their family members were supported to access. One relative said, "They (staff) seem to stimulate her. She spends most of her time smiling." Another relative told us, "There are things going on all the time."

Activities for people varied and were adapted depending on people's abilities, likes and dislikes and relatives were encouraged to suggest activities they wished their family member to participate in. Several people were supported to go to the local hydrotherapy pool which they enjoyed. One person attended a day centre and others were encouraged to be involved in arts and crafts and baking within the home. Some people attended a Dance Act club which had commenced following suggestion by a relative. A member of staff told us, "I feel we provide activities that are stimulating and within the limits of what they (people) can do." A professional told us, "Staff are always attempting to be as creative as they can."

Activities were personalised and meaningful to people. Staff, through their knowledge of people and in conjunction with others who knew them well, organised holidays. These were done either in small groups or as an individual. Each person going on holiday was supported by a sufficient number of staff to help ensure they got the most out of their time away as well as remaining safe. At our inspection we heard how some people had just returned from a holiday and one person was going away next week.

Care plans for people were comprehensive and written in a person-centred way. They included information about a person's mobility, personal care, nutrition, skin integrity and communication. Staff could read what support a person required in order to ensure the care they provided met the person's needs. Information was detailed, such as one person whose footplates on their wheelchair were at different heights and the reason for this. Regular reviews of care plans took place to help ensure staff had the most up to date information about people. Handovers were carried out between shifts which was an opportunity to ensure that any staff coming on duty were made fully aware of how each person was. This included information about a person's mood, any changes to their needs and whether or not they had appointments or different medicines. One member of staff said, "I read people's care plans so I can give them (people) the care they need." A relative told us, "We have been involved in reviews and discussed his care."

People received care responsive to their needs and guidance was in place for staff in relation to people's specific health needs. One person's health had deteriorated and staff had engaged other health care professionals to develop a plan of care around their changing needs. All staff were aware of this and were able to describe to us what treatment and care this person required. Other people suffered from epilepsy and records contained specific care plans relating to this. Where people had behavioural issues, the registered manager engaged the input of the behaviour therapy team and positive behaviour support plans were being put in place. A relative said, "They (staff) know her well and are aware of triggers for her behaviours." There was good information for staff in how people expressed themselves, such as how they may express pain. For example, we noted one person would close their eyes.

People's care plans contained hospital passports. This was a document which detailed important and

useful information should a person have to go into hospital. It meant health care professionals would be able to identify a person's particular needs quickly and easily.

Relatives were aware of how to make a complaint. From the recent relatives and stakeholders survey we read that people felt they knew how to make a complaint. One relative told us, "If I was worried about something I would be straight on the phone." Another relative told us, "If I had a concern I would have no hesitation in speaking to staff." The registered manager told us they had received no formal complaints in the last 12 months.

## Is the service well-led?

### Our findings

We asked staff and relatives if they felt the home was well managed. A relative said, "He's (the registered manager) is quite on the ball. He is brilliant and moving in the right direction. He's very thorough and we have faith in him as the guy for the job." A second relative told us, "Cannot fault the manager. You can approach him." A professional told us, "Everything he (the registered manager) says is how it is. Very specific on views and clear on what he wants." Another professional said, "He (the registered manager) is very open and very part of the process of enabling."

The registered manager had good management oversight of the home and was keen to keep improving the quality of the service provided. They had robust quality assurance processes in place and made changes where issues or concerns were identified. For example, where similar accidents and incidents occurred the registered manager had ensured this was discussed with all staff and additional processes put in place to monitor these more effectively. A relative said, "The registered manager recognises any improvement that is needed."

Other audits carried out included checking oxygen cylinders, medical devices, health and safety checks, premises checks, cleaning and monthly medicines audits. External audits were also carried out to help ensure a good quality of care was being provided at Wesley Lodge. These included a pharmacy audit, food hygiene and cleaning audit. Any actions identified had been addressed. This included building a 'cage' at the rear of the premises to contain the oxygen cylinders as a result of the health and safety audit.

Records held about people were contemporaneous. They were stored securely but easily accessible for staff. Staff were able to assist us in finding documentation swiftly and without difficulty throughout the inspection. Following the inspection the registered manager provided us with a large amount of evidence to help support the good work carried out by staff in relation to people's care as well as processes, auditing and support networks in place for staff.

The registered manager promoted other ways of receiving feedback. They told us the Kingston Learning Disability Parliament (quality checkers) had visited the home to carry out an audit and suggest changes and improvements to the service people received. As a result the registered manager was working with them to install felt boards in communal areas which could house sensory items for people to feel or see when moving around the home.

At our last inspection we made a recommendation to the registered provider that they consider ways to capture feedback on the service as people living in the home were unable to communicate. The registered manager told us they had carried out a satisfaction survey earlier this year for relatives, professionals and other stakeholders. 16 responses had been received. These showed 14 people said they strongly agreed they felt welcome in the home and 13 people were either very happy or happy with the support and care provided in the home. The registered manager had developed an action plan in response to the survey and we saw they had acted on suggestions and feedback. For example, one relative had requested more individualised activities for their family member and the registered manager said they were working closely

with the relative to make this a reality.

Staff were also given the opportunity to give feedback. Regular staff meetings were held. These were used to discuss all aspects of the home. It was an opportunity for the registered manager to address any issues and inform staff of general information about the home and provider. Staff told us they felt comfortable speaking up at these meetings. One staff member said, "If I say something in a staff meeting I am listened to."

Staff felt valued and supported and there was a positive culture within the staff team. One staff member said, "There is a good morale amongst staff. We talk to each other. I feel valued by the people living here as I do so much for them and they need my help." They added, "(The registered manager) is approachable." Another staff member said, "He (the registered manager) is always prepared to listen. I didn't feel valued so much initially, but of late I have." A third member of staff told us, "I can speak to him (registered manager) and go to him with my concerns."