

Independence with Care Ltd

Worstead Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service: Worstead Lodge is a residential care home that provides personal care to 20 people living with a learning disability. Accommodation is spread over five buildings; the main house and four self-contained bungalows.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were cared for by staff who understood safeguarding principles.

Medicines were generally managed safely however more support is required for people who self-administer. The storage of people's medicines needs to be improved.

Further improvements to the management and oversight of records are needed.

Staff supported people to keep safe by assessing risks and identifying measures to mitigate potential causes of harm.

The service was person - centred and assessed people's needs and individual preferences.

Health care professionals were involved in people's care.

People were supported to have maximum choice and independence.

Staff sought people's consent and supported them in the least restrictive way possible.

People were supported to pursue their own hobbies and interests.

People were involved in making decisions about their care.

Staff were knowledgeable about individual people and knew how to communicate well with them.

People were relaxed in the company of staff.

There was a friendly, open and welcoming atmosphere and a positive culture in the service.

The service remains in breach of Regulation 17 HSCA RA Regulations 2014 'Good Governance'.

We made recommendations about staff training and support for people who self-administer medicines.

Rating at last inspection: Requires Improvement (January 2018)

Why we inspected: This was a scheduled, planned inspection based on the previous rating

Follow up: ongoing monitoring; seeking an improvement plan; meeting with the provider

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well Led findings below.

Requires Improvement ●

Worstead 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector, one pharmacist 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.

Service and service type:

Worstead Lodge provides residential care for people living with a learning disability.

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. They are referred to as the 'registered manager' in the report.

Notice of inspection:

This was an unannounced inspection.

What we did:

Our inspection was informed by evidence we already held about the service. This included feedback we had received from the public and the local authority since our last inspection and the information the provider sent us in their Provider Information return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with seven people who used the service and two visiting relatives.

We spoke with the registered manager, who was also the provider, the provider's partner, the homes manager, one senior support worker, a support worker and a maintenance worker

We reviewed three people's care records and eight people's medicine records. We also reviewed

documentation relating to the running and governance of the home.
After the inspection, we reviewed additional evidence relating to care records.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- At our last inspection on 4 and 8 January 2018 we identified concerns about medicine management such as unreliable administration records, labelling and a lack of auditing. This had meant the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We requested an Action Plan to address the shortcomings, which was provided. At this inspection we found some improvements had been made and the service was no longer in breach of this regulation.
 - There was a system in place for ordering and giving people their medicines as prescribed.
 - Medicines given by staff were recorded on Medicine Administration Records (MAR charts).
 - The service had recently put in place a system for checking people's medicines and records and to report incidents and investigate errors relating to medicines.
 - There was guidance to help staff give people their medicines prescribed on a 'when required' basis consistently.
 - People received regular reviews of their medicines by prescribers.
 - Some people managed their own medicines. This promoted their independence but the service did not frequently assess the risks around this. Also, arrangements were not in place for the safe and secure storage of medicines held by people in their rooms. One person told us they hid their medicines under items of clothing. Another person kept their medicines on their bedside table and did not lock their bedroom door. As they shared a bungalow, this meant other people could have potentially accessed their room and their medicines.
 - Not all members of staff who handled and administered people's medicines had recently been assessed for their competency to undertake these activities safely.
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- We recommend that the provider review and record the risks around people handling and self-administering their own medicines. They should also provide arrangements for the secure storage of medicines for people handling and self-administering their own medicines.

Assessing risk, safety monitoring and management

- People and relatives told us they felt staff kept people safe. One person told us, "They just say do not talk to strangers or go into strangers' cars, look left and right on the road." Another person said, "I do most of the cooking, they come and check and make sure the food is cooked properly. They make sure the handle's away from the floor."
- People covered or uncovered their name on a board by the front door when they were leaving or arriving

at the home. A support worker told us that people would also tell staff if they were going out. People all had access to a phone and could contact a member of staff at any time of the day or night. This demonstrated that the staff assessed potential risks to people and monitored their safety closely.

- We heard and saw from records that any changes in people's health or social routines would result in a new risk assessment and support plan.
- Staff kept up-to-date about people via a message book, handovers and staff meetings.
- Improvements had been made to assessing and managing environmental risks since the previous inspection. A maintenance person had been employed for this purpose and we saw they completed regular checks on aspects of the building and grounds, to keep them safe.
- External checks on electrical, gas and fire equipment were up-to-date.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and understood their responsibilities to keep people safe from abuse.
- Staff were able to identify potential signs of abuse and explain the procedure they would follow if they needed to report any concerns.

Staffing and recruitment

- People told us there were enough staff to support them.
- Staff felt that there were enough staff although rota coverage was sometimes difficult if a person was unexpectedly off sick.
- We viewed recruitment records, which demonstrated that the service followed good practice. This included ensuring satisfactory background checks were received before appointing a new member of staff.

Preventing and controlling infection

- Staff were all trained in infection control and food hygiene.
- The service had appointed an Infection Champion and their role was to disseminate best practice and guidance to other members of staff.
- The home was clean throughout.

Learning lessons when things go wrong

- The service had developed systems to learn from incidents and when things went wrong, and these processes were being embedded.
- The registered manager and managers met regularly to discuss oversight of the service and any improvements that were needed. The improved governance of the service would enable lessons to be learnt and measures to be put in place to prevent them from reoccurring.

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

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

- Staff carried out holistic assessments of people's care needs, which encompassed their social, cultural, emotional, physical and health needs. We saw from records and our observations and we heard from people, relatives and staff that there was a person-centred approach to people's care.

Staff support: induction, training, skills and experience

- People and their relatives told us that they felt staff had the knowledge and skills to care for them.
- The provider supported the training of staff. A new training provider was being used, which staff told us offered a better range and quality of training. Mandatory training included subjects such as safeguarding, infection control and medication.
- The staff we spoke with said they were up to date with their training and that they had recently undertaken training on the Mental Capacity Act. Staff were supported to undertake training and paid to undertake mandatory on-line training in their own time.
- Records showed that most but not all staff were up-to-date with their mandatory training. One member of staff, who re-joined the service in October 2018 had only undertaken medication training since that date. Management had relied on the person's reference from their previous employer, which stated they were 'up-to-date with their training' but gave no further detail.
- We recommend that the manager ensures all members of staff routinely complete the service's mandatory training and that clear training records of this are maintained.
- New staff were given an induction and were expected to complete the Care Certificate, which are standards of care that staff should be working to.
- Staff received regular supervision and appraisal. This gave an opportunity to review performance and professional development.

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

- People told us they were able to make choices in relation to their food and drink. They also said they were supported to prepare and eat their meals when they wanted. One person explained how three people in their bungalow took turns to prepare meals and that they had tea and snacks whenever they wanted. They said, "[Person] is cooking today with [Carer]." Another person explained that the meal that had been cooked was a fish pie. They told us, "I make myself a tea and I also ask [Person] and [Person] if they want one and they ask me if I want one. We always ask the staff if they want a drink too."
- People were involved in choosing what they bought. A person explained that food deliveries were made to the home and that people had a petty cash tin for money to buy additional items. One person told us, "We buy different bits like tea & coffee." A relative told us, "They do a lot of the food themselves. They have

some cash to buy what they want."

- A member of staff told us that if people were due to go out to a placement, they would take a packed lunch, which they made for themselves. People in the main house decided together what they would like to eat for their cooked meal in the evening. We saw house meeting minutes, which showed that meal choices were discussed and agreed by everyone.
- Some people had support with their eating and one person had food supplements, in accordance with a recommendation made by the Speech and Language Team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to see health care professionals when then needed to. One person said, "I go to the doctor if it's necessary and one of the staff takes me. The staff take me to the dentist. I go to the optician on my own. We have a lady comes in every 6 weeks to do our feet, sometimes I do my own."
- A relative told us they were kept informed of any medical appointments, "[Person] and the home tell me if they see the doctor."
- A support worker told us that in their role as a person's keyworker, they checked on whether they were due to have a routine dental or optician appointment.
- The service had a good relationship with the local GP surgery, where people attended for an annual health review and GP's reviewed people's medication. The service liaised with health professionals and services such as the Community Learning Disability team, occupational therapists and physiotherapists when people needed support.
- Records showed that the provider was supporting people with the most complex medical and social needs and they were accompanying them to appointments with consultants.
- The service had introduced Personal Emergency Evacuation Plans, which we had sight of, and emergency 'grab bags' to ensure more effective communication and continuity of service in an emergency.

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

- People told us they liked the layout of the home and that they were involved in decisions about their living environment. One person said, "I am asked what colour I liked. I chose that," (pointing to a picture).
- The main house had two large lounges and a kitchen and dining room. The two newly built bungalows were very light and fitted with contemporary furniture and appliances. The two red brick bungalows were less contemporary and one of them was very dark inside. This bungalow also had tired furniture and a small kitchen. We asked the staff about this and they told us they had tried to encourage the people living in this bungalow to let them refurbish it, but they didn't want any changes made. They were happy with their living environment, so it was left. This showed that staff were offering choices and respecting people's wishes.
- There was a pleasant and easy-going atmosphere throughout the home and in all areas. Some people kept their own bicycles in an outbuilding and enjoyed spending time in the gardens. People seemed relaxed in their surroundings. When asked what they liked best about the service, one person told us, "They've got a lovely garden I've got some friends here, I have a cup of tea with them occasionally."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us they were involved in decisions about their care and that members of staff asked their consent before offering care and support. One person told us, "They say would you like some help or is there anything I can do to help you?"
- Although staff had received training on the Mental Capacity Act, the staff we spoke with found it difficult to give examples of its application to people in the service.
- Care files we viewed were of variable quality in terms of record-keeping in relation to the MCA. For example, we saw evidence of a capacity assessment and best interest decision relating to financial management in one person's file. However, although it had been decided that it was not in the person's interest to go out of the home unaccompanied, we could not find a related capacity assessment or best interest decision for this. Another person's risk assessment stated that they lacked capacity in respect of a number of areas, but we found no related documentation in their file.
- The provider told us they were in the process of creating MCA checklists for each person's file which would help to ensure appropriate processes were followed.
- We recommend that further training and guidance on the application of the Mental Capacity Act be undertaken by all members of staff as a priority.

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

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 using the service told us that staff were caring. One person told us, "They're very friendly and kind." Another person told us, "I just love the staff." They explained that this was because staff spoke to people in a nice way. Another person said of the staff, "They're kind and always polite and they're there to help you with anything that goes wrong. I feel that they're all very nice people."
- A relative also told us they felt that the staff were caring people. They told us, "The residents come first."
- A support worker we spoke with echoed this sentiment. They said, "We put the individuals first, we look after them, we put them first."
- We heard that the staff were supportive and thoughtful. One person told us, "The staff help me when I have one of my major sort outs, I get a bit overwhelmed and I have to get a bit of help."
- A person's keyworker told us that the person's parents had recently had to move into a care home. The member of staff said, "[Person] was very upset because they used to go home every weekend. I sat down with them and explained this wouldn't happen anymore, but we looked at the positives. They could still see them every week. We said they could bring all their belongings from their (former) home and we took time to gradually sort through it together."
- We saw staff interacting in a relaxed, respectful and friendly manner with people. Staff had a good understanding of people and their preferences. It was evident that people felt comfortable with the staff and enjoyed their company.

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

- People told us they were supported with decisions and involved in making choices about their care. One person told us, "Later today hopefully I've got a meeting with [provider] to sort out money. They are advising me, they usually do it every Tuesday." The person said they were also given help to choose clothes when out shopping.
- People were allocated a keyworker who would support them to make decisions relating to their care. A support worker told us they gave people choices and always explained it was the person's decision on how their care was offered.
- Some people required support to communicate. Staff knew people's care needs very well and ensured everyone was able to participate fully in conversations about their care.

Respecting and promoting people's privacy, dignity and independence

- We heard many examples of people enjoying maximum independence in their lives. A senior support worker told us, "[Person] can walk into town now on their own whereas about a year ago they couldn't. They get a bus to Cromer. They achieved this by us gradually going out more and more and teaching them the

dangers, so they know how to cross roads. It's all been risk assessed as we've gone along."

- One person told us, "Today I've done all my room, hoovered and polished and cleaned all my bathroom and I've helped [staff member] to tidy up the lounge." Another person told us, "Weekends I go out I go to see a band at the pub, I go on my own, I walk."
- A relative told us, "[Person] does what they want to do, they play pool and goes and does shopping."
- People were calm, and we observed discrete, polite and respectful interactions with staff.
- Two people using the service had become engaged and lived with another person in a bungalow. They were supported to conduct their relationship as they wanted to. One of the people told us, "I have an ensuite, my girlfriend [another person] helps me have a shower." Their girlfriend told us, "I dry their feet and back." The person said of the staff, "Somebody's always on standby though".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- □ Care plans were detailed and person-centred. There was a focus on goal-setting and care plans contained clear information for staff to support people to achieve their goals.
- □ Staff were very responsive to people's individual wishes. For example, one person had supported a football club in another part of the country for many years. To celebrate a special birthday, the provider paid for and accompanied the person to travel first class by train and to sit in a VIP lounge at the football ground to watch their team play.
- □ We heard from a member of staff how a person wanted to cook but they didn't have one to one hours to do so in their bungalow. The staff adapted and arranged for the person to come to the main house to cook with staff there. They said the person was doing well with the cooking.
- □ A support worker told us, "I think we're very good at making sure individuals live their lives to their fullest capabilities and to not stop there! We do try to make them proud of themselves. It's so rewarding when they've achieved something."
- □ It was evident that people were empowered to take part in personalised activities, which enabled them to integrate into the local community. For example, one person was supported to start working in a nearby hotel where they helped manage the laundry. Another person had started helping at a children's nursery.
- □ On the day of our inspection, people were out at work placements and various appointments. We heard that a person was at the hairdressers and others were in town shopping. We saw people tending to the garden, where they were encouraged to grow vegetables and fruit. They were being helped by a volunteer who attended once a week. Others spoke enthusiastically about attending the wood-working workshop on site.
- □ One person liked cycling and happily showed us their bicycle. Another person was excited at the prospect of going on a trip to London with staff. Two people using the service had become engaged and lived together in a bungalow.
- □ A support worker who arranged activities, told us, "They are always busy – they also go to shows, on holidays and once a month we go to a nightclub that is appropriate. I love it here." A volunteer also helped with activities.
- □ Another member of staff told us, "[Person] goes to church, they go every Sunday – they walk there." We also heard how another person was supported to attend a different church several mornings a week.
- □ People were involved in creating their care plans and understood their relevance. One person told us, "We do the review once a year, everybody comes, that's what it's supposed to be." A relative told us, "I don't go to the review meeting, not now, there's no need. [Person] is a grown man and doesn't want me to interfere."
- □ We observed a happy living environment. A person told us, "There's no trouble here." Another person told us, "I've got some lovely friends here." People were all engaged and interacting. They were busy going out or returning to the home, chatting to each other or preparing meals. People looked content and very much at

home.

Improving care quality in response to complaints or concerns

- People we spoke with knew how to complain but they did not feel they needed to.
- One person told us, "Yes there is a specific procedure, you can write it down on a special form. I've never needed to, I've been able to sort problems by talking to the staff." When asked if they had ever had any problems they wished to complain about, another person said, "No, never, I like living here". A third person told us they only once complained but it had been a long time ago.
- One complaint had been received since the last inspection and this had been appropriately responded to by the service.
- The service had also received a number of compliments.

End of life care and support

- Although the service did not provide end of life care, plans were in place to record people's wishes about their end of life care provision.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection on 4 and 8 January 2018 we found concerns regarding the governance and quality monitoring of the service. Record management was poor. This meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- During this inspection, we found some continued shortcomings with record management. For example, paperwork relating to assessments undertaken in line with the Mental Capacity Act and associated best interest decisions were not present in people's files.
- There was a lack of records showing how staff supported people who managed their own medicines.
- Paperwork relating to missed signature medicine errors was not available.
- The full medical notes for three people were kept at the home of the registered manager, who said they managed the people's medical appointments from their home. We were not assured that the people's confidential records were being stored securely or in a fire-proof cabinet.
- Care plans and risk assessments were not always regularly reviewed.
- Risk assessments and support plans were not always consistent. In one person's file we saw an assessment, dated March 2018, which indicated that they were at high risk of not taking their medication. However, the person's care plan and medical notes stated that there was no risk identified in relation to them self-medicating. Two risk assessments, dated June 2016 and June 2018, also suggested this was the case.
- There was no evidence that care files had been audited.
- The home manager shared a copy of the weekly timetable for activities for the people living in the home, however it was not an accurate record of who did what and when. One person was at a work placement on a Monday, however this was not reflected in the record.
- Some audits and checks had recently been introduced, for example those relating to water temperatures, infection control, kitchen hygiene and medicine. However, these were not yet embedded and it was too soon to see whether they would drive improvement.
- These findings meant that the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At the time of our last inspection the provider had failed to notify us that there was no registered manager in post. This meant the service was in breach of Regulation 14 of the Registration Regulations 2009.

Notifications were not routinely being sent to us, as required, and this meant the Service was in breach of Regulation 18 of the Registration Regulations 2009.

- At this inspection we found there was a registered manager in post and notifications were being made appropriately. This meant the service was no longer in breach of Regulations 14 and 18 of the Registration Regulations 2009.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us that there was a supportive team in place and that they enjoyed working at the home.
- We heard from people and staff that the registered manager was approachable and helpful.
- People told us that they knew who the manager was and saw them in the home. We observed warm interactions between the providers, managers, staff and people. On the day of the inspection, the registered manager had accompanied a person to the job centre to provide support.
- A relative told us, "I like how the house is run, there's a lovely atmosphere."
- People told us the managers and provider were always there to give advice or to help if anything went wrong.
- The people and relatives we spoke with all praised the culture within the home and said they would recommend it as a service.

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

- People were able to attend meetings with the staff to discuss any issues they had with the service or changes they would like in the home.
- Management and staff meetings were held regularly and staff we spoke with said they felt they had the opportunity to offer new suggestions and ideas.
- People had been asked to complete a survey about their care.

Working in partnership with others; Continuous learning and improving care

- The service worked with health care agencies, an external consultant and the local authority.
- We saw evidence that some improvements had been made since our last inspection
- A recent inspection by the Local Authority had also identified different areas for improvement and the service had promptly acted on many of these.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good Governance. The provider was not maintaining clear and up to date records. Quality monitoring did not drive service-wide improvement.