

# Barchester Healthcare Homes Limited

## Werrington Lodge

### Inspection report

Baron Court  
Werrington Meadows  
Peterborough  
Cambridgeshire  
PE4 7ZF

Tel: 01733324252  
Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
11 January 2022  
08 February 2022  
15 February 2022

Date of publication:  
14 March 2022

### 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

Werrington Lodge is a residential care home providing personal and nursing care to up to a maximum 82 people. The service provides support to mainly older people some of whom are living with dementia. At the time of our inspection there were 51 people using the service.

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

People felt safe living at the service. Risk assessments had been completed to ensure that action was taken to keep people safe where possible.

Staffing levels meant that people were safe and they received their care in a timely manner. People received their medication as prescribed. There were systems in place to record, monitor and learn from accidents and incidents.

Staff had the knowledge, skills and support they required to meet people's needs effectively. People's physical, emotional and social needs were identified so staff could meet these.

People received support with eating and drinking when needed. People were supported to maintain good health and were supported by or referred to the relevant healthcare professionals.

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.

Staff were calm, kind and gentle in their interactions with people and supported them to remain independent whilst maintain their safety and welfare. People's privacy and dignity was maintained. Staff were caring and compassionate as they supported people

People were consulted about their care and had been given information in an accessible way. People were supported to pursue their hobbies and avoid the risk of social isolation. People were treated with compassion at the end of their lives so they had a dignified death.

The home was well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (report published September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Werrington Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Werrington 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and an Expert by Experience carried out this inspection. 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

Werrington Lodge is a care home with nursing care. 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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at Werrington Lodge and three relatives of people. We also spoke with the registered manager, regional director, two nurses, clinical development nurse and three carers. We also observed the care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staffing levels were determined according to peoples assessed needs. There were sufficient staff to ensure that people were safe. Staff confirmed that they had time to carry out their roles.
- Safe recruitment practices had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- We identified a breach of regulation at the previous inspection which meant that people did not always get their needs met in a timely manner. The necessary improvements had been made.
- Staffing levels were determined according to peoples assessed needs. There were sufficient staff to ensure that people were safe. Staff confirmed that they had time to carry out their roles.
- Safe recruitment practices had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the providers safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority.
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and CQC.
- Relatives told us that they thought their family members were safe living at Werrington Lodge. One relative told us, "My [family member] is very safe, the staff check on her wherever she is sitting and talk to her, they all wear the correct PPE." Another relative told us, "I haven't been able to see a lot of my [family member] due to Covid but I have no concerns over her safety. She is a lot safer at Werrington than she was at home or in the hospital."

### Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. A relative told us, "I feel that the home is a safe environment and the staff cope well with [family members] behaviour and help to keep her safe."
- Risk assessments were completed and reviewed when necessary. For example, if someone had a fall their risk assessment was reviewed to see if any further action needed to be taken to prevent a reoccurrence.
- The registered manager was putting a system in place to ensure monitoring charts were always completed as expected so that any necessary action could be taken quickly.

### Using medicines safely

- The records and levels of stock tallied to show that people received their medication as prescribed.
- PRN (As required) protocols were in place so that staff knew when to give medication that was not prescribed to take on a regular basis.
- Medication was administered by staff who had completed training and competency checks.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager stated that the home was following the government guidance in relation to visitors to the home. The role of essential care giver was being promoted and encouraged. One relative told us, "My [family member] has refused to get out of bed for the past 3 years but when I do go (arranged visiting times) during Covid restrictions they pushed her bed near the window so we can see each other."
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Learning lessons when things go wrong

- Staff followed the providers procedures when any accidents or incidents occurred.
- The registered manager ensured that any accidents or incidents were used as a learning opportunity and shared lessons learnt with the staff team. After each incident/accident there was a thorough analysis to assess if any action was needed. This information was then shared with staff.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance. This enabled them to make sure they had enough staff with the right skills.
- Care plans contained information about people's needs and it was clear that staff knew people well.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the service and this was updated as necessary. New staff shadowed experienced staff until they were confident to work alone and had been deemed competent.
- Staff we spoke with told us the training and supervisions provided them with the skills required to undertake their role safely. One member of staff told us, "I get lots of supervisions and any training I want."
- The provider also had experienced "specialist" staff that supported the staff team and guided them in what action to take. For example, they had helped staff to assess why one person was obtaining skin tears and action was taken to prevent this happening again.
- People and relatives told us that staff knew how to care for people and knew how to use equipment.

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

- People had choice and access to enough food and drink throughout the day. People told us they enjoyed their food.
- Where required, people received support with eating and drinking at a pace that suited them. Staff were aware of people's dietary needs. They monitored people's intake to make sure it was sufficient to maintain a healthy weight. A relative told us, "My mother sometimes has difficulty in feeding herself and staff will help her with this, but they also encourage her to do as much as she can by herself." Another relative told us, "My mum isn't on a special diet and will eat when she wants. She always has plenty of drink within reach. She is eating better than she used to."

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

- Staff supported people to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants. A relative told us, "The staff noticed that my [family member] was losing weight and arranged for a nutritionist to come in."
- Staff told us they ensured people had the support they needed if healthcare was required. Referrals were made as necessary. One relative told us, "If the staff or myself have any worries we discuss them and they

will take it further and get people involved e.g. GP" Another relative told us, "My [family member] has flatly refused to take any medication. Her own GP is the same GP that comes to the home and him, our family and the GP have agreed that she should not be forced to take it .She is offered it but does not have to take it".

- The registered manager worked closely with other professionals to ensure people received effective care and made sure any advice received was used to improve their care.

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

- The premises were decorated to a good standard and people's room had many personal belongings in their rooms to support them to feel it was their home.

- The premises had enough amenities, such as bathrooms and communal areas, to ensure people were supported easily.

- Regular maintenance of systems and equipment was carried out to ensure it was in good working order.

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 MCA 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, and some hospitals, 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.

- Where needed, DoLS had been applied for to ensure that people were kept safe.

- Staff ensured that people and/or their relatives were involved in decisions about their care.

- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest.

- Staff were able to tell us all about the MCA and the principles that had to be considered when assessing a person's capacity to make a decision. Staff also told us how they always tried to offer people choices. For example, one relative told us, "My [family member] sometimes liked to lie on the floor as she felt safe there, staff understood this and supported her by giving her a pillow and waiting until she felt safe to move." We saw this take place on the day of the inspection.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and we saw that interactions with staff were warm. For example, we saw that staff noticed when people were falling asleep and they checked the person was comfortable. One relative told us, "The way the staff are with my [family member], like when she chose to sit on the floor, how they talk to her, how they take her to her room when she asks I feel that staff treat my [family member] with compassion, kindness and respect her dignity and privacy." Another relative told us, "The staff are very kind and compassionate, she is treated with respect and appears to be very happy there."
- Staff knew how to support people when they seemed distressed or needing reassurance. One member of staff was observed singing with a person who responded by joining in with the song.
- One relative told us, "I feel that the staff have had training and they have the right attitude and approach with dementia. The staff know my [family member] and what upsets her and they take on board what she wants and they seem to have the skills to help her."

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

- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people and offer them choices, and we observed them chatting, which increased people's sense of well-being.
- One relative told us, "My [family members] care needs are met very well. She caught Covid 14 months ago and it left her with rheumatoid arthritis and they sorted out a special chair for her room so she is more comfortable." Another relative told us, "They keep me informed and I can ask them about my mum and how she is."
- Staff told us how they supported people to make everyday decisions. For example, they showed them several choices of clothes to wear. They also plated the food options up to show people so they could choose what they wanted to eat.
- People could choose where they wanted to spend their time and their decision was respected. One relative told us, "The staff are very good in giving my [family member] a choice even though they know how she refuses things." Another relative told us, "My [family member] is non-verbal and they have to anticipate a lot of what she wants, they do this very well."
- Relatives confirmed that they were involved in decision making for their family members were appropriate.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- People received personalised care responsive to their needs by staff who knew them well. One relative told us, "The way they help with the NHS, DOLs, DST etc. [staff member] is very good and keeps me informed about my [family members] weight as she weighs her every week. [Staff member] seems to know all facts and figures to do with my [family member] and has had zoom meetings with me and I've seen my [family member] in these. It's also the little things like the special chair and the fact that they put gauze in-between her palm and fingers so it's more comfortable"
- People's care plans contained information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs, how these were being monitored and appointments with healthcare professionals.
- People and/or their families had signed their care plans to say they agreed with what had been written. People and/or their families were also invited to review the care plans on a regular basis. One relative told us "Yes, I'm always kept informed with what's happening with my [family member]. A few weeks ago, I had her reviewed care plan paperwork through the post to sign. It was all very clear. I don't do zoom and staff are happy to discuss things with me when I see them or on the phone"

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed.
- The registered manager stated in the PIR, "Each residents care plan is unique and individual to them this information [making information accessible] will be incorporated into the communication care plan. We actively support residents to have access to audio specialist; sight support and optical services." They also stated, "We have a resident who is Lithuanian and is supported by a Lithuanian speaking member of staff and GP as well as advocacy services."

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

- People had access to a range of group activities such as games and craft sessions. We observed people taking part in artwork and being warmly encouraged by the staff.
- People had been encouraged to take part in events for the local community such as charity walks and providing socks for the homeless.
- The staff and management team supported people to maintain contact with their friends and family and facilitated visiting where possible in line with government guidelines.

#### Improving care quality in response to complaints or concerns

- Feedback obtained from people and their relatives indicated that they knew how to raise complaints and most people were confident any concerns would be dealt with promptly.
- The records showed that complaints had been investigated in line with the complaints procedure.
- The management team took complaints seriously, investigated and provided a timely response.

#### End of life care and support

- The management team and staff told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.
- One relative had recently written to the home stating, "Thank you to you all for making [family member] stay with you and her passing as comfortable and filled with love, care and attention as possible. It was very much felt home from home and been nice to know mum is part of a family."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to effectively identify areas for improvement and take the necessary action. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider, registered manager and staff had worked hard since the previous inspection to make the required improvements so that people received a better-quality service. A relative told us, "Great place, great care, I can't fault them."
- The provider was aware of the duty of candour responsibilities and ensured where needed information was shared with the relevant people.
- Staff felt positive about the culture of the organisation and valued by the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was well-run. Staff understood their roles and responsibilities and told us that they worked well as a team.
- The regional manager and registered manager had carried out detailed quality assurance visits and audits with clear action plans for improvements.
- Staff told us that they thought the training and support they received equipped them for their roles.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements.
- Information from analysis of incidents and accident accidents, feedback from people and their relatives and complaints were used to continually improve the service being offered.
- Surveys were given out to people and/or their families asking them to rate the service. The registered manager stated that they would be meeting with people and staff to write an action plan in response to the results.

Working in partnership with others

- The service worked with organisations including local authorities that commissioned the service and other health and social care professionals to ensure people received the care, treatment and support they needed.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.