

Colourscape Investments Limited

The Lodge

Inspection report

The Lodge Residential Care Home
Heslington
York
North Yorkshire
YO10 5DX

Tel: 01904430781

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing accommodation and personal care to people aged 65 and over and people living with dementia. At the time of the inspection, 19 people were using the service.

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

Quality assurance systems were in place but had not identified or addressed all the shortfalls found during the inspection which placed people at risk of receiving a poor-quality service. Accidents and incidents were appropriately responded to and were monitored by the management team.

People's medicines were appropriately administered, although consistent guidance was not always available, and some records were not properly completed. We have made a recommendation about medicines.

People did not always receive appropriate support with their oral care and referrals were not always made when concerns were identified. People were provided with appropriate support at mealtimes and had different options to choose from. However, records did not always accurately show how much people had eaten or drunk.

Staff completed a range of training and understood how to keep people safe, though records did not always show all staff had participated in regular fire drills.

Staff ensured people lived in a clean and tidy environment. Infection prevention and control (IPC) practices had been updated to follow government guidance.

Staffing levels were appropriate to meet people's needs and maintain people's safety. Staff were trained in safeguarding and appropriate referrals had been made to the local authority. Safe recruitment practices were followed and induction processes were in place to ensure staff had the skills and knowledge required for their role.

Staff were kind and caring and people's relatives provided positive feedback. Staff were positive about the impact the management team had on the service.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 23 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation to people losing weight, personal care, staff training and cleanliness of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and remains requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lodge

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection was completed by two inspectors on the first day and one inspector on the second day.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 members of staff including the registered manager and deputy manager, three senior carers and two care staff. We also spoke with activities, maintenance and kitchen staff. We spoke with one person who used the service and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for two people and medication administration records for five people. We looked at two staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

After the inspection

We spoke with one social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Using medicines safely

- Staff gained people's consent to administer their medicines and apply prescribed creams. Though some care practices compromised people's dignity, as some creams were applied in communal areas.
- Staff understood when people needed their medicines. However, protocols to guide staff to consistently administer 'as and when required' medicines were not always in place.
- Processes to ensure medicines were stored at the correct temperature were not always followed. Daily temperature checks of the medication fridge were not always completed, and records did not show appropriate action was taken when temperature issues were identified.

We recommend the provider reviews their medication processes to ensure they are followed correctly, and accurate records are kept.

Assessing risk, safety monitoring and management

- Staff were trained in fire safety and regular fire safety checks were completed. However, records did not show all staff had participated in regular fire drills. The provider's health and safety audits had not identified this shortfall.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance. However, the provider's quality assurance system had not identified the gas safety certificate was not in place following safety checks being completed. We raised this with the management team who followed this up during the inspection.
- Staff understood how to keep people safe. Risks to people's safety and wellbeing were assessed and management strategies were included in people's care plans which guided staff how to keep people safe.

Staffing and recruitment

- The provider's recruitment processes were safe and helped ensure only suitable staff were employed.
- Staff supported people in a timely manner. The registered manager monitored staffing levels to ensure they were appropriate to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and followed processes to report concerns. Staff were confident any reported concerns would be promptly addressed by the management team.

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 somewhat assured that the provider was using PPE effectively and safely. Staff understood how and when to use PPE, though on one occasion a staff member's mask was not properly positioned. We raised this with the registered manager who advised they would take immediate action.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Accidents and incidents had been responded to appropriately. Monitoring systems were in place to try to identify patterns and trends to learn from them and reduce the risk of them happening again.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff encouraged people to eat and drink enough. However, records did not always accurately reflect what people had eaten or drunk, which made it difficult for staff to monitor and address risks to people's food and fluid intake. For example, we observed people were offered regular drinks, but these were not always recorded. We raised this with the registered manager who amended recording processes during the inspection.
- Staff monitored people's weight and contacted healthcare professionals for advice when they had concerns.
- Staff were knowledgeable about people's dietary needs and the support they required, although care plans did not always reflect people's needs. We raised this with the management team who started to review and amend care plans during the inspection.
- People's preferences were catered for. People were included in developing the menus and were offered other options if they did not want what was on the menu.
- Staff provided appropriate support for each person with eating and drinking. Support included gentle encouragement, cutting up meals and helping people to eat and drink.

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

- People did not always receive appropriate support with their oral care. People's toothbrushes were in poor condition and did not support good oral hygiene. We raised this with the management team who purchased new toothbrushes and toothpaste for people during the inspection.
- Staff worked closely with most healthcare professionals. Referrals had been made to the GP, District Nurses, Chiropodists and other healthcare services, though a referral had not been made for one person to see a dentist. We raised this with the management team who made a referral to the dentist during the inspection.
- Staff were knowledgeable about people's needs and were kept informed of any changes to people's needs through handover meetings.
- People and their relatives were kept up to date with information about their health and wellbeing. A relative told us, "They've kept me informed every week as to what's going on as we've had very limited visiting. They've kept me informed of [Person's name's] weight, if they are eating properly and things like that. If I have any queries I can always call them."

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

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

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

- Staff sought people's consent and respected people's right to refuse support. If someone declined support staff returned at other times in the day to offer support again, to see if the person would be willing to accept the support later.
- People were supported to make choices and decisions. Where people lacked capacity, decisions were made in their best interests with involvement from their family, advocates and relevant professionals.
- Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor DoLS applications, though they were not always updated in people's care plans.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included mandatory training and shadowing more experienced staff. All staff completed regular training to ensure they were able to meet people's needs.
- Staff were supported in their roles. Staff received regular support from the management team through team meetings and supervisions.

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

- People's needs were assessed prior to their admission to ensure their needs could be met. Information was sought from the person, their relatives and from care professionals. This informed staff about the care people required.

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

- People's rooms were personalised to their tastes. People were supported to decorate their rooms with furniture, pictures and items which showed their personalities and interests.
- People had appropriate space to socialise or to spend time on their own. There was one main large communal area and other smaller areas for people to sit if they preferred a quieter space.
- Pictorial signage was used to help people find bathrooms and communal areas.
- There was a lift and mobility equipment available for people who needed it.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place but had not identified or addressed all the shortfalls found during the inspection. These included fire safety, oral hygiene, care and medicine records.
- Audits showed some improvements had been made, but further improvements were required.

The provider had failed to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were monitored and analysed to look for patterns and trends, to learn from them.
- The provider and management team were working to address shortfalls in the service. The management team were responsive to feedback during the inspection.

Working in partnership with others

- Advice and guidance were not always sought from healthcare professionals which risked compromising people's wellbeing. One person needed to see a dentist but advice had not been sought.
- Staff had made connections with local schools and universities which helped to integrate the service into the local community.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were happy with the service. A relative told us, "The service is excellent, especially over the past 15-16 months."
- People's relatives were provided with regular updates about their family members. Relatives spoke highly of staff being knowledgeable about their family member and the regular phone calls, emails and photos of their family members they received. A relative said, "They have kept me informed and during the peak they were doing weekly updates and sending more photos. The activities co-ordinator has been emailing me. They sent me from photos from just the other week as [Person's name] had been making cakes."
- The provider had received positive feedback from people and their families, which included thank you cards. One card from a relative said, "Thank you dear carers for all your love and kindness shown to

[Person's name] whilst in your care. I know [Person's name] was happy and content whilst a resident at The Lodge which to me was priceless and such a comfort."

- Staff were positive about the support offered by the management team. A member of staff told us, "The communication is absolutely wonderful, they're very hands on especially [Deputy manager's name], she's taught me a lot."
- The management team promoted a positive culture. Staff told us the atmosphere, support and teamwork had improved. A staff member said, "I love working there and they have been so supportive. I have a lot of respect for the people I work with. If something was wrong, I could speak up and be heard."
- Systems were in place to gather feedback from people, their relatives and staff. Regular meetings were held for staff and people using the service to inform people of any changes, seek their views and their experiences of the service.

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

- The registered manager was aware of their responsibilities in relation to the duty of candour and ensured relatives were kept informed about significant events. They also notified the CQC about incidents that affected people's safety and welfare.

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 The provider had failed to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. Regulation 17 (2)(a)(c)