

# Stephen Oldale and Susan Leigh

# West Melton Lodge

## Inspection report

2 Brampton Road  
Wath-upon-Dearne  
Rotherham  
South Yorkshire  
S63 6AW

Tel: 01709879932

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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 caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on 30 October 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was previously inspected on 14 March 2017 and was rated Inadequate and placed in special measures, with six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the report from our last inspections, by selecting the 'all reports' link for 'West Melton Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The service did not have 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 2008 and associated Regulations about how the service is run. However, the registered provider had appointed a new manager who commenced on 1 August 2017 and they had submitted an application to CQC to register.

At this inspection we found improvements. The new regional manager and the provider had followed the action plan submitted following our last inspection. Although at this inspection we identified three continued breaches, these had not adversely impacted on people who use the service and were mainly due to new systems that are still being embedding into practice. The service has been removed from special measures although further improvements must be made and sustained over time to ensure they meet the fundamental standards of safety and quality.

West Melton Lodge is in West Melton village, which is between Rotherham and Barnsley. The home is registered to provide accommodation for 32 older people. Accommodation is on two floors accessed by a passenger lift, although some rooms are only accessed by using stairs. There are several lounges and dining areas throughout the home. The bedrooms vary in size and some have en-suite lavatories. The home has gardens and there is a car park to the front of the property.

The provider had safeguarding procedures and staff were aware of the procedures. Staff had received training and people were protected from abuse.

At the time of our inspection we found there were sufficient staff on duty to meet people's needs. However, staff told us this was because the occupancy was low, so they could manage.

Risks to people had been identified, but we found these were not always followed or reviewed to reflect current needs. Systems were in place for the safe management of medicines. However, we identified a number of errors that meant systems had not always been followed to ensure people received medications as prescribed.

The service was predominantly clean. However, some areas were not clean and the environment was not well maintained, therefore it could not be effectively cleaned.

We found that the recruitment of staff followed procedures. However, although three references had been sought for one member of staff they were not from a previous employer. Staff supervision took place and staff told us they felt supported by the new manager. Staff received training that ensured they had the competencies and skills to meet the needs of people who used the service.

We found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some records were well completed and clearly documented the decision being made. However, we found some people's best interests were not always documented. If they were documented they did not always involve all relevant people and did not clearly detail the outcome. Decisions being made were sometimes very general and not specific.

A well balanced diet that met people's nutritional needs was provided.

We found staff approached people in a kindly manner. They were kind, considerate and caring. We saw most staff respected people and maintained their dignity. Although we observed some staff did not always respect people.

We observed staff did not always follow care plans, and that care plans did not always reflect people's current needs which could put people at risk.

People and the relatives we spoke with were aware of how to raise any concerns or complaints and felt listened to.

We received many positive responses from people and relatives in relation to the management of the home. There were a range of formal meetings for people who used the service and their relatives to determine their thoughts and ideas.

The provider had systems in place to monitor the quality of the service. The manager completed several audits such as medication, infection control, staffing, building and premises, and health and safety. We found that some audits had not identified the concerns we highlighted as part of our inspection.

We found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

## 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.

Risks had been identified, but were not always followed or reviewed to ensure people were safe.

Medication procedures were not always followed to ensure safety.

Some areas of the home were not kept clean or well-maintained, so were not able to be cleaned effectively.

Sufficient staff were available to meet people's needs at the time of our inspection. Recruitment procedures were in place. People were protected from abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's consent was not always sought in line with legislation and guidance.

We found people were offered adequate nutrition to meet their needs. However, records did not always evidence this.

People had good access to health care support. Staff had the knowledge and skills to support people and staff were supported.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Although most Staff interactions we observed were kindly and caring, we did see some staff did not always respect people.

Care plans reflected people's wishes, choices and decisions.

Care plans reflected people's wishes, choices and decisions.

**Requires Improvement** ●

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

The service was not always responsive.

Care plans did not always reflect peoples changing needs.

People did not always take part in meaningful enjoyable activities. Although some activities were provided when staff had the time.

People told us they were listened to. There was a complaints system in place and people felt able to raise concerns.

**Requires Improvement** ●

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

The service was not always well-led.

There was not a registered manager, the new manager had commenced in August 2017 and was applying to register with CQC.

We found some quality monitoring was not effective and did not identify areas that required improvement. However, we saw some improvements since our last inspection, although more were still required and then needed embedding into practice.

Staff told us they were well supported and the service had improved.

**Requires Improvement** ●

# West Melton 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 was planned to check 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 inspection took place on 30 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an 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.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at notifications sent to the Care Quality Commission by the registered provider.

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas.

We spoke with the regional manager, the new manager, the deputy manager, care staff, catering staff and a domestic. We also spoke with nine people who used the service and four visiting relatives. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care records. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

At our previous inspection in February 2016 there was three breaches of Regulations; 12, 13 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure people received safe care and treatment, including medication systems, that people were safe and that deployment of staff met people's needs.

At this inspection we found people were protected from abuse and improper treatment and that staff deployment had improved. However, we found a continued breach of Regulation 12, that people did not always receive safe care and treatment and medications procedures were not always followed.

We saw risks to people had been identified and documented in their care plans, However, we found these were not always followed to ensure people were safe. For example one person's moving and handling risk assessment detailed they could weight bare and could transfer from wheelchair to chair. However, documented in a review stated they could no longer walk as they crossed their feet so it was unsafe, therefore they would be difficult to transfer as they were required to walk some steps to turn. This was not documented in their risk assessment. Although we observed staff move the person safely, without up to date care records, there was a risk staff could be moving and handling the person unsafely. We also saw another person was assessed as at high risk of falls, so it was detailed to use a chair sensor so it would alert staff when they tried to get up from the chair unaided. We did not see this person try to get up during our observations. However, the person did not have the alarm sensor in place. Another person at times required to be hoisted, yet their care plan did not detail the loop configuration to use when hoisted. We observed the staff hoist this person and the position of the loop was not in the safest position to prevent falls.

Even when risk assessments were followed we identified that when people's needs changed action was not always taken. For example, a person's care plan we looked at indicated that the person was at risk of weight loss. The care plan stated that the person should be weighed on a weekly basis. The weight record indicated that the person had been weighed weekly in October and showed they had a considerable weight loss. We spoke with staff on our inspection and it was not clear if anyone had taken any action to address this issue.

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "Oh I'm safe and sound here, safe as houses." Another person said, "I get along with everybody. We look out for each other." Relatives we spoke with also felt their family member was safe living at the home. One relative said, "My relative is absolutely safe here, much safer than when they were at home." Another relative said, "Safety is absolutely paramount here, I can assure you."

We found appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, these were not always followed. We found staff who administered medicines did not always record the amount of medicines received or the amount carried forward from the previous month. This made it difficult to account for medicines.

We found people were prescribed medication to be taken 'as and when required' known as PRN medicine.

For example, medication for pain relief or to alleviate agitation. We found people had PRN protocols in place. However, these did not give sufficient detail to be able to understand how people presented when they required the medication, especially when they lacked the capacity to tell staff. For example, one person's protocol we saw for pain relief did not detail what the medication was prescribed for, or how the person presented when they were in pain. The person was living with dementia and staff told us they would not be able to verbally communicate to staff that they were in pain.

We saw one person was prescribed a short course of pain relief medication and antibiotics; it was not clear what these were for. Staff told us the person had a chest infection so the GP had prescribed the antibiotics for the infection and the pain relief as they were coughing and in some discomfort. This was not recorded in a short term care plan so staff were able to understand what it was for and could document in the review if the medication was effective or not.

We looked at medication audits these were regularly carried out and did identify errors; however, we saw the errors we had identified were not identified by the audit. The provider agreed to ensure the audit documentation was reviewed and amended to ensure all areas were checked.

We checked controlled drugs (CDs), these are drugs covered by the misuse of drugs regulations. We found these were correct.

We found medication storage room and refrigerator temperatures were checked and the medication trolleys also had thermometers to check temperatures. These were a minimum/maximum thermometer so it was possible to determine what temperature the room reached over a 24 hour period. These temperatures were recorded.

The medication was administered by staff who had received training to administer medication. The deputy manager told us all staff had received competency assessments.

As part of the inspection we looked around the service, we found it was predominantly clean. However, we identified some areas that were not clean. For example, the underside and frame of a shower chair was dirty and had dried on faeces on it. The store cupboard in the toilet by the lounge was full of pads, toiletries, creams and personal belongings; it was untidy and not clean. We also found some areas were not well maintained so were unable to be effectively cleaned. Many areas of wood were water damaged, chair cushions were badly stained and linen cupboards badly organised, with items stored on the floor so it was unable to be cleaned.

This is a continued breach of regulation 12 (1) (2) (a) (b) (f) (g) (h) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

Through our observations and talking with people who used the service we found there was adequate staff to meet people's needs. Staff confirmed there were enough staff, and added, "We have less residents so we can manage, if the numbers increase we may need more staff." We saw there was three care staff on all day and the deputy manager, who told us they were not counted in the numbers so were able to have time to review care files and other documentation that was required.

The provider had a dependency tool in place to identify the number of staff required to support people safely. The deputy manager told us this was regularly reviewed to ensure any changing needs were incorporated.

The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. However, one staff file we checked although had three references it was not clear if there was any from the last employer. The regional manager agreed to check this.

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind.

# Is the service effective?

## Our findings

At the last inspection we found breaches of Regulations, 9, 11, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. We found people did not receive person centred care, the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff did not receive effective support, induction, supervision, appraisal and training.

At this inspection we found staff were appropriately supervised and trained, and we observed that most people received person centred care. However, we found a continued breach of Regulation 11, that the requirements of The Mental Capacity Act 2005 (MCA) were not always being met.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The records we saw had assessed people's capacity and where required an application for a DoLS had been sent. Where people had an authorised DoLS in place, this was clearly documented in their care plan and indicated what support they required from the staff team.

However, although we saw some best interest decisions were in place and the recording and evidence was good, some were not in place. For example, one person had bed rails in place and did not have the capacity to consent to these, but no best interest decision was recorded. Another person had to use a hoist to be moved and didn't have the capacity to consent to this, yet there was no best interest decision in place. This meant it was not possible to determine if the least restrictive option was being used or the measures in place were the most appropriate.

This is a continued breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Need for consent.

We looked at records in relation to staff training and found that staff were receiving appropriate training to give them the skills and knowledge to do their job. Staff we spoke with told us, "The training has really improved." Another said, "The training is good now, much better, we have three subjects in one day so it is better managed."

We spoke with people who used the service and their relatives and they were full of praise about the staff and felt they knew how to support them.

Staff we spoke with told us they were supported by the new manager, the regional manager and the provider. They told us they received one to one sessions with their line manager. We saw the manager had a schedule in place to ensure all staff received appropriate supervision sessions and appraisals.

We spoke with people who used the service about the meals they received. People were very happy with the catering arrangements. People said that they could have cooked food for breakfast if they wanted it. The cook was aware of peoples likes and dislikes and told us that specialist diets were also catered for, such as pescetarianism [this is when people eat fish and sea foods, but do not eat animal flesh], diabetic and gluten free diets. People were heard to offer compliments to the cook for the meal they had just eaten. One person said, "I am very satisfied with the food." Another person said, "You can have whatever you like for breakfast." Another person said, "You can ask the cooks for anything. If they can get it, they will do it for you."

We observed lunch on the day of our inspection. This was in two sittings; people that required assistance were served first, which enabled staff to give effective support to ensure people received adequate nutrition and hydration.

People were seen ordering their main lunch time meal. However, people who were living with dementia were struggling to make a choice and no picture menus were used to assist them with the decision.

The menus were written on a chalk board and picture menus were on the wall. However, these were displaying the incorrect day's menu. The pictures were also on the board for all the days' food choices this may be confusing for people living with dementia.

Throughout the day we saw people were offered several drinks and snacks on a regular basis. However, we saw food and fluid records which were not always accurately completed. Therefore it was not evident if people although offered regular food received adequate nutrition to meet their needs.

Care files sampled showed that people were supported to maintain good health and had access to healthcare services.

## Is the service caring?

### Our findings

We spoke with people who used the service and their relatives who made positive comments about the staff. One person said, "I get on with everyone here, they [the staff] are so good to me." Another person said, "The staff are so friendly and helpful." Another person said, "Every member of staff is so caring and kind." Relatives we spoke with also felt staff were caring. One relative said, "The staff continuously show affection to all." Another relative said, "From the first time we visited here, we felt it was a home from home." Another said, "As a family we have never had a doubt about the high quality of care offered to our mother."

We observed most staff were caring, listened to people and talked to them appropriately. Staff spoke to people respectfully, and at eye level so they could communicate effectively. We saw members of staff calling people by their names as a matter of course. Staff told us they knew people's likes and dislikes. We saw some life histories were completed in care files and staff told us they were trying to get the information from relatives so they could be completed fully.

However, some of observations showed staff did not always respect people or maintain their dignity. For example, one care worker was making a personal telephone call on a mobile telephone in a person's bedroom whilst the person was sat in their chair watching television. We also saw the hairdresser was using a person's bedroom to do other people's hair. This did not respect the person's private space and privacy.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. People who used the service looked relaxed in the presence of the staff and there was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them. Relatives and visitors were also welcomed in a caring and friendly manner. However, on occasions we saw staff move people without explaining what they were doing. We also saw that as staff moved one person in a specialist chair they had their leg dragging on the floor, this was because the staff member had not placed the person's foot on the rest.

There were no restrictions on visiting times at the home. Relatives we spoke with told us they could visit when it was convenient for them and when the person who used the service wanted them to visit. The deputy manager confirmed this to us.

## Is the service responsive?

### Our findings

We looked at care records and found that they had improved since our last inspection. We saw that people's needs had been identified and measures were in place to meet the needs identified. However we identified if people's needs had changed these were not always reflected in the care plans.

Staff were very knowledgeable on people's needs and were able to tell us how they supported them. However, we found not all people's care, as documented in their plans, was followed by staff. For example, a person's care record contained an out of date risk assessment and behavioural chart. This was no longer relevant and could have been confusing for new staff.

We spoke with people who used the service and their relatives and they told us they were involved in a range of activities. One person said, "I love it when we have a show night with dancing." Another person said, "The karaoke is fantastic, we have a great time." Another person said, "I love spending time on my own, watching the birds from the windows." However, one person said, "The activities could be better, we could have a better variety of games and quizzes. Activities are so important to me; they keep my brain cells active."

On the day of our inspection we saw very little social stimulation was provided for people. During the morning staff were task focused and spent time ensuring people's needs were met. During the afternoon, staff engaged more with people on a social level.

We spoke with the manager about activities and were told the home shared an activity co-ordinator with the home nearby, which was owned by the same company. However, this person was not available on the day of our inspection. It was not clear what arrangements were in place for social activities and stimulation as care staff told us they had to provide activities when they were on duty.

The provider had a complaints procedure which was displayed in the entrance area of the home. People we spoke with told us they felt able to raise concerns. One person said, "I always speak my mind and would say if anything was wrong." One relative we spoke with said, "The manager has made it clear that if we have any concerns we must tell her." Another relative said, "If ever I have a problem I would go straight to the manager, I know she would listen." Another relative said, "The owners are very good at sorting problems out."

We looked at records in relation to complaints and found they were recorded in a complaints book. This gave details of the complaint and the action taken in response to it. It also logged the outcome of the investigation.

## Is the service well-led?

### Our findings

At our previous inspection in November 2016, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. At this inspection although we found the quality monitoring of the service had improved, we identified some areas that required improvement that had not been identified by the systems. The systems were new and required reviewing and embedding into practice.

The provider had systems in place to monitor the quality of the service. The manager completed several audits such as medication, infection control, staffing, building and premises, and health and safety. In addition to these audits, the provider completed a full audit which included all areas of the home. This was last completed in October 2017 and included a check of all the manager's audits to ensure they were taking place and accurately recorded.

We found that some audits had not identified the concerns we highlighted as part of our inspection such as in care records and care that had been delivered. For example, the first impressions audit had not identified that towels and face cloths were worn and there were some areas which were cluttered. The weight audit dated 19 September 2017 identified that one person should be weighed weekly and food and fluid charts were in place. However, these were poorly recorded and were not effectively reviewed, as the recording did not follow the actions from the audit. We also identified that some people's finances were managed by the homes administrator, and the process was for regular oversight by the provider. We found this had not happened since August 2017. The administrator said they should be checked and countersigned each month and had not been completed for September or October. This meant the quality monitoring system was not fully effective and required embedding into practice.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Staff told us they were well supported, that the service had improved and they were better managed. They said morale had greatly improved and this had a positive effect on people they cared for. We saw that staff meetings took place regularly and gave staff the opportunity to comment about the service. Staff meetings were recorded so that staff who were unable to attend could read what took place.

We received many positive reactions from people and relatives in relation to the management of the home. There were a range of formal meetings arranged with people who used the service and their relatives to determine people's thoughts and ideas. However, recently families were not taking up the opportunity to attend these meetings. People told us that the area manager came to see them regularly and asked them, how things were and if they had any problems. One person said, "I'm not really bothered about going to residents meetings." While another person said, "I would happily go to any meetings about how things might be improved; no-one has ever asked me."

People we spoke with felt the home was managed well. One person said, "The new manager is very

approachable." Another person said, "This home is very well run." We saw improvements in the service since our last inspection. New systems and procedures had been implemented and commenced. However, these were not embedded into routine practice, the regional manager assured us the provider oversight would continue to ensure the new systems become embedded in practice and the service continues to improve.

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 11 HSCA RA Regulations 2014 Need for consent  People were not fully consulted about the care and treatment. Where people lacked mental capacity legal requirements were not always followed
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People did not receive safe care and treatment, were not protected against the risks associated with the management of medications or infection control.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had systems in place to monitor the quality of the service. However, these were not always effective and were not embedded into practice.