

Warrington Community Living Lodge Lane Nursing Home

Inspection report

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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

Lodge Lane Nursing Home is a residential 'care home' providing accommodation, nursing and personal care to 20 older people and people who are living with mental health support needs. At the time of the inspection 17 people were living at the home.

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

Risk management procedures and support measures were in place. However, these were not always consistently completed as a measure of monitoring and managing risk.

Risk assessments and care plans had been reviewed and updated since the last inspection. However, they did not always contain the most up to date and consistent information required.

Governance procedures had improved since the last inspection. New systems and processes had been implemented to monitor, assess and improve the quality and safety of care people received. However, further progress and development in this area is encouraged. We have made a recommendation regarding this.

People were supported to maintain maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, processes and systems need to be reviewed in relation to legal documentation. We have made a recommendation regarding this.

Safeguarding measures and reporting procedures had improved. Staff had received safeguarding training, were familiar with reporting procedures and investigations were carried out accordingly. The manager had systems in place to review and monitor safeguarding incidents and referrals.

Staff told us they received an effective level of support from the management team. Supervision and training opportunities had improved, staff were supported to complete required training courses that could help develop their skills and qualities.

Staff were observed providing safe care and treatment in a dignified and respectful manner. The manager confirmed that improvements had taken in place in relation to the culture of the home. We noted that there was no longer an 'institutional' feel but a warm, homely and inviting atmosphere.

Staffing levels were routinely monitored. Levels of staff were reviewed and determined in relation to people's dependency needs. However, we did receive feedback that agency staff have been supporting the home whilst a recruitment drive is carried out.

The provider followed 'safe' recruitment practices meaning that people received safe, effective and

compassionate care by staff who were able to work in health and social care environments.

Medication processes and procedures were safely in place. Staff received medication administration training and had their competency levels checked. Medication audits were carried out, errors were identified, and lessons were learnt.

Infection prevention control (IPC) measures were in place. The manager and staff followed COVID-19 advice and guidance to minimise the risk of the spread of infection and to keep people safe. Control measures, policies and procedures were rigorously followed; the environment was safe, clean and well maintained.

Rating at last inspection and update:

The last rating for this service was 'inadequate' (report published August 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection, which identified the improvements they would make and when actions would be completed. At this inspection we found improvements had been made but the provider was still in breach of regulation 12 (safe care and treatment).

During this inspection the provider demonstrated that improvements have been made and the service was no longer rated as 'inadequate' overall, however improvements are still required.

This service has been in 'Special Measures' since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as 'inadequate' overall or in any of the key questions. Therefore, this service is no longer in 'Special Measures'.

Why we inspected

A decision was made for us to inspect and follow up on the actions taken following the last inspection and to see whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

Due to the COVID-19 pandemic, we undertook a focused inspection to only review the 'Safe', 'Effective' and 'Well-led' domains. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the 'Caring' and 'Responsive' key questions were not looked at during this visit.

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 to calculate the overall rating at this inspection.

The overall rating for the service has changed from 'inadequate' to 'requires improvement'. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lodge Lane Nursing Home 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.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 ●

Lodge Lane Nursing Home

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with CQC at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and was awaiting confirmation from CQC that they had officially been registered.

Notice of inspection

We gave 48 hours' notice of the inspection because infection prevention control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection and formulate a 'planning tool'.

During the inspection

We spoke with two people who lived at the home, two relatives about their experiences of the care provided, five members of staff including the new manager, one kitchen assistant and a quality and safeguarding manager.

We reviewed a range of records during the inspection and remotely. Records included three people's care records and several medication administration records, two staff personnel files in relation to recruitment and staff supervision. As well as a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit data, infection prevention control measures and quality assurance tools and checks that were in place.



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 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. 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.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure that there were robust risk management procedures in place to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Individual support needs and areas of risk were assessed. However, not all care plans and risk assessments contained the most relevant and up to date information.
- Several risk assessment tools were not consistently completed. For instance, we saw gaps in weight management and malnutrition assessment tools.
- Environmental health and safety monitoring tools were not always completed in line with organisational policies.
- Relevant fire safety and risk management procedures were in place; however, we identified that the provider had not yet completed the two required fire drills that were needed this year.

The provider responded immediately during and after the inspection to minimise risk and ensure the safety of people living at the home.

- Regulatory safety checks and certificates were reviewed and in date.
- Staff were familiar with people's support needs and areas of risk management, they escalated their concerns and the appropriate support was accessed.

Using medicines safely

- Medication management procedures were in place. Medicines were safely stored, administered and disposed of in accordance with medication policies.
- Staff had all received the required medication administration training and ensured that medications were administered in accordance with administration instructions.
- Routine medication audits were completed. Staff performance was monitored, errors were recorded and reported, and lessons were learnt accordingly.
- People had relevant medication care plans in place, 'as and when' medication protocols were complied

with and staff followed topical (medicated) creams protocols and procedures.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- Safeguarding and whistleblowing procedures had improved. The majority of staff had completed the necessary safeguarding training, any staff who had any outstanding training had already been identified by the manager.
- Staff knew how to report any safeguarding concerns, who to report their concerns to and the importance of keeping people safe. Staff told us, "Reporting procedures have improved, staff know what to do" and "Safeguarding procedures are discussed during team meeting."
- Safeguarding incidents were reported to the local authority and CQC accordingly and investigation were carried out as and when necessary.
- People told us they felt safe, we received comments such as, "It's great care", "I feel it's a safe home" and "They [staff] make me happy, there's a lot of fun and laughter."

Staffing and recruitment

At our last inspection we recommended that the provider reviewed their staffing arrangements and allow people and relatives to familiarise themselves with the staff team. The provider had made the necessary improvements.

- Staffing levels were safely monitored in conjunction with the dependency needs of people who lived at the service. However, we received feedback to suggest that an increased number of agency staff were supporting the home during COVID-19 pandemic and whilst a recruitment drive was taking place.
- A new management team had been recruited; creating a sense of stability and leadership.
- A staff notice board was visible in the home. This allowed people, visitors and relatives to familiarise themselves with the staff who were on shift each day.
- Staff personnel files contained the required information which showed 'fit and proper persons' were employed.
- Suitable references were obtained, and Disclosure and Barring Service (DBS) checks were completed for all staff who were employed.

Preventing and controlling infection

- The environment was visibly clean, and infection prevention control (IPC) procedures including those relating to COVID-19 were in place.
- Sufficient supplies of personal protective equipment (PPE) was available and staff received the necessary training in relation to the PPE procedures and arrangements that needed to be complied with.
- Extra cleaning schedules had been implemented during the COVID-19 pandemic; monthly audits and checks were in place to monitor and manage the infection risks within the home.

Learning lessons when things go wrong.

- Accident and incident reporting and recording procedures had improved.

- Staff were familiar with reporting procedures and systems were in place to monitor, assess and manage any trends that were emerging.

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 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. This meant the effectiveness of people's care, treatment and support had improved but we need assurances that good outcomes are achieved over a longer period of time. We will check this at our next comprehensive inspection.

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.

At our last inspection, the provider was not complying with the principles of the MCA (2005). This was a breach of Regulation 11 (Need for Consent) 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 11. However, we do recommend that the provider reviews the storage and accessibility of legal documentation.

- The provider was complying with the principles of the MCA (2005). Mental capacity assessments had been completed for a range of different decisions that needed to be made.
- Best interest decisions were made, and people were not unlawfully restricted
- Care files did not always contain the relevant legal documentation in relation to people's mental health support needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection, the provider failed to ensure that effective and robust record systems were in place;

people were at risk of not receiving holistic level of care. This was a breach of Regulation 17 (Good Governance) 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.

- People's support needs and areas of risk were appropriately assessed; relevant referrals and liaison with other healthcare professionals were recorded and guidance followed.
- People received support from a range of different health and social care professionals who helped provide a holistic level of care.
- Staff escalated any health and well-being concerns and the appropriate level of support was provided.

Staff support: induction, training, skills and experience

At our last inspection, staff had not received suitable support in relation to training or supervision. This was a breach of Regulation 18 (Staffing) 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 18.

- Regular supervision was beginning to take place by the new management team. Staff told us, "All training is complete, including The Care Certificate" and "New manager is really approachable. I'm very supported."
- Training compliance had improved since the last inspection. One staff member told us, "Training is all up to date, there's been Zoom training (remote digital training) and refresher training." One person also told us, "Staff are well trained, they're all very approachable and will help if they can."
- Relatives felt staff had the required skills and knowledge to support their loved ones. One relative said, "Staff know [person] very well, staff know [persons] support needs."

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

At our last inspection, people were not supported in a dignified and respectful manner. This was a breach of Regulation 10 (Dignity and Respect) 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 10.

- People were supported to make choices around their meals and encouraged to make their own food and drink in a newly developed kitchenette.
- A new four week rolling menu had been created in consultation with people who lived at the home. There was a variety of different meal options people could choose from a daily basis. One person said, "There are [meal] choices and the chef will always do you what you fancy [if you want something different]."
- Care plans contained important nutritional and hydration information; staff were familiar with people's food and drink preferences and specialist diets were accommodated.

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

- A number of renovations had taken place since the last inspection to provide a greater sense of warmth

and homeliness. However, some aspects of the home still required attention. An action plan contained details of further home improvements that were due to take place.

- Bedrooms were designed and decorated to meet people's personal taste and preference. One relative said, "[Person] is made to feel that this is her home."
- People were routinely consulted in decisions that needed to be made around the design and decoration. For instance, a new activity and lounge rooms were designed in consultation with people who lived at the home.
- The environment and culture within the home had improved; this was an area of effective care the manager was passionate about changing. The home was warm, inviting and there was no longer an 'institutional' feel that was identified at the last inspection.

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 'inadequate'. At this inspection this key question has now improved to 'requires improvement'. This meant the service management and leadership had improved but we need assurances that the service is 'well-led' over a longer period of time. We will check this at our next comprehensive inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

At our last inspection, governance assurance measures and processes were not effectively in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we recommend that the provider continues to strengthen quality assurance systems as a measure of continually assessing and monitoring the provision of care being delivered.

- The new manager had begun to embed new processes, audit tools and governance systems to monitor the quality and safety of care. However, we acknowledged that due to the COVID-19 pandemic, further time and effort needed to be dedicated to the area of 'governance'.
- Care plans and risk assessments had been reviewed and updated. However, clinical tools and charts were not always consistently completed. The manager confirmed that staff performance was being monitored as a way of improving the standards of care.
- Environmental risk management and safety procedures were in the process of being addressed. We identified that routine environmental checks were not always completed as per organisational policies.
- A variety of audits and actions plans were in place; improvements we identified during the inspection had also been identified by internal audits. The manager and quality and safeguarding manager acknowledged that areas of improvement were still required.
- The manager was aware of their responsibilities, as well as their legal and regulatory duties and was passionate about delivering person-centred care that would achieve good outcomes.
- Improvements had been identified since the last inspection. Feedback we received regarding improvements included, "There's a significant difference, the enthusiasm [manager] brings and there's team work", "[Manager] is really positive, knows what needs to be done" and "[Manager] has lifted the home a lot."

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; continuous learning and improving care

- The manager understood the importance of developing and maintaining open, honest and transparent

relationships. One relative told us, "[Communication] is absolutely great, I'm kept informed by manager."

- Accidents, incidents and safeguarding processes had improved. Internal investigations were completed, the relevant referrals were made lessons were learnt, and trends were established.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, relatives and people we spoke with told us that they felt 'involved' and consulted with in relation to the provision of care being delivered.
- Staff and 'resident' meetings had taken place and helped to capture the thoughts, views and suggestions relating to the care being provided. One staff member said, "There's more communication and frequent meetings."
- The manager positively engaged with us throughout the inspection, was responsive to our feedback and provided us with all the relevant documentation we requested in a timely manner.
- There was evidence of partnership working with other agencies and services such as the local authority, infection prevention control team, dieticians and GP's.
- We received positive feedback from staff and relatives about the overall provision of care being delivered. One staff member said, "It's brilliant, things have really improved, I'm proud to be part of the team." One relative also said, "I'm very happy with the care, it's the happiest I've seen [person] in a long time."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Safe care and treatment was not always being provided to people who were living at the home.