

Hamilton Care Limited

The Lodge

Inspection report

Westbourne Road
Scarborough
North Yorkshire
YO11 2SP

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

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 personal care to older people. The service can accommodate up to 38 people. At the time of this inspection, 33 people lived at the service.

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

People were not always safe. Government guidance in relation to infection prevention and control had not always been implemented or followed. Risks to people were not always appropriately managed or recorded. Medicine records did not provide staff with sufficient detail regarding when and how to administer medicines.

There was a lack of effective systems and processes in place to monitor the quality and safety of the service.

Staff had not always been deployed effectively to ensure people received support they required in a timely manner.

Staff had been recruited safely and people told us they felt safe living at the service. Any safeguarding concerns had been appropriately reported. Staff spoke highly of the management team and described an open and honest culture.

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

Rating at last inspection

The last rating for this service was good (published 26 February 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection prevention and control and COVID-19 management. A decision was made, in accordance with our inspection methodology, for us to inspect and examine those risks.

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 inspected and found there was a concern with risk management, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe 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.

The provider took immediate action to address the concerns and shortfalls found during the inspection. They submitted an action plan and provided regular updates to the CQC regarding steps they had taken to ensure the service was safe.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control, assessing risk, staffing levels and governance at this inspection.

We took urgent enforcement action to ensure infection prevention and control was appropriately managed to reduce the risk to people.

Follow up

We will request an action plan from 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 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 conducted over two days by one inspector. An Expert by Experience made calls to relatives following the site visit, to ask their views on the service provided. 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

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. The Care Quality Commission (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 CQC. 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 other 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 three people who used the service about their experience of the care provided. We also spent time observing staff interactions with people. We spoke with six members of staff including the registered manager who is also the provider and nominated individual, chef, domestic assistant and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, equipment services, accidents and incident monitoring and quality assurance records. Following the inspection site visit we also contacted eight relatives to ask their views on the service provided.

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 good. At this inspection this key question has now deteriorated 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; Learning lessons when things go wrong

- Risks to people had not always been assessed, monitored and recorded. We found examples where risk assessments were either not in place or had not been updated to reflect people's current needs.
- Where risks specific to people's medical conditions had been identified, risk monitoring tools used to determine the level of risk had not always been completed appropriately to determine the level of risk.
- Risks in relation to the environment, such as open and accessible staircases, had not always been considered or measure put in place to mitigate potential risks to people.

Failure to assess the risks relating to the health and safety of service users was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was meeting shielding and social distancing rules. Chairs in communal areas were not positioned to promote social distancing. Requirement isolation periods as stated in government guidance had not always been complied with.
- We were not assured that the provider was using PPE effectively and safely. Sufficient PPE was not always available or stored appropriately to reduce the risk of contamination. Staff did not take off their used PPE in line with governance guidance.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Appropriate records were not in place to support decisions made in people's best interests with regards to testing.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules in place were not sufficient and did not include increased cleaning of high touch point areas. Clinical waste and clean linen was inappropriately stored.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Appropriate risk assessments were not in place and risk specific to each person who used the service had not been considered.
- We were not assured that the provider's infection prevention and control policy was up to date and implemented effectively. The provider was using an NHS IPC policy, but this had not been updated to ensure it was specific to the service.

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

Failure to ensure guidance was implemented and followed in relation to the prevention and controlling of the spread of infections was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.

Using medicines safely

- Medicines were stored and administered appropriately. However, records were not sufficient. Where people were prescribed as and when required medicines, appropriate protocols were not in place to guide staff on when these medicines should be administered.
- Records for medicines such as pain patches and topical creams, were not in place to provide guidance to staff on where to apply such medicines.
- Staff had received medicines training. However, medicine competency assessments were not completed.

Failure to maintain accurate, complete and contemporaneous records in relation to medicines was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was not always a sufficient number of staff on duty that were deployed effectively to support people.
- Observations showed people were left unsupervised in communal areas on a number of occasions. As a result, altercations between people had occurred and staff were not available to intervene.
- Rotas showed, at night there was only two staff on duty to support 33 people. Accident and incident records evidenced a large number of falls had occurred at night when staffing levels were low. This demonstrated poor response times to people's requests for support at night. We discussed this with the registered manager who agreed to review staffing levels and staff deployment within the service.
- The registered manager did not use any tools to determine the number of staff required to meet people's needs.

Failure to ensure there is a sufficient number of staff effectively deployed was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment processes were in place. The registered manager was in the process of reviewing interview questions to ensure they were relevant to the roles staff were applying for.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place keep people safe. Any concerns had been reported appropriately and staff had completed safeguarding training.
- People told us they felt safe. Relatives spoke positively of the service and were confident safe care was provided. One person said, "I am safe here, safer than I was at home that is for sure. I feel safe and protected."

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Systems and processes in place had not been operated effectively to ensure compliance with regulations. The registered manager had failed to identify and address poor practice in relation to Covid-19 management which put people at risk of harm.
- Governance systems in place used to monitor the quality and safety of the service had not always been effective, specifically in relation to Covid-19, assessing risk and medicine management. Audits were not in place for areas such as care planning.

Failure to establish and operate effective systems to assess, monitor and improve the service provided was a breach of Regulation 17 (Good Governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider, who is also the registered manager, took immediate action to address the shortfalls found on inspection. They were committed to ensuring improvements were made.

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;

- Staff told us there was a positive culture within the service and the registered manager was approachable. Comments included, "I can go to [registered manager] if I have any concerns at all. We often have open discussions."
- Staff were observed providing kind and caring support to meet people's needs. Relatives spoke highly of the staff team and their approach and handing of the current government restrictions.
- The registered manager understood their responsibility to be open, honest and apologise to people if things went wrong.

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

- People told us they had been able to maintain contact with their relatives during Covid-19 restrictions. One person said, "We know relatives can't visit like they used to, but I chat to them often enough which is nice." The registered manager and staff team recognised the importance of this.

- Staff had contacted relevant professionals to seek support and guidance when this was needed.
- Professionals visiting the service expressed concerns around staff approach and attitude when they visited. The provider took action to address this.

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 failed to keep accurate, complete and contemporaneous records. They failed to establish and operate effective systems to assess, monitor and improve the service. 17(1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there was a sufficient number of staff effectively deployed to met people's needs. 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess and mitigate risks relating to the health and safety of service users. 12(2)(a)(b)(h)

The enforcement action we took:

NOD