

## Barchester Healthcare Homes Limited

# Ritson Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ritson Lodge is a residential care home providing personal and nursing care to up to 60 people. At the time of the inspection there were 44 people living in the home, some of whom were living with dementia. It is a purpose-built care home consisting of three separate wings; Seabreeze (nursing care), Seashore (residential) and Memory Lane (dementia care), each of which has separate adapted facilities.

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

Risks in relation to people's care were not always assessed or sufficiently detailed to ensure people were cared for in a safe way. There was not always accurate guidance in place for staff about how to manage or reduce risk.

We could not be assured that people received their topical medicines, such as creams, as recording systems showed gaps in application. Some documentation was confusing in relation to covert administrations of medicines. Some information had not been updated.

Staff were observed to be kind and caring. However, there were not always enough staff to meet people's needs in a timely way, engage with people meaningfully or provide individualised care and support. Staff had not always received appropriate supervision that ensured good practice within the service. Staff were recruited safely.

The majority of people we spoke with told us that they liked living at Ritson Lodge. However, several told us that they would like more time spent with staff.

There were governance systems in place to monitor the quality and safety of the service, however, these had not always been wholly effective. The providers lack of oversight meant previously evidenced standards and regulatory compliance had not been maintained.

The new regional director had completed an audit prior to our inspection which identified issues that needed addressing in the home, some of which were reflective of our findings.

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

### Rating at last inspection

The last rating for this service was Good (published 9 August 2019).

### Why we inspected

We received concerns in relation to staffing levels and the quality of care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 changed from Good to Requires Improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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 have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ritson Lodge on our website at [www.cqc.org.uk](http://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 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 of the regulations in relation to safe care and treatment, staffing and governance.

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

We issued the provider with a Warning Notice, notifying them that they were failing to comply with the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and a timescale by which they were required to become compliant.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Inadequate** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ritson 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

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ritson 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 did not have a manager who was registered with the Care Quality Commission. As a result the provider holds overall regulatory responsibility. A new manager had started in October 2021 but had not yet registered. They are referred to as the 'manager' within this report.

#### 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. 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.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with the manager, regional director, two nurses, two senior care workers, one care worker and the maintenance person.

We reviewed a range of records. This included eight people's care records and multiple medication records.

After the inspection

We spoke with a further four staff, five relatives, and one community nurse by telephone.

We continued to seek clarification from the provider to validate evidence found. We looked at training and recruitment data, and quality assurance records.

# 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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Where risk assessments were in place, they did not clearly and concisely indicate the actions which staff needed to take to reduce risks to people.
- One person was assessed at high risk of harm and should be checked on every 30 minutes by staff. When we reviewed their records, we found that checks had not always been carried out in line with their assessed need, and sometimes there was 60-90 minutes between checks.
- Where people had specific health conditions such as diabetes, records did not include relevant information, such as blood sugar level ranges to ensure these remained at a safe level. Additional checks had not been carried out when one person's blood sugars became high. The registered nurse on duty told us, "The guidelines weren't in place."
- Where people experienced episodes of distress, care plans were not always sufficiently detailed in how to effectively support people. Where new incidents had occurred, information within care plans had not always been updated so staff were aware.
- Staff did not always follow risk management plans to provide safe care. One person was at high risk of falls. They had a sensor mat in place which alerts staff if the person stands up. We found this was placed under the bed and not in use. Staff told us that this was only used at night. However, on day two of our inspection a risk assessment had been implemented which said it should be used during the day and night when the person was in bed. On day two of our inspection we checked the persons room and the sensor mat was still under the bed and the person was present. This placed the person at risk of harm.
- The service had been reliant on agency staff. Not having detailed guidance in place with the use of agency staff who may be unfamiliar with people's needs, further heightened the risk.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought our concerns to the attention of the management team who took action to ensure more detailed care plans and risk assessments were put in place promptly.

- Checks for fire safety were in place. There was a system to reduce the risks of legionella bacteria in the water system..

Staffing and recruitment

- The deployment of staff was not suitably managed. We had to attract the attention of staff due to

concerns about one person who was seen in the dining area coughing and asking for a drink. Staffing levels did not always ensure people received their care in a timely manner and that their safety was monitored.

- Staff were observed to be rushing from one person to the next. Some people told us they did not think there were enough staff. One person told us, "The staff are always busy. You might have to wait 5 or 10 minutes. It depends on other people and what staff are doing for them." Another person said, "No there aren't [enough staff]. Some days they really struggle." And a third, "I wake at 7am-7:30am but don't see anyone until they bring my breakfast. A cup of tea would be nice, but I reckon you'd be told to get it yourself."
- One to one supervision sessions for staff had not taken place. There was a system in place for staff to read a policy each month. However, this did not enable an open discussion about staff performance and enable staff to discuss any issues or concerns they may have. Based on our observations of performance and practice this was an area which required improvement.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the regional director confirmed that they were currently reviewing how they configure and deploy staff. Staffing at night was in the process of being addressed.

- Staff were recruited safely.

#### Using medicines safely

- There were gaps in records for the administration of some topical medicines, such as creams and emollients. The records did not confirm that they had been applied as intended by prescribers.
- We identified a discrepancy with one person's medicines which indicated they may not have been administered one of their medicines as per the prescriber's instructions. It was unclear whether the person had been given it, or if it was given twice. An incident form was completed by the general manager.
- Some medicines had not been administered for two people as the stock had not been received. This was not followed up by staff who were made aware that this needed to be ordered.
- Documentation in relation to administration of covert medications needed to be reviewed or updated.
- One person's insulin was administered two hours late on three occasions in one week. Giving insulin later risks the person's blood sugars rising out of range.

This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- The provider had been unable to sustain the improvements identified at the last inspection and were now in breach of regulations again. This meant that lessons had not always been learnt.
- There was a system in place to review accidents and incidents in the service and a lessons learnt system where an analysis was completed of each incident.

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

- Staff had completed safeguarding training and demonstrated some understanding of the types of abuse a person may experience and their responsibilities to report any concerns to keep people safe. Some staff were unsure who to report concerns to externally but told us the contact numbers were available if they needed them.

- Safeguarding concerns had been reported to the local authority and CQC as required to ensure the concerns were investigated. Records confirmed this.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found one kitchen cupboard to be heavy with old food crumbs. The cupboard had plastic peeling away from it which meant it could not be cleaned effectively. In the same kitchen two taps were seen to be heavy with limescale. We fed this back to the management team and on day two of the inspection, the kitchen had been cleaned.
- We were somewhat assured the provider was preventing visitors from catching and spreading infections. On arrival the inspection team were asked to show evidence of a COVID-19 vaccine and lateral flow test. However, we were not asked about our health status before entering the building.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.

# 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

- The service did not have a manager registered with the Care Quality Commission. The previous registered manager had resigned in October 2021. There was a new manager in post who started shortly after, but they had not yet been registered. There was also a new regional director in post. Both were familiarising themselves with the various issues they had recently identified in the service, from their own audits.
- At this inspection, we found the provider had been unable to sustain the improvements made at the last inspection and we found three breaches of regulation. Well-led has not achieved a rating of Good since 2015. Since 2014 there have been six registered managers.
- Although there were governance systems in place, these had not been wholly effective. Previously evidenced standards and areas of regulatory compliance had not been maintained. For example, the accuracy of care records and management of risk. Given the high use of agency staff it was even more important to ensure information and guidance was accurate.
- The provider used a dependency tool to calculate the number of staff required, however, they had not considered the impact of staff duties such as writing care plans or supporting people who were distressed and required more time to be given to them. This was impacting on the standards of care provided.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new regional director had carried out a quality audit in October 2021. Their findings were reflective of ours. They set out actions plans to, "Address the various issues in the home". They had also advised us prior to the inspection that the registered manager had resigned, and their plans going forward.
- During our inspection the new management team were responsive to our feedback and had been proactive in starting to take action to address the shortfalls they had identified already and that we had during our visit.

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

- Risks that affected people and others were not always properly assessed. People did not always receive quality time with staff due to the staffing levels.

- Staff were observed to be kind and caring. However, they were under increased pressure and therefore were unable to deliver the care they wanted to or spend any quality time with people. One staff member said, "I love my job, but I'd like to spend more time with people just talking to them."
- The availability of staff did not always achieve good outcomes for people. One person said, "I would like to see the staff spending more time with us, but I guess if that happened there'd be fee increases." Another said, "What would be great is if they [staff] could accompany me to walk around. I haven't fallen but I know I need to gain confidence to walk and if someone walked with me I would be able to do more."

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 manager and regional director welcomed our inspection and feedback. They were responsive to the concerns raised and implemented improvement action plans on day two of the inspection, reflecting our feedback.
- The management team had submitted notifications about events such as safeguarding incidents to CQC as they are required to do by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- 44 staff had left in 12 months. Feedback from the regional director indicated that this was because new staff were not properly inducted and supported in their role. Staff we spoke with told us how they enjoyed their jobs but did not always feel valued by the previous registered manager. Most staff we spoke with were positive about having a new manager.
- Resident and relative surveys were carried out by an external company. The managing director told us that they were waiting for the formal resident survey report and the relative survey was still underway.
- We received mixed feedback from relatives. One told us, "I have spent a lot of time in the service and believe me there are not enough staff. My [relative] was rarely supported to get out of bed, which would have helped their recovery". Another said, "I'm glad there is a new manager, wasn't keen on the last one." Minutes of a relative's meeting in October 2021, show another relative raised concerns about the issue of staffing levels in the service.
- Staff meetings were held which staff confirmed.

Continuous learning and improving care

- As staff were not receiving formal one to one supervision, it was unclear how the provider was assessing staff performance and competency and how they ensured that staff understood their roles and responsibilities. Findings in this report do not reflect that they did.
- There were daily meetings with heads of each unit to discuss people's needs and staff well-being.
- Training was provided to staff relevant to their roles.

Working in partnership with others

- The service had worked with the local authority and healthcare professionals such as district nurses and mental health teams. One nurse told us, "They do refer any issues to us quickly, there isn't a delay when there are concerns."

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staffing levels and deployment did not always ensure people's safety.  Staff had not received appropriate ongoing or periodic supervision in their role to make sure competence was maintained.  18 (1) (2) (a)

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
Treatment of disease, disorder or injury	Risks affecting people had not always been fully assessed and mitigated.  Medicines records were not always updated with relevant information. Some topical medicines were not being administered as per the prescribers instructions.  12 (1) (2) (a) (b) (2) (g)

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems had not been wholly effective; the service had been unable to sustain improvements made at the previous inspection.  17 (1) (2) (a) (b) (c)

### The enforcement action we took:

Warning notice