Reed Care Homes Limited

Nayland Lodge

Inspection report

44 - 46 Nayland Road
Mile End
Colchester
Essex
CO4 5EN

Tel: 01206853070

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Nayland Lodge provides rehabilitation and support for up to eight adults who have a mental health disorder. There were seven people living at the service on both days of inspection however only one person was receiving a regulated service.

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

Environmental risks in the service had not been identified and mitigated despite known risks to people.

The provider had not raised concerns with the local authority to safeguard people.

Systems were in place to monitor the quality of the service. However, these were not effective and did not highlight concerns raised during the inspection

The environment was not always clean and required improvement. We have made a recommendation about the environment of the service.

End of life planning required further development. We have made a recommendation that the service consults a reputable source to further develop end of life planning.

Staff were recruited safely, were visible in the service and responded to people quickly.

People were given choice and supported to be independent. They were treated with dignity and respect.

Staff knew people well and had developed meaningful relationships with them.

People's health was well managed and there were positive links with other services to ensure that individual health and nutritional needs were met.

People received their medicines when they needed them.

People who received support, and their relatives, made positive comments about the care provided.

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

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 requires improvement (report published 02 August 2018) At this inspection, the required improvements had not been made.

Why we inspected
This was a planned inspection based on the previous rating. You can see what action we have asked the provider to take at the end of this full report.

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Nayland 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.

Inspection team
Two inspectors and an assistant inspector conducted the inspection.

Service and service type
Nayland Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission (CQC). A person was in the process of making an application with CQC to become the registered manager. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the manager had applied to the commission to be registered.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

Due to technical problems the provider completed and submitted a P.I.R return but this was not received. During inspection, we saw that this had taken place and took this into account when we inspected.

During the inspection
We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager, assistant

manager and support workers. 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 one people's care and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding procedure for staff to follow. Staff had been trained to understand the signs of abuse and how to report incidents. However, the manager had not always reported safeguarding concerns to the local authority or CQC, when they were identified. Records showed that where concerns were raised, robust investigations had not always taken place to establish what went wrong. We raised this with the manager immediately and asked for these to be submitted. Following the inspection, these had been submitted to the local authority.
- Risk assessments did not identify all known risks to people. Records did not show staff how these should be managed and mitigated, particularly when people were placing themselves at risk of poor physical health. We spoke to staff who told us they were aware of a person's risks and found no impact on the care being delivered.
- There were also high-risk ligature points throughout the service which had not been identified when assessing risk. This placed people who could feel suicidal or experience extreme states of anxiety and agitation at risk of harm. Not everyone receiving care and support at the service was at risk from the environment, but those who were could have a direct impact on others living there. Whilst the care quality commission does not report on quality of care for people who do not receive a regulated activity, such as personal care, we do share concerns with local commissioning teams and have shared information of concern relating to the environment and how people with complex mental health conditions are supported.

The service wrote to inform us that they had immediately addressed this following inspection and we will review this at the next inspection

- People's bedroom windows did not have appropriate window restrictors to prevent the risk of falling. This risk had not been identified by the service who were unaware of health and safety legislation about this.

While people did not come to direct harm as a result of this, they were exposed to this risk of harm as a result of these risks not being identified and mitigated. This was a breach of Regulation 12 The Health and Social Care Act 2008 (Regulated activities) Regulations 2014

- People had personal evacuation plans for use in case of an emergency. Staff were able to tell us what they would do in an emergency.
- Equipment was maintained. These checks included fire alarm testing and legionella testing.

Preventing and controlling infection

● Staff understood and followed infection control procedures. Staff cleaned the communal areas of the service and completed a cleaning checklist for jobs done. However, we observed gaps in the daily monitoring. The kitchen floor and drawers were dirty, and carpets and sofas were heavily stained in places. No sanitary disposal units where available in toilets for female visitors, people at the service and staff. The manager told us, "I have asked about sanitary waste bins for people but was told there was no money. There are things we need and must have, but its sometimes like dragging blood out of a stone."

Learning lessons when things go wrong

● Accidents and incidents were recorded but it was not always clear how these were monitored by the Manager or how lessons had been learnt.

Staffing and recruitment

● Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.

● Arrangements to ensure the right number of staff were on duty were in place and staff said these worked well. People were able to access the community with support when they wanted.

Using medicines safely

● Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

● One person's medication record confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels held were correct.

● Staff were trained and assessed as competent before they administered medicines.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

● Staff told us they had did not always have the training they needed to support people's individual needs. Training was completed face to face and via e-learning. This included modules on medicines and autism. One staff member told us, "I am looking to do other training such as autism in more depth. Some of the training here is basic, especially the online training, which most of the training is." Another told us, "I feel the e-learning training is a load of rubbish." We spoke to the manager about the training provided, who told us they had also raised concerns about the quality of the training with the provider.

●Training records showed staff had not undertaken training in key areas such as mental health, personality disorders and schizophrenia despite people living in the service with these conditions. This meant we could not be assured that staff had the knowledge and skills to support people in line with best practice.

●The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

● Staff told us they had received a comprehensive induction programme into the service. Inductions included health and safety, fire arrangements and reading care plans.

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

● Since the inspection the environment had not been well maintained……this included exposed wires from a light fitting and worn carpet. The provider was able to demonstrate that a new carpet had been ordered, but we were not confident that processes in place to identify when furnishings and fixtures needed updating were robust, or ensured timely action was taken.

● People's rooms were personalised, accessible, comfortable and decorated with photos. One person showed us their room and told us how they had been involved in choosing the decorations and objects in their room.

We recommend a planned maintenance schedule of works is developed for the service to improve the environment.

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

● Care records lacked person centred information about people's likes and dislikes around food. However, staff told us how choices such as drinks and foods were offered, and people's favourites were well known to the staff.

Staff working with other agencies to provide consistent, effective, timely care

● Staff communicated effectively with other staff at the service and agencies where appropriate. We received feedback from one professional who told us, "I have supported a number of people who lived at Nayland Lodge with benefits, advocacy, etc, within the last 2 years. I have always found the staff to be supportive of their client's."

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

● An assessment of the persons individual and diverse needs was in place prior to them moving into the service to ensure their needs could be met safely.

Supporting people to live healthier lives, access healthcare services and support

● People were supported with their healthcare and accessing services. One member of staff told us, "We support people with their appointments. We always have a driver on shift to support people to attend appointments."

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood the requirements of the Mental Capacity Act in general, and how this worked in their day to day work with people.

● The manager understood their responsibility to apply for DoLs as needed and their responsibility to inform the commission.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● Feedback was positive about the kind and caring nature of staff at Nayland Lodge. One person told us, "Staff help me to take care of myself. I really like it here."

Staff spoke about people in a kind way and had clearly developed good relationships with people.

● We observed staff speaking to people as equals and having good humoured conversations with people in a caring way.

Supporting people to express their views and be involved in making decisions about their care

● Communication between the service and people and their relatives was good. A relative told us, "The service does involve us in care planning. [Person] needed to attend a health appointment but didn't want to go. The home called us and spoke to us about helping [person] understand their health care needs. They let us know what was happening, so we could explain things."

Respecting and promoting people's privacy, dignity and independence

● Privacy was respected because confidential information was held securely in the office location.

● People were supported to maintain relationships with those who were important to them. Relatives confirmed this.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not reflect how staff should support people to remain fit and well, where risk of poor health had been identified. They were not person centred and lacked detail about how a person wanted to be cared for. However, staff were able to tell us how they supported people and were able to demonstrate that the care they provided was person centred.
- Regular reviews of care were arranged; however, care plans were not always updated to reflect changing needs of people.

End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, management knew how to access support from other healthcare professionals should this be required.
- Staff had not received end of life training and highlighted it as an area they wanted developed. One staff member told us, "I have never had end of life training here, but I'm trying to avoid the subject as I know it will be hard, but I know I have to do it".
- Detailed documents to record arrangements, choice and wishes people may have for the end of their life were not in place to ensure peoples final wishes were met.

End of life planning required further development. We have made a recommendation that the service views their end of life planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and had skills and resources to support people in these ways.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- We saw photographs in the service which showed peoples' positive interactions in the community. The manager told us, "The activities we do in the service are good, we have a car and it is well used by people who live here."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure.
- Staff informed us they knew how to raise a complaint or concern with the manager.

Requires Improvement

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 was not always well run. Whilst the manager had made some improvements to the service since the last inspection, these had not been widespread or embedded. Management had clinical backgrounds in mental health, however this knowledge was not always being used to identify and mitigate risks.
- The service did not have a manager registered with the Care Quality Commission (CQC). A person was in the process of making an application with CQC to become the registered manager. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the manager had applied to the commission to be registered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to provide effective oversight of the service and ensure the service delivered was of good quality; they did not have systems in place to identify what was working well and what needed to improve. There was a continued lack of improvement and sustainability. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider continued to be in breach of Regulation 17.

- Quality assurance processes were not effective. The lack of robust quality assurance meant people were at risk of receiving poor care. Concerns identified during inspection such as environmental and safety concerns had not been picked up by the provider's systems. Where audits had identified concerns, we could not see evidence actions had been taken to rectify this or trends and themes identified.
- There was a lack of continuous improvement within the service. Whilst the manager had made some improvements since the last inspection, opportunities to improve the service following feedback had not been taken or actioned.
- People, staff and relatives had completed surveys of their views of the service. However, this information had not been used by the management team to make improvements where issues were raised such as the environment. We spoke to the manager who told us these had been completed before they started working at the service. They had not read or used any of the information provided.

● House meetings were held between people and staff, however, people had not always been engaged with to ensure their views were taken account of.
● Supervision of staff had been carried out by the manager who told us they had met with staff but had not yet completed annual appraisals of staff. Staff told us they were now provided with an opportunity to feedback their views and suggestions for the service to the manager.

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

● The manager was aware of their duty to be open and honest when something went wrong. We found systems in place to ensure appropriate action was taken when needed.
● The ratings from the previous inspection were on display within the service.

Working in partnership with others
● The service sought the advice of various professionals as appropriate to plan and review the care provided.

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 The registered person failed to ensure people's safety from environmental risks within the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person's quality assurance systems were ineffective