

# Lifeways Community Care Limited

## River Lodge

### Inspection report

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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

River Lodge is a registered care home for adults with learning disabilities. At the time of our inspection the home was providing personal care to eight people. The service can support up to eight people in one adapted building.

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

People's medicines were not always managed effectively. We found occasions where the number of medicines in stock did not match people's medicine administration records. This meant people may not have had their medicines as prescribed. The infection and control procedures in place were not always effective.

The provider's governance systems in place were not always effective. Audits did not always identify errors or areas for improvement, including the medicine errors we found. Some recent audits could also not be located. There was no risk assessments in place for the location of personal protective equipment (PPE) and some documents stored at the home were not relevant and belonged to other homes. People were not always involved in the service.

We found systems and processes were in place to protect people from potential harm or abuse and risks to people's safety were assessed, monitored and reviewed. People were supported by enough staff who reported accidents and incidents and actions were taken following them.

The provider was working to improve the culture in the home. Managers and staff were clear about their roles and they acted on the duty of candour. The provider worked in partnership with others to achieve good outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's choice, control and independence was supported through adaptations made to their care and within the home. People's care plans were person-centred and reflected their human rights. Their human rights were also promoted through day to day routines along with their dignity and privacy. Staff and leaders shared attitudes and behaviours which promoted inclusivity and encouraged people to have confident and empowered lives.

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 3 June 2019).

## Why we inspected

The inspection was prompted in part due to concerns we received about the assessment and management of potential risk to people, staffing and management oversight. A decision was made 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 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.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for River 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 have identified a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 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** ●

# River 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

This inspection was carried out by one inspector.

#### Service and service type

River 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 had a manager registered with the Care Quality Commission. 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, however we telephoned the provider from outside the home because of the risks associated with Covid-19. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

#### 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 two relatives about their experience of the care provided. We spoke with six members of staff. The registered manager was not available on the day of our inspection, however we spoke with the area manager, the covering manager, team leaders, and care support workers. Due to people's communication difficulties they were unable to tell us about their experience of living in the home, however we were able to observe people's interactions with staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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 reviewed.

#### After the inspection

We continued to seek clarification from the area manager to validate evidence found. We looked at training data and quality assurance records. We received further intelligence from the local authority which we considered when making our judgements.

# 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.

### Using medicines safely

- People's medicines were not always managed effectively.
- We found two occasions where people's Medicine Administration Records (MAR) did not match the number of medicines in stock at the service. Whilst no harm was caused, this highlighted an error in how staff recorded people's medicine and meant people may not have had their medicines as prescribed.
- We also found one person's topical cream was not recorded on their MAR and was not stored securely. Following the inspection, a MAR was put in place and a lockable safe was put in their bedroom to store the cream. This reduced the potential risk to people who lived in the home.
- At the time of our inspection protocols for people's 'as and when required' medicines had not been reviewed since March 2020. However, the area manager had already identified this and following the inspection reviews were completed. The updated protocols included person specific details and guidance for staff to follow.
- We found most of people's medicines were securely stored in lockable rooms and cabinets. Staff regularly completed and recorded temperature checks and people's medicines were in date.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. However, we observed one member of staff who did not have a mask as a person who lived at the home had removed it. When prompted they got a new mask. Not all staff were bare below the elbow; this would ensure effective hand washing and reduce the risk of infection.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. A two hourly cleaning schedule had recently been put in place but was not fully embedded in staff routines at the time of our inspection.
- We were assured that the provider's infection prevention and control policy was up to date, however it did not include bare below the elbow requirements for staff, therefore this practice was not always followed.
- We were mostly assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

Following the inspection, the area manager had requested further infection prevention and control training from the local authority, to support staff to ensure guidance is followed and to reduce the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise potential harm or abuse.
- Staff we spoke with confirmed the process they would follow to keep people safe. One staff member told us "we have training and access to the safeguarding policy." This meant further information and guidance was available to staff if required to raise any concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, monitored and reviewed.
- People had a wide range of risk assessments in place which were identified through an individual screening tool. Assessments included but were not limited to potential risks to people's mobility, eating and drinking, behaviour and falls.
- Safety checks were also completed for risks associated with the premises and equipment.
- When staff identified a potential risk to the people living in the home, they sought advice from relevant healthcare professionals when required.

Staffing and recruitment

- People were supported by enough staff, who met their needs in a timely manner.
- Staff had pre employment checks completed prior to their employment to ensure the suitability of them working in the home.
- Agency staff were regular to ensure consistency for people. The area manager had also recently reviewed staffing rotas to help minimise the number of staff working across homes.
- One relative confirmed "there are loads more staff than there used to be, they really make an effort when it is someone's birthday, you cannot fault them."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Accidents and incidents were recorded and included a three-step reviewing process. Actions were identified to reduce the risk of them happening again.
- A debrief document had recently been added to the accident and incident forms to ensure actions were implemented and support was provided for people who lived at the home.



# 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.

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

- The provider's systems in place were not always effective in identifying errors or areas for improvement.
- We found whilst medicine audits were completed, they were not effective in identifying the errors we found.
- To help keep people safe PPE was stored away, however there was no risk assessment in place or information displayed to notify staff or visitors of this or how to access it.
- Documents were stored which were not specific for River Lodge and were relevant to other homes.
- At the time of our inspection the area manager was unable to locate all recent audits carried out to check the quality of the service. This meant issues may be missed and improvements not identified.
- People were not always involved in the service.
- People's relatives were not always kept updated or informed of their loved one's care. One relative told us they "had to chase staff to see what was going on and staff need to keep in contact."

We found no evidence that people had been harmed however, systems in place were not robust enough to effectively monitor the quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider was working with the Local Authority to make improvements to the service and provide positive outcomes for people living in the home. The provider also completed internal quality checks and identified support for staff in medicine management and safe IPC practice.

- During the inspection the managers on site had identified some required improvements and had implemented checklists and other documents to support and guide staff.
- Relatives had passed their concerns or areas of improvement to the area manager who listened and planned to make changes.
- Staff attended regular team meetings where they received up to date information, discussed several agenda items and were given the opportunity to provide feedback.
- At the time of our inspection, the managers were identifying areas to make improvements and most staff felt included in the changes made.

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

- There were mixed reviews in relation to a shared culture in the home.
- The area manager told us they had recognised a poor culture between staff, which they were working to improve. For example, an external culture audit had been requested, to identify improvements to achieve good outcomes for people.
- Staff confirmed they all worked as a team to meet the needs of people living in the home. Most staff told us the area manager was approachable and would follow up on any concerns they raised. One staff member told us "they solved problems together."

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 provider acted on the duty of candour and encouraged staff to be open and honest when things went wrong.
- At the time of our inspection, the managers on site supported staff and provided guidance to ensure they were open and honest to help improve people's experiences of care.
- One relative told us, "staff seem to want to do the right thing".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and responsibilities.
- There was a registered manager in post, who was not available on the day of our inspection. In line with requirements we were notified of significant events which occurred within the home.
- The area manager was aware of improvements to be made and acted immediately when we raised things during the inspection.

Working in partnership with others

- The provider worked in partnership with a wide range of health and social care services.
- Staff worked with GP's, the local authority and healthcare professionals to ensure people's needs were met.
- Staff sought advice and guidance from other organisations as and when required, to help achieve good outcomes for people living in the home.

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  Systems in place were not robust enough to identify errors to make improvements to the service.