

Housing 21

Lady Ida Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lady Ida Lodge is an extra care scheme home which offers independent living with access to on-site assistance for people who require personal care. At the time of our inspection there were 18 people receiving this service. The service offers up to 64 apartments.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People provided mixed feedback about the reliability of their care calls. Some people described having missed calls with no prior warning and others experienced calls which were not on time. The oversight of these calls required improvement to ensure the system of recording was robust. The recruitment of staff was mostly safe.

Risks to people were not always managed well. The post falls protocol was not being followed in one case. People had risk assessments in place which explained how to reduce risks to people, but these were not being updated in response to key events.

The management of complaints was not robust. People we spoke with said they had raised complaints with regular care workers and the office staff, but these were not recorded and not always responded to.

Formal ongoing support showed training and supervision was being provided for staff, although the quality of supervision was identified by the provider as an area for improvement.

People provided mixed feedback about the quality of care provided by staff. They were largely pleased with support from regular staff, but shared examples with us around concerns over agency worker practice. People felt their privacy and dignity was respected and noted they were helped to retain their independence.

Oversight of the service was an area for improvement. A new management team had been installed in

October 2022 and we saw improvements had since been made. They were aware of the ongoing challenges the service still faced.

People and staff were given opportunities to provide feedback. They gave mixed comments about whether the issues they raised were always listened to. Audits were taking place which reflected the quality of care provided.

People received their medicines as prescribed. Some people were managing their own medicines, but where staff supported others, they were trained and completed 6 competency checks before they were authorised to administer medication.

People's healthcare needs were being met. People told us regular staff were skilled at identifying where they needed healthcare support and where needed, they helped with this being arranged.

People were mostly responsible for their own nutrition and fluids. Where staff were required to assist, this help was provided.

People had care plans which were personalised and provided guidance for staff around how people wanted to receive their care. People consistently told us they were involved in their care planning. Meaningful activities were taking place.

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; the 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 and update

This service was registered with us on 19 April 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the culture of the service, as well as staff and management practice. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to staffing levels in the service being sufficient to meet people's care needs and the effective management of complaints.

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

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Lady Ida 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors. Following our visit to this service, an Expert by Experience made calls to people to ask about their experience of the care they received. 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A housing and care manager was in post, but they were not available on the day of our inspection.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived at the home, 1 relative, the regional extra care manager, the safeguarding lead and 2 members of care staff.

After the inspection

We reviewed a range of records. These included people's care records, multiple medicine records, staff rotas, and documentation to support how the service is run.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated as 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.

Staffing and recruitment

- Concerns were identified around ensuring there were enough staff.
- Three people we spoke with expressed concerns about missed calls and some mentioned the issue of their call timings. One person said, "I don't always get my full half hour. The regular staff are so busy, they come in for five minutes, make a cup of tea and rush off to another call." One person said their call was over an hour late and the administration of their medicines was delayed. There was no evidence that people came to harm as a result of missed or late calls.
- We looked at the calls planned for people and the service they received using records covering the first 2 weeks of January 2023. We identified calls were ending earlier than the planned time and staff were not consistently recording why this happened. In some cases, staff noted people had given their agreement for their call to end, but this was not evident throughout. We were told staff would be reminded of this responsibility and additional checking around call times would take place.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people had not received a service consistent with their assessed care needs.

- Following our inspection, the extra care manager advised us that four additional care workers had been recruited which would mean agency workers were no longer required in the service.
- We looked at 2 staff files to check whether safe recruitment practices had been followed. One file showed a risk assessment was put in place, but this did not cover all relevant information. There was no evidence of impact on people receiving this service. Other background checks for this and the other staff member we looked at showed these checks had been carried out.

Assessing risk, safety monitoring and management

- Risks to people were not always well managed.
- Risk assessments were part of people's care records and provided relevant details for staff to reduce risks to people. However, we looked at the follow up to a person falling and saw monitoring which was supposed

to happen within the 48-hour period following the fall had not been completed. Accidents and incidents were not triggering a review of the risk assessment and associated care plan for this person. The regional extra care manager told us they would review this immediately.

- A risk assessment for one person smoking in their apartment was seen. This considered relevant factors, such as extinguishing cigarettes responsibly and not smoking in bed. Staff were also able to describe the emergency evacuation process.

Using medicines safely

- People received their medicines as prescribed
- One person was missing a body map for staff to record where a pain patch had been applied. Recording this information helps ensure patches are not replaced in the same position, which can cause irritation. This was dealt with immediately.
- Staff received medication training and had passed their competency checks which included 6 observations of their practice.
- Some people chose to retain the responsibility for their own medicines management. Where staff assisted people, medication administration records we looked at showed people received their medicines when they needed them. Where people needed 'as required' medicines, protocols were in place for their use.
- Very occasional gaps in medication records were followed up as part of weekly medication audits. These were found to be effective.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as effective safeguarding systems were in place.
- People consistently told us they felt safe living at this service.
- Staff we spoke with were able to describe the signs of abuse taking place. They were familiar with different forms of abuse as they had received safeguarding training. They understood how to report abuse and felt confident any concerns passed on would be dealt with appropriately.
- The safeguarding log did not show any recent safeguarding concerns for people who received support with personal care.

Preventing and controlling infection

- The premises were found to be clean throughout.
- High standards of infection control were maintained at this service as regular cleaning was taking place, which was found to be effective.

People were welcome to have visitors at this service without restriction.

Learning lessons when things go wrong

- Lessons were being learned in response to unwanted events.
- We were aware of concerns about Lady Ida Lodge in the lead up to our inspection. In October 2022, a new management team had been put in place who had since demonstrated oversight of the home and made improvements.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Formal support was provided for staff, although improvements were needed to recording which we have referred to under the well-led key question.
- Prior to our inspection, the provider identified there were no written records to demonstrate staff received an induction. However, we spoke with a staff member who confirmed they received this support. The regional extra care manager was dealing with this at the time we inspected.
- In the January 2023 care quality review, the housing and care manager reviewed two supervision records from October 2022. They noted these were brief and needed to show performance was being reviewed, praise for positive work was given and training needs were being identified. There were no records to show appraisals had been carried out. However, staff told us they felt supported in their roles.
- We looked at staff training records. In January 2023, the housing and care manager reported that training completion levels were over 90 per cent.

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

- People received enough support to ensure they had to eat and drink.
- People were largely responsible for their nutrition and fluids at Lady Ida Lodge. People did their online shopping or went out in the community to purchase food. One person we spoke with had hot and cold drinks in front of them, including a supplement drink. They said staff made sure they always had a drink available.
- People chose whether they wanted to have something to eat in a pleasant bistro in the home. One person said, "Bistro staff are doing their utmost." We saw people and visitors meeting in this area to share conversation with something to eat. On other occasions, people chose to stay in their room and asked staff to prepare something to eat in the person's kitchenette.
- At the time of our inspection, no one was considered as being at risk of weight loss.

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

- Lady Ida Lodge was suitably adapted to meet people's needs.

- Accommodation was provided across three floors, which we saw were very well presented. The facility was relatively new. People had spaces outside their apartments to add an ornament or other personal effect to help personalise their living space. Communal areas included a bistro, meeting rooms and lounges which were quiet spaces.
- The 'resident association' regularly met with the management team to discuss ongoing issues near the property as these areas were being developed. Action was being taken to address other points within the control of the provider.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support from healthcare professionals as and when needed.
- Most people retained control over their healthcare appointments and arranged their own support. We spoke with one person who said staff were good at identifying when they were not well and said staff liaised with healthcare professionals when needed. This person said, "(Staff member) will go to the ends of the earth for that."
- Staff were working with healthcare professionals to meet the needs of one person who had complex needs at the time of our 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, no one had any authorised restrictions on their freedom.
- People were given a fob to be able to leave and enter Lady Ida Lodge as they pleased.
- Staff we spoke with provided clear examples of how they put people at the centre of the support they received. People were given choices in their daily living, for example, around what they wanted to eat or wear. One staff member told us, "It (the service) is built on people's choices."
- Care plans we looked at had been signed by people to indicate their agreement.

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

- People's needs were assessed in line with national guidance.
- Before people moved into Lady Ida Lodge, an assessment of needs was put in place, which helped ensure the service could meet the person's needs.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not consistently receive a high quality service which met their needs.
- Feedback we received about the quality of care was mixed. People told us they were satisfied with the support they received from regular staff, but said they found agency workers did not understand them or their needs. One person described an emergency situation, which an agency worker arrived at, but did not know how to respond. They referred to their actions as, "Hopeless." Another person described seeing an agency worker washing up utensils without using liquid soap and running these items under the tap. A further person described a recent event when a male worker arrived for their call, despite them having requested female workers.
- People were mostly complimentary about regular staff who provided their care. One person told us, "I do get on with a lot of the carers. (Staff member) is such a lovely (person) and everything got better since they came here."
- The 'residents association' at Lady Ida Lodge arranged for people's spiritual needs to be met as they had formed links with a local church. The safeguarding lead told us notable events and groups were promoted to celebrate inclusivity, such as American 'thanksgiving', Black History Month and LGBTQ awareness.

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

- People consistently told us they were supported to express their views about the care provided.
- Care plans we looked at showed people had provided consent to their care and were involved in how they wanted their care to be provided. One person said, "We went through a care plan initially and discussed my needs."
- People had formed a 'residents association' to represent their views to the management team and external individuals and agencies.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.

- One person told us staff respected their privacy and dignity whilst they were providing personal care and confirmed staff knocked on the door before entering their apartment. Another person said, "They (staff) close the door while I am in the shower so it's private." We observed staff knocking on people's doors before entering their apartments.
- Tasks people were able to complete independently were clearly recorded in care plans. Staff we spoke with showed a good understanding around supporting people to remain independent and not taking over care tasks.

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints were not always responded to appropriately.
- People we spoke with described complaining about missed calls and the care provided by agency workers. These concerns were not recorded in the complaints log.
- One relative told us, "I did go into the office when they didn't turn up twice. I went in and asked for an explanation, but they didn't come back to me."

This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not operating an effective system for identifying, receiving, recording, handling and responding to complaints.

- We looked at the complaints log and saw 2 examples submitted by a relative. The regional extra care manager said these had been responded to and provided details of a meeting with the relative. The provider received a response from the relative thanking them for their action, reporting notable improvements in their loved ones care.

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

- Care plans were personalised and written from the person's perspective. Background information and short life story was written in an 'All about me' section, which included including people's likes and dislikes.
- Clear and detailed instructions were provided in care plans which informed staff about the tasks people needed assistance with, whilst respecting the person's wishes to have choice and control in meeting their needs.
- Formal audits of care plans were planned to be carried out yearly. At the time of our inspection, these were being updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans contained sections dedicated to their communication needs. Their preferred method of communication was noted in these records.
- We were told easy read leaflets were available along with easy read policies. Some information was provided in audio versions.

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

- People largely took control of their own social activities, but there were events regularly taking place in the home. People were freely able to go into the community as they pleased.
- Activities included, but were not limited to, a book swap facility, weekly movie nights, bingo with wine. We observed people and visitors were socially engaging in communal areas.
- People told us there was enough activities to keep them meaningfully occupied. We spoke with one person who told us, "We keep on suggesting (activities to management)." We then asked if those ideas were acted on, which they confirmed they were.

End of life care and support

- At the time of our inspection, no one had end of life care needs.
- The housing and care manager as well as the assistant care manager received end of life care training which they were planning to deliver to the rest of the staff team.
- At the time of our inspection, new style care plans were being put in place which had a dedicated end of life section where people's advanced care wishes could be recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- In October 2022, a new management team was introduced by the provider at Lady Ida Lodge. The regional extra care manager was open with us about the challenges this service faced. One person said, "I know that (management) will get this place right."
- A staff member told us, "(Management team) is very good. I like it here. If we have any problem, we can talk to the manager." The same staff member said they would feel confident reporting poor practice to management and felt appropriate action would be taken.
- Practice since the new management team joined Lady Ida Lodge had improved. However, we still found concerns at this inspection around staffing levels and managing complaints and concerns. Records relating to inductions and staff supervision were being addressed by the provider.

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 service was fulfilling its duty of candour.
- The regional extra care manager was open and candid with us throughout the inspection. They were forthcoming about shortfalls in the service they had identified themselves.
- Before our inspection, the provider contacted us to request a meeting to be forthcoming about the challenges and changes Lady Ida Lodge had gone through. This demonstrated an openness and desire to improve the service.
- The provider submitted notifications to the Care Quality Commission for events which are reportable to us.

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

- Management checks addressed quality standards at this service.

- The provider carried out checks on the service people received. One of these was called 'Driving Initiatives to Navigate to Outstanding'. The latest version of this document had been completed in a way that accurately reflected on the service and its ongoing challenges. There was a continuous improvement plan which managers used to show evidence of improvement.
- The housing and care manager completed a care quality review in January 2023 which also reflected where improvements were needed. We noted that a staff file audited and passed as part of this quality did not identify the issues we found.
- Daily records were being audited at the time of our inspection, although we were not confident that summary sheets reflected the care hours provided. The regional extra care manager was taking action regarding this point.

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

- People and staff were engaged in the running of the service.
- The 'resident association' met on a monthly basis and the management team attended these meetings. Staff also met regularly to discuss key issues in the service. These records showed staff wellbeing was valued and supported following a death at this service.
- Satisfaction surveys were being used to gather feedback from people about the service they received. We saw examples of people's call times being changed to meet their needs. Feedback around communication showed improvements were needed. People told us when their calls were running late or not taking place, they were not always informed. You said, we did feedback to the people who responded was seen.
- When the provider was recruiting to the position of housing and care manager, selected people in the service were part of the interview panel.

Continuous learning and improving care

- Examples of continuous improvement were evident at this inspection.
- Despite the challenges faced by the provider, one person told us, "The improvement is amazing." A call time for this person had been adjusted which they appreciated, along with other changes in the service.
- A staff member told us, "If something isn't working, we will take (person's) views on board to implement changes. It's a 2-way conversation and we co-produce with 'residents'."
- The management team were dedicated to continually improving the quality of care provided at this service. They were open and responsive to our feedback, which they took seriously and acted on.

Working in partnership with others

- The management team were having regular catch ups with the local authority to discuss the service provided.
- Lady Ida Lodge held a Christmas fair which the local community attended and a nearby school were keen to be involved with this service. Members of the public were invited to access Lady Ida Lodge to have something to eat in their bistro. We also saw a number of people visiting on the day of inspection.

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
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider was not operating an effective system for identifying, receiving, recording, handling and responding to complaints.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People had not received a service consistent with their assessed care needs as they experienced late and missed calls.