

Devikees Limited

# Paddock Lodge Residential Care Home

## Inspection report

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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



### Overall summary

We carried out an inspection of Paddock Lodge Residential Care Home on 9 and 10 September 2015. The first day of the inspection was unannounced.

Paddock Lodge Residential Care Home provides accommodation and personal care for up to 16 older people, including people living with dementia. At the time of the inspection there were eight people living at the service, all of whom were female.

The service is set in a detached building in its own grounds, two miles from Burnley town centre in East Lancashire. Bedrooms and facilities are located over two floors and a stair lift is available. There is a lounge and dining room on the ground floor as well as a conservatory. Bedrooms do not have ensuite facilities however there is access to suitably equipped toilet and bathroom facilities on both floors.

# Summary of findings

At the time of our inspection there was a registered manager in post at Paddock Lodge Residential Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in June 2014, we asked the provider to make improvements to care plans and risk assessments, monitoring the quality of the service and sending the commission appropriate notifications of incidents. We received an action plan in July 2014 advising that the required improvements would be made by 30 September 2014. We reviewed these actions as part of this inspection and found that further improvements were required. We noted that the provider had sent the commission appropriate notifications and we saw evidence that care plans and risk assessments had improved. However, we found that further action was required in respect of the monitoring of the quality of the service.

We found a breach of our regulations related to the need for consent. Where people lacked the mental capacity to make decisions about their care, the guidance in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards was not being implemented. We found that capacity assessments were not being completed and there was no evidence that best interests decisions were being made.

We have made recommendations about staff competence to administer medicines, ensuring the service environment is safe, best interests decisions, staff training on the Mental Capacity Act and Deprivation of Liberty Safeguards and the auditing of the service. We have also recommended that the provider implement a redecoration plan to upgrade the home.

During our inspection people told us they felt safe. They said, "The staff help me in the bath. They are very careful". Relatives told us, "My relative is always kept safe and we're kept up to date with any changes in her health" and "I always think my relative is safe. I never worry about anything happening to her".

We noted that staff had been recruited safely and received an appropriate induction and training. They had some understanding of how to safeguard vulnerable adults from abuse however not all staff were aware that they could raise a safeguarding alert directly with the local authority if they witnessed or suspected abuse.

People who used the service and their relatives told us that staffing levels were appropriate and sufficient to meet people's needs. People living at the service told us, "Staff are always around if you need them" and "They're very good to me. They come straight away if I want them. I don't have to wait".

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they needed them. However not all staff had been recently assessed to ensure they administered medicines safely.

People living at the service told us staff were able to meet their needs. They told us, "I like it here, the staff look after me" and "The best thing about here is I don't have to worry about anything". Relatives told us, "The staff have the skills and experience to look after my wife" and "We have no concerns about the care, we're happy with it. The staff seem very capable".

We found that staff were well supported. They received regular supervision and could access a wide variety of training. They told us communication between staff was good at the service and they always felt up to date with people's needs.

We saw that people at the service were supported with their nutritional needs and the people we spoke with told us that the food was good and they always had plenty to eat and drink. The cook told us that people could always have an alternative if they did not like what was on the menu and people living at the service confirmed this was the case. We saw evidence that people were supported appropriately with special dietary needs.

People were supported with their healthcare needs and were referred appropriately to health care services. A visiting district nurse told us staff sought advice and support as soon as it was needed and following recent training significant improvements had been made in the quality of care provided. She told us she did not have any concerns about the service.

# Summary of findings

People living at the service and their relatives told us the staff and registered manager were caring. One person living at the home told us, “I like it here, they have looked after me”. Relatives told us, “We wouldn’t change anything. We’re more than happy with the care here”; “My mum’s always treated with dignity and respect by staff” and “I think my wife is well looked after here”.

People living at Paddock Lodge Residential Care Home told us they had the freedom to make a variety of choices including what time they got up and went to bed and where they ate their meals and we saw evidence of this during our visits.

People were treated with dignity and respect. We observed staff knocking on people’s doors before entering and asking where they wanted to sit at meal times. We saw staff seeking consent before providing care, for example by asking people if they were ready to receive their medicines.

We observed that people’s needs were responded to quickly and saw evidence that their needs were reviewed regularly. However there was no evidence that relatives were consulted when people lacked mental capacity and were unable to contribute to reviews of their care needs.

We saw evidence that the registered manager sought feedback about the service from the people living there, their visitors, staff members and professionals who visited the home. We noted that although some of the changes suggested had been made, many improvements such as the redecoration of the service and the creation of a shower room had not been completed.

People living at Paddock Lodge Residential Care Home told us they were happy with the way the service was managed. One resident told us, “I can’t say anything wrong about here but if there was, I would tell them”. Most of the visitors we spoke thought the home was well led. One relative told us, “The manager does a very good job”. However one relative told us they had raised concerns with the registered manager but improvements had not been made as a result.

During our inspection we observed that the registered manager was involved in providing care and support to people and noted that this was done in a caring and respectful way. It was clear that she knew the needs of the people living at the service well and that they and their visitors felt able to approach her.

# Summary of findings

## 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.

The manager followed safe recruitment practices.

Staffing levels were appropriate and enabled the service to meet people's needs and manage their risks.

People's medicines were managed safely. However, some staff members had not been assessed for three or four years in respect of their competence to safely administer medicines.

The lighting levels on the first floor were very low and had the potential to affect people's safety while they were in this area of the home.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff received appropriate induction and training and were able to meet people's needs.

The staff and manager did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's mental capacity was not assessed and best interests decisions were not made.

People were supported well with nutrition and hydration and their healthcare needs were met.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff treated people with care and compassion and people living at the service had choices.

People were encouraged to be independent and support was provided when it was needed.

Staff respected people's privacy and dignity and sought their consent when providing care.

**Good**



### Is the service responsive?

The service was not always responsive.

People received personalised care when they needed it and their needs were reviewed regularly.

**Requires Improvement**



# Summary of findings

The manager responded appropriately to complaints. However, improvements were not always made as a result of the comments and concerns received from residents and relatives about the service.

## Is the service well-led?

The service was not always well-led.

The registered manager was caring and approachable and treated residents, their visitors and staff with respect.

The registered manager sought feedback regularly from a variety of sources however few changes were made as a result of the comments received.

Audits of the service were not always effective in ensuring that appropriate levels of safety were achieved and maintained.

**Requires Improvement**



# Paddock Lodge Residential Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 10 September 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection has experience of caring for an older person who has used residential care services.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made judgements in this report.

Prior to the inspection we reviewed information we had received about Paddock Lodge Residential Care Home including statutory notifications received from the service and safeguarding concerns. We also looked at the outcomes of previous inspections.

Before our inspection we contacted Lancashire County Council contracts team who provided information about the service and during the inspection we spoke with a visiting district nurse who gave us feedback about the service.

During the inspection we spoke with six people who lived at the home, four visitors and five members of staff including two senior care assistants, one care assistant, the cook and the domestic staff member. We observed care staff providing care and support to people over the two days of the inspection and reviewed the care records of three people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

# Is the service safe?

## Our findings

The people living at Paddock Lodge Residential Care Home told us they felt safe. They said, “The staff help me in the bath. They are very careful” and “We are alright, you don’t have to worry about us”. Relatives told us, “I always think my relative is safe. I never worry about anything happening to her” and “My relative is always kept safe and we’re kept up to date with any changes in her health”.

We looked at staff training and found that all staff had completed online training in safeguarding vulnerable adults from abuse in the last 12 months. Staff we spoke with were aware of the different types of abuse and told us that they would speak with the registered manager or the provider if they suspected abuse was taking place. We noted there was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority. However not all of the staff we spoke with were aware that they could raise a safeguarding alert with the local authority if they had concerns. We discussed this with the manager who assured us that she would make sure all staff knew how to raise an alert.

Prior to the inspection we had received two notifications from the service in the previous 12 months regarding serious injuries sustained by people living there. We noted that on both occasions appropriate action had been taken by staff. We had also received information from the local authority regarding a safeguarding alert which related to one of the serious injury notifications. Following investigation the local authority advised us that appropriate action had been taken by the service and no further action was necessary.

We looked at how risks were managed in relation to people living at the service. At our last inspection we found that risk assessments had not always been completed where appropriate and we had asked the provider to make improvements. During this inspection we found that there were detailed risk assessments in place including those related to falls, moving and handling and nutritional assessments. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the registered manager or senior care assistants and were reviewed monthly or sooner if there was a change in the level of risk. Stair lift risk assessments had been completed

in respect of the three people living at the service who used the stair lift. We saw evidence that accident reports were completed when appropriate, which detailed what had happened and what action had been taken by staff.

We found that environmental and fire risk assessments were in place and were reviewed regularly. This would help to ensure that the people living at Paddock Lodge Residential Care Home were living in a safe environment and were kept safe in an emergency.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, written references and proof of identification were also available.

We looked at the staffing rotas at the service and found that there were two care staff on duty each morning and afternoon and two care staff on duty at night from 9pm, one of which was on a sleeping shift. In addition the cook worked five days each week from 7.30am to 2.30pm. Care staff prepared the evening meals daily and all meals on the two days that the cook was not working. The domestic worked from 9am to 1pm Monday to Friday and care staff were responsible for cleaning tasks at the weekend. In addition, the registered manager was on duty between five and seven days each week. We felt that this was adequate to support the eight people currently living at the service, who were accommodated over two floors.

People living at the service told us there were enough staff to meet their needs. They said, “Staff are always around if you need them” and “They’re very good to me. They come straight away if I want them. I don’t have to wait”. Visitors told us, “There’s always more than enough staff to look after my wife” and “There are generally enough staff to meet people’s needs”. Some of the staff we spoke with felt that there were enough staff on duty to meet the needs of the current number of residents but this would need to increase if the number of residents increased or if more people who were living with dementia came to live at the service. We observed that call bells were answered quickly



## Is the service safe?

and people never waited long if they needed support. A visiting district nurse told us she felt that there were adequate staffing levels at Paddock Lodge Nursing Home to meet people's needs.

The registered manager told us she did not use agency staff and any periods of sickness or annual leave were covered by permanent staff or by her. Staff confirmed that agency staff were not used at the service and the staff rotas reflected this position.

We looked at whether people's medicines were managed safely. We found that medicines were stored securely in a locked trolley and refrigerated items were kept at an appropriate temperature. There were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. No controlled drugs were prescribed at the time of our inspection. People were identified by photograph on their medication administration records (MAR) and allergies were recorded on each page, to help avoid errors. Medicines were administered by the manager or the senior care assistant on duty and the service used a blister pack medicines system, where the medicines for different times of the day were received from the pharmacy in colour coded packs. These included the resident's name and room number in order to minimise the risk of errors occurring.

We found that medicines were clearly labelled and staff had signed to demonstrate that medication had been administered. External medicines such as creams and ointments were included on the MAR sheets and records showed that these were stored appropriately and applied by staff as directed. Body maps were completed to demonstrate the areas where the creams were to be applied. When new medicines were received or a course of medication was completed, this was written in the staff shift book to ensure that this information was clearly handed over to staff.

Medicines policies and procedures were available for staff to refer to and these were reviewed and updated regularly. A homely remedies policy was available and provided guidance to staff including the need for GP authorisation and the need to consult a GP if symptoms persisted beyond 48 hours. All staff had signed to confirm they had read and understood the policy.

We noted the service did not have a PRN (as needed) medicines policy in place and that guidance on the MAR chart in respect of PRN medicines did not specify a minimum period of time between doses. We discussed this with the manager who took immediate action to ensure the MAR sheets for all PRN medicines included the minimum period of time between each dose.

We noted that eight members of care staff had received training in the safe administration of medication including the registered manager. The registered manager told us that another member of staff was scheduled to complete it shortly. Records showed that staff members' competence to administer medicines safely had been assessed however many of the staff had not been assessed for many years. We found that an audit of four people's medicines was completed by the registered manager monthly and any actions recorded and completed. This included completion of the MAR sheets by staff and whether the medicines in stock and the information on the MAR sheets was consistent. As part of the audit, where people repeatedly refused medication, the GP was notified and this was documented.

We observed the administration of medication and saw that people were given time to take their medicines without being rushed and special arrangements were in place and clearly documented for people who were unable to swallow tablets. People we spoke with told us they received their medicines when they needed them. One person told us, "They don't leave you in pain".

We looked at the arrangements for keeping the service clean. A member of domestic staff was on duty from Monday to Friday and care staff carried out cleaning duties at the weekend. There were daily and weekly cleaning schedules in place for all areas of the service and we observed cleaning being carried out by staff during our visits. We found most areas of the home to be clean and odour free however a strong damp like odour was noted on the ground floor towards the rear of the building. We discussed this with the manager who informed us that rain water had managed to get in under the back door and soaked the carpet, resulting in the smell. We saw evidence that this issue had been raised with the service's maintenance man and following our visit the manager informed us that the leaking door frame had been repaired and the carpet in that area had been replaced. She reassured us that there was no longer an odour.



## Is the service safe?

We noted that some of the chairs in the lounge and people's bedrooms had food and drink stains on them. The manager told us that furniture was cleaned regularly but acknowledged that some of the furniture required a deep clean and assured us this would be carried out. This would ensure that people were kept safe from the spread of infection.

During our visit we noticed that the door where the leak had occurred was difficult to open and this was concerning as it was a fire door. The registered manager contacted the service's maintenance man during our visit and as he was unable to attend that day, arranged for him to attend the service the following morning. Following our inspection the registered manager informed us that the door had been repaired and now opens and closes easily. Issues such as these should be addressed without our intervention to ensure that people living at the service remain safe.

Infection control policies and procedures were available and records showed that all staff had completed up to date online infection control training. Liquid soap was available in all bathrooms and pedal bins had been provided. Communal fabric towels were available however paper towels were not. Paper towels are necessary to ensure effective infection control in a residential care setting and this issue was discussed with the manager who told us they would be made available. Protective clothing, including gloves and aprons, was available and was used by staff appropriately, such as when providing personal care or supporting people to eat. There were appropriate arrangements in place for the safe disposal of waste.

We saw evidence that 54% of staff members had attended fire safety training in the last twelve months and the remaining staff were scheduled to complete it later this year. Staff we spoke with confirmed that they had received fire safety training. We noted that a fire safety risk assessment had been completed in April 2015 and included an action plan. We saw evidence that the fire

alarm at the service was tested weekly and fire exits were audited monthly. We noted the service had a fire procedure, emergency action plan and fire prevention plan, all of which provided guidance for staff. In addition, each resident's care file included a personalised emergency evacuation plan. This would ensure that people living at the service were kept safe in the event of a fire or other emergency.

Records showed that equipment at the service including the stair lift and hoists was safe and had been serviced regularly. We saw evidence that portable electrical appliances and gas appliances were tested yearly. These checks would help to ensure that the people living at the service were kept safe. We noted that the water in the bathrooms became very hot if it was running for some time and the manager told us she would address this with the maintenance staff.

We noted that lighting on part of the first floor landing was poor and could present a health and safety risk to people living at the home. Emergency lighting was available however this only came on when the power supply to the normal lighting provision failed. We did not see evidence that an appropriate risk assessment had been completed which took into account the fact that this was a home where elderly people lived. A relative told us they had raised the issue of poor lighting with the manager previously but improvements had not been made.

**We recommend that the service considers current National Institute for Health and Care Excellence (NICE) guidance: Managing Medicines in care homes, with particular reference to training and skills (competency) of care home staff.**

**We recommend the service seeks guidance regarding the lighting levels on the first floor to ensure the safety of people living at the home.**

# Is the service effective?

## Our findings

People living at Paddock Lodge Residential Care Home felt that staff were able to meet their needs. They told us, “I like it here, the staff look after me” and “The best thing about here is I don’t have to worry about anything”. Relatives told us, “The staff have the skills and experience to look after my wife” and “We have no concerns about the care, we’re happy with it. The staff seem very capable”.

We looked at how staff at Paddock Lodge Residential Care Home assessed people’s mental capacity. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

We found that the service had a Consent and Mental Capacity policy, a DoLS policy and procedure and a Safeguarding from Deprivation of Liberty policy in place. However, we noted that mental capacity assessments had not been completed in respect of any of the people living at the service and there was no record that best interests decisions had been made where people lacked capacity to make decisions about their care. We noted that one person had signed their monthly care plan review when it was clear in the information in their care plan that they did not have the capacity to understand or make decisions about how their care was provided. We discussed this with the manager who acknowledged that she had limited knowledge of the MCA and DoLS and told us she planned to improve her knowledge, especially as the service was hoping to provide accommodation for more people living with dementia. She told us that no one living at the service had their liberty restricted and we did not observe any restrictions or forms of restraint being used during our visits.

Records showed that 61% of staff members had received dementia awareness training however none of the staff had received training in the Mental Capacity Act (MCA) or

Deprivation of Liberty safeguards (DoLS). The staff we spoke with had a limited understanding of the MCA. They were aware that mental capacity relates to specific decisions at specific times and they understood that family members should be consulted when people lacked capacity to make decisions about their care. However we felt that this was not adequate training and knowledge to support people living with dementia. The service provider was not acting in accordance with the requirements of the Mental Capacity Act 2005 in relation to people who are unable to give their consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff had completed a thorough induction which included health and safety, moving and handling and infection control. As part of this process a number of competence checks were completed. The staff we spoke with confirmed this and told us that their induction had included an overview of the service and shadowing an existing member of staff during their first week of working at Paddock Lodge Residential Care Home. This would ensure that staff were familiar with people’s needs before they became responsible for providing their care.

There was a training policy in place and a training plan which identified courses that had been completed by staff and when further training was scheduled or due. We reviewed training records and found that 23% of staff members including the cook had received training in food hygiene. All 13 staff members had received training in fire safety, health and safety, infection control, moving and handling, safeguarding vulnerable adults and first aid, all of which was completed online. Where training was due to be updated later this year or next year, this was clearly documented.

We observed that staff adopted safe moving and handling techniques when supporting people to move around the home. The manager told us that although she did not complete formal competence assessments in respect of moving and handling, she observed staff practice daily and would quickly identify any issues of poor practice and address them with staff.

The manager informed us that 61% of staff had recently completed distance learning dementia training and the remaining staff members were due to complete it later this year. We noted that National Institute for Health and Care

## Is the service effective?

Excellence (NICE) guidance on the management and prevention of pressure ulcers was available and all staff had signed to confirm that they had read and understood it. The staff we spoke with told us they felt well trained and had the knowledge and skills they needed to meet the needs of the people living at the service. There was a supervision policy in place and all staff had signed a supervision contract. Records showed that supervision took place every two months in line with the policy and the contract. Supervision addressed performance and training issues and staff were asked for suggestions about how the service could be improved.

We saw evidence that appraisals were carried out yearly and addressed performance and professional development. Staff were asked to complete a self-assessment questionnaire beforehand to identify any training or development needs and objectives were set for the following year. Staff we spoke with confirmed they received regular supervision and an annual appraisal. They told us they could access further training if they felt they needed it.

We looked at communication between staff at the service. The registered manager told us that a verbal and written handover took place between staff prior to every shift change to ensure that all staff were aware of any changes in people's risks or needs. We saw handover records in the 'staff shift book' which confirmed this. Staff we spoke with told us that handovers and communication between staff was good and the shift book was helpful, particularly when they returned from a period of leave. Information in the staff shift book included professional visits, medication issues and any changes in people's needs.

A policy and procedure was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation) which had been recently reviewed. It included the key principles for making decisions about CPR and the importance of discussing any decision with the person or their family. We noted that some people had DNACPR decisions in their care files which clearly detailed the reason for the decision and whether the decision was indefinite or should be reviewed. Where people lacked mental capacity, the decision had been made by a GP and relatives had been informed.

During our visit we observed staff asking people for their consent when providing care and treatment, for example when administering medicines or supporting people to

move from one place to another. The people we spoke with told us they were involved in decisions about their care. They told us they could get up in the morning and go to bed at night at a time that suited them and could watch television in the lounge or in their room.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with told us that the food was good and they always had plenty to eat and drink.

We looked at the menus for the lunchtime and evening meal over a five week period and noted that only one choice of meal and dessert was available. However the cook told us she spoke with people every day to inform them of what was planned for each meal and if people did not want what was on offer they could always have an alternative. This was confirmed by the people living at the service and their relatives. On both days of our visit the menu was displayed on the wall in the dining room so that people could see what they would be having that day.

We observed the lunchtime meal on both days of our inspection. We noted that although people received support from staff to eat their meal, staff did not engage in conversation with the person they were supporting or the other residents in the dining room, other than in response to any questions they were asked. Although people were not rushed, mealtimes seemed task orientated, with little effort made to encourage socialising or create a relaxing environment. One relative told us she had requested some light background music to improve the atmosphere and we noted this had been discussed at a residents meeting in July 2015 and the manager planned to introduce this.

Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition. Where nutrition or hydration risks were identified, food and fluid charts were completed throughout the day, detailing the quantity of food and drink consumed and any nutritional supplements taken. The cook was able to explain people's needs and preferences and it was clear that other staff were also aware of people's dietary needs.

We noted that in May 2015 the Foods Standards Agency had awarded the service a food hygiene rating of 5 (very good). This meant that processes were in place to ensure that people's meals were prepared safely.

## Is the service effective?

We looked at how people were supported with their health and found that care plans and risk assessments included detailed information about people's health needs and were reviewed regularly. We found that wound care charts were completed appropriately and included clear instructions for staff about management. Positional charts were completed where people were at risk of pressures sores and included the time that people were repositioned and how they were positioned.

We saw evidence of referrals to a variety of health care agencies including GPs, district nurses, dentists and opticians. Staff told us that people were appropriately referred to health care services and we observed a dentist attending the service on the second day of our inspection. We found healthcare appointments and visits were

documented and family members had been informed of outcomes. The visitors we spoke with confirmed they were kept up to date with the outcomes of appointments and any changes in their relative's health.

During the inspection we spoke with a visiting district nurse, who told us that she had a good relationship with the service and met with the manager monthly to discuss any concerns. She told us that there had previously been concerns about staff management of skin tears, pressure care and hygiene but training had been completed and the service had improved significantly. She told us that staff contacted the district nurse service whenever they had any concerns about a resident and she felt welcome at the home.

# Is the service caring?

## Our findings

People living at the service and their relatives told us that the staff and manager were caring. One person living at the home told us, "I like it here, they have looked after me". Relatives told us, "We wouldn't change anything. We're more than happy with the care here", "My mum's always treated with dignity and respect by staff" and "I think my wife is well looked after here".

During the inspection we observed staff supporting people in a kind and respectful way. The atmosphere in the home was informal and staff communicated with people in a friendly way. Many residents were hard of hearing and staff would speak loudly and often repeat themselves to ensure they could be heard. We observed staff checking that people's hearing aids were turned on and at the correct volume so they were able to hear. Some people living at the service experienced confusion and staff communicated with them sensitively and patiently.

It was clear that staff knew the people living at the service well, both in terms of their needs and their preferences and we saw that assistance was available to people in all areas of the home when they needed it. Many people living at the service were elderly and frail and we observed that staff were gentle and sensitive when they provided support. We observed staff asking people if they were in pain and if they needed any pain relief medication which they would then act upon.

It was clear from our discussions, observations and from the records we reviewed that people were able to make choices and were involved in decisions about their everyday lives. People told us that they could get up and go to bed when they wanted to and could have something to eat or drink when they wanted it. People had choice at mealtimes and we observed staff asking people what they would like to eat. The manager told us that many of the residents who were frail liked to go back to bed for a sleep in the afternoon and we saw staff supporting people to do this.

We noted that each bedroom had a lock on the door and doors were generally left unlocked when people were not

in their rooms. The manager told us everyone living at the service kept a key to their room and a spare key was available to staff in case of an emergency to ensure that people were kept safe.

The manager told us that none of the people living at the home were using an advocacy service as they all had family or friends to represent them if they needed support. A poster advertising Lancashire County Council's advocacy service was displayed in the entrance area. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

We observed that people at the service were encouraged to be as independent as possible. We saw staff supporting people who needed help to move around the home and noted that people were encouraged to do as much as they could to maintain their mobility. One member of staff told us, "We encourage people to do what they can for themselves, for example by using a (walking) frame instead of a wheelchair". People received support at mealtimes but only when it was needed. Some people took more time than others to eat their meals but staff were respectful of this and gave them the time they needed to eat independently.

We observed appropriate physical contact between staff and people who lived at the service, particularly when people were unsettled or disorientated, which helped to provide reassurance. One member of staff told us, "Some of the staff and residents have been here a long time. We're like a family. It's like a home from home."

We observed that staff at the service respected people's privacy and dignity. They knocked on bedroom doors before entering, waited outside when people were using the toilet and explained what they were doing when providing care or support, such as administering medicines. The visitors we spoke with told us staff respected their relatives' privacy and dignity. One visitor told us, "The staff are very caring and compassionate. They always treat my relative with respect".

The registered manager told us that friends and relatives could visit at any time and residents and visitors confirmed this was the case. We observed people visiting their relatives and friends throughout our inspection and saw that staff knew them and were welcoming.



# Is the service responsive?

## Our findings

The people we spoke with told us their needs were being met at Paddock Lodge Residential Care Home. They said, “Staff are always around if you need them” and “I’m comfortable. I like the room, it’s warm and I have my own TV”.

We noted from the three care files we reviewed that people had signed their care plans to demonstrate their involvement in decisions about their care. However it was clear that one person who had signed did not have the capacity to be involved in making such decisions. There was no evidence that capacity assessments had been completed in respect of residents or that their families had been involved to ensure that any decisions about care were made in the person’s best interests. One visitor told us that a family member with Lasting Power of Attorney was involved in his relative’s care. However other visitors told us they had not been involved in their relative’s care planning but were kept up to date with any changes to their needs.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We noted that each person’s care file included a one page profile at the front which provided staff with information about people’s needs, risks and preferences. Each one page profile included a photograph of the resident and information about what was important to them and how best to support them. We noted that the information was detailed, individual to the person and addressed issues such as people’s mobility, communication and personal care needs, as well as hobbies and family relationships.

The care plans we reviewed focused on people as individuals and explained people’s likes and dislikes as well as their needs and how they should be met. They addressed issues such as mobility, communication, personal care, mental health, diet and weight, medication and social activities. We saw evidence that care plans and risk assessments were reviewed monthly which would ensure that staff remained up to date with any changes in people’s needs.

People’s weight was recorded monthly and a Malnutrition Universal Screening Tool (MUST) was also completed in respect of all residents and was reviewed monthly. We noted from one person’s care records that they had lost a

significant amount of weight one month but this was not reflected in their risk assessment or care plan. The MUST (Malnutrition Universal Screening Tool) had been updated and resulted in a score of high risk however the guidance for staff on managing people at a high risk of malnutrition, for example weekly weighing, had not been followed. Although the person’s care plan advised that any significant weight loss should be reported to the management, GP or dietician, there was no evidence that staff had done this. We discussed this with the manager who assured us that she would remind staff of the importance of taking action when levels of risk changed. We noted that the person’s weight had stabilised the following month and this was clearly recorded.

During our inspection we observed that staff provided support to people when and where they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People could choose where they sat in the dining room during mealtimes and in the lounge and seemed comfortable and relaxed in the home environment.

The people we spoke with told us that some activities were available at the service but they were not interested in taking part. Visitors told us they had not seen many activities taking place other than a singer who visited the service occasionally and Christmas and birthday celebrations. One visitor told us that their relative liked to watch television and was not interested in taking part in the activities. Staff told us that they encouraged people to take part in activities including bingo, cards and skittles but as many of the residents were elderly and frail, they did not want to participate or were not able to. One staff member told us they had recently taken residents out for lunch and only two residents had wanted to go. We noted there was an activities folder in the entrance area of the service which offered a variety of activities, including those mentioned to us by staff.

Staff told us a hairdresser attended regularly and we heard one person discussing that the hairdresser had visited the day before our visit.

We looked at how people were supported with their religious and spiritual needs. Staff told us that local vicars and priests had previously visited the home regularly but there was no one living at the service at the time of our inspection who wanted access to this support.

## Is the service responsive?

A complaints procedure was displayed in the entrance area and included timescales for investigation and providing a response. Contact details for the commission and the local authority were included. The manager kept a record of complaints and concerns received and actions taken, which showed that issues were dealt with quickly and within the timescales of the policy. We saw evidence that some changes had been made in response to concerns raised.

People living at the service told us they felt able to raise any concerns. One person told us, "If anything was wrong I

would go to the manager". The visitors we spoke with told us they would feel able to raise concerns with the staff or the manager. Although most of the visitors we spoke told us they had not had any concerns, one relative told us they had raised concerns with the manager and improvements had not been made.

**We recommend the service implements the guidance in the Mental Capacity Act 2005 Code of Practice and are able to apply the guidance when appropriate for any of the people being cared for.**



# Is the service well-led?

## Our findings

People living at Paddock Lodge Residential Care Home told us they were happy with the way the service was managed. They said, “I can’t say anything wrong about here but if there was, I would tell them”. Most of the visitors we spoke with thought the home was well led. Relatives told us, “The manager does a very good job” and “Staff are doing what they should be doing. I’ve no concerns”. However one relative told us they had raised concerns with the registered manager but improvements had not been made as a result.

We saw evidence that the registered manager audited different aspects of the service regularly.

Monthly audits were completed for medicines administration and storage, and accidents and falls. Any trends and actions that needed to be taken by staff as a result were identified. An environmental audit was completed monthly and addressed issues including cleanliness, fire safety, water safety including testing for legionella, lighting and equipment. Any necessary actions were clearly identified and documented when completed. We found that the audits being completed were not effective in ensuring that appropriate standards of safety were being achieved and maintained. We observed that the water in the bathrooms was very hot when it had been running for some time; the lighting on the upper floor landing was poor and some of the furniture at the service required cleaning.

We noted that the registered manager also completed a monthly audit of four residents’ care files. Information reviewed included medication, risk assessments, personal details and whether there was a photograph of the person on the file. There was no evidence that people’s care plans were reviewed as part of this process.

We looked at whether people were involved in the development of the service and noted that residents meetings took place monthly and were used to gather feedback and suggestions about the service. We reviewed the notes of residents meetings and saw evidence that some changes had been made to the service as a result of the feedback received from people living there including the menus, lighting in the lounge and furniture.

The manager told us she had used questionnaires to gather feedback about the service from the people living

there and their visitors and we saw the results of a satisfaction survey that took place in June 2015. Questionnaires were received back from 11 residents and 7 relatives and people were satisfied with the standard of care provided. Comments from relatives regarding improvements included requests that the home was redecorated, that the lighting in the home was improved and that music was made available in the lounge. We noted that the suggestions regarding redecoration and improved lighting had not been acted upon. The registered manager advised us that the service provider did not visit the home often however she had discussed the suggestions with the provider who has approved the purchase of a new stereo for the home. She informed us that the provider does not plan to redecorate the service at the current time due to financial constraints. She told us she would discuss the need to improve the lighting with the provider.

We observed that the home environment looked tired and in need of redecoration which reflected the feedback received from people living at the service, their relatives and professionals who visited the home.

Staff told us the manager had an open door policy and they could speak with her at any time. One staff member told us, “I can go to the manager anytime about anything”. We noted that staff meetings took place monthly and separate staff meetings were held with night staff. We reviewed the notes of staff meetings and noted that items discussed included processes, training, infection control, documentation, pressure care and any significant changes in residents’ needs. Issues raised during recent residents meetings were also discussed.

We saw evidence that satisfaction questionnaires had been issued to staff in June this year and 12 had been returned. All staff felt they had received the training they needed and that the home followed health and safety procedures correctly. However three staff members said they did not feel valued and two felt that their ideas were not always considered by management. Comments for improvement included the redecoration of the home, new furniture and a shower room. The manager confirmed that these improvements had not been made and there were no plans to make them in the near future due to the number of vacancies at the home and the financial consequences of

## Is the service well-led?

this for the service provider. The registered manager acknowledged that the number of vacancies at the service may be related to the need to redecorate and update the home.

The staff we spoke with told us that they liked working at Paddock Lodge Residential Care Home and they felt listened to. One member of staff told us, “It’s a very caring environment and staff are friendly with the residents and each other”. Another said, “The service is managed well day to day. The manager does the best she can with what she’s given”. The staff we spoke with felt that the home needed to be redecorated and updated. They told us a shower room would make supporting people with their personal care easier and more comfortable.

We saw the results of questionnaires issued in June 2015 to professionals who visited the home. Five surveys were returned and included responses from district nurses and a chiropodist. All five questionnaires were positive and described satisfaction with the standard of care, health and safety procedures, staff following instructions and residents being happy and well cared for. One questionnaire included the comment that the service ‘could do with a revamp’.

A whistleblowing (reporting poor practice) policy was in place and all staff had signed to confirm that they had read and understood it. The staff we spoke with were aware of the policy and felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff. One staff member told us, “If I had any concerns about staff treating a resident badly, I would speak to the manager straight away and if I had concerns about the manager I’d speak to the owner”. This demonstrated the staff and registered manager’s commitment to ensuring that the standard of care provided at the service remained high.

The entrance hall displayed a variety of information. This included information about advocacy services and the home’s complaints procedure. We noted that most of the wall space in the area was covered with staff training certificates, some of which were many years old, which made the area look gloomy and dated and not very welcoming. One staff member told us they thought the certificates should be taken down and the entrance area brightened up.

During our inspection we observed that the registered manager was often actively involved in supporting people. This included helping with mealtimes, administering medicines and taking time to chat with people in the lounge. We observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly, caring and relaxed way. It was clear that the registered manager knew the people living at the service well and was aware of their likes and dislikes as well as their needs. We did not see any evidence to demonstrate that the provider monitors the registered manager’s practice.

We observed staff approaching the manager for advice or assistance and noted that she was polite and respectful towards them. Staff told us they had completed a thorough induction and received regular supervision and an annual appraisal. They told us they able to approach the registered manager about any concerns and were encouraged to access training if they needed it.

We saw that the service had a statement of purpose which described the importance of independence, privacy and dignity and providing people with choice, security and high quality health and social care. The service had a contingency plan in place for dealing with situations such as the loss of gas, electricity, heating and water supply. This included information about services that could be contacted to carry out repairs. As part of the contingency plan, the service has an agreement in place with another local residential home that will provide temporary accommodation for residents if needed. Contact details for this home were provided.

At our last inspection we noted that the registered manager had not always notified the Commission of specific incidents when required to and we asked them to make improvements. Our records show that since our last inspection, the registered manager had submitted a number of statutory notifications to the commission about people living at the service, in line with the current regulations.

**We recommend the service provider implements a time scaled redecoration/refurbishment plan to upgrade the home**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The service provider was not acting in accordance with the requirements of the Mental Capacity Act 2005 in relation to people who are unable to give their consent.