

West Lodge Care Home (Nottingham) Limited.

West Lodge Care Home

Inspection report

238 Hucknall Road
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Nottinghamshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

West Lodge Care Home provides accommodation, nursing and personal care for up to 27 older people, some of whom are living with dementia. At the time of our inspection 15 people were living in the home. The home has three floors. People have a choice of two communal lounges, a dining room and a conservatory.

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

There were shortfalls in the way the service was led. There were two breaches of the Health and Social Care Act 2008 (Regulations) 2014. The systems to monitor the quality of the home were not always effective. The provider's quality assurance systems had not been effective in identifying all areas that required improvement.

The potential concerns identified at the last inspection, regarding people's consent had not been fully addressed. We identified that some people were at risk of their dignity and privacy not always being maintained.

Risks to people were assessed however they were not always safely monitored and managed. There were policies and guidance in place, however staff did not always follow them. This put people at risk of harm.

There were sufficient numbers of staff to support people, however effective arrangements were not always in place to make sure that staff had completed all relevant training to meet people's individual health needs.

People's end of life needs, including pain and symptom management were assessed and care plans were in place, however they were not always detailed.

People were not always supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were systems and processes in place to safeguard people from abuse.

People received their medicines as prescribed and supported people in a person-centred way which maintained their dignity.

People were provided with food and drinks which met their needs and cultural preferences.

At the time of inspection, the service was undergoing some improvements to the building to enhance the service design and decoration to further meet people's needs.

People were supported people to live healthy lives and access healthcare services when needed.

People were treated in a kind and caring way and were happy with the support they received from staff. They and their relatives were involved with reviewing their care.

People were encouraged to be independent and make choices on how to spend their day. People were supported to maintain their preferences related to their ethnicity, language, culture and religious beliefs. There were activities provided to people who enjoyed them. People were supported people to maintain relationships with their loved ones.

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

The last rating for this service was Good (published 19 February 2019). This was under its previous provider.

Why we inspected

The inspection was prompted in part due to concerns received about poor management of people's end of life care needs, tissue viability and pain management. The decision was made for us to inspect and examine those risks.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our effective 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 ●

West Lodge Care Home

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

The inspection was carried out by two inspectors on site on 26 May 2021.

Service and service type

West Lodge Care Home is a 'care home' registered to support up to 27 people. 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.

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 spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with two people who used the service and three relatives of people who use the service. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to six members of staff including the registered manager, deputy manager, care workers, cook and activities coordinator.

We reviewed a range of records. This included relevant parts of six people's care records and multiple medication records. We looked at two 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 provider to validate evidence found.

Is the service safe?

Our findings

- People were not always protected from avoidable harm. For example, people were not protected from environmental risks. We found hazardous substances such as cleaning chemicals (COSHH) stored in a communal area and within people's reach. This posed a risk of ingestion or physical injury.
 - Wardrobes in people's bedrooms were not secured to the walls, this meant they could be pulled over.
 - People were at increased risk of developing pressure sores. Pressure sores are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. We looked at care records of two people who developed pressure sores. The people were not always being supported with repositioning as per their care plans. This placed people at increased risk of developing pressure sores.
- We found no evidence that people had been significantly harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Effective measures were not in place to prevent and control the spread of infection. For example, the protective equipment (PPE) was not used in accordance with the government guidance. Some of the staff did not wear their face mask correctly and they did not ensure the mask covered both nose, mouth and chin. This puts people at increased risk of contracting infection.
- We witnessed two members of staff supporting one service user with moving and handling then going straight to another service user and then to another one. Staff did not change their PPE between supporting these service users.
- Some of the equipment used to support people was not cleaned effectively. For example, we saw a rusty commode which was frequently shared across residents. Rust prevented from effective cleaning of the commode.

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

Learning lessons when things go wrong

- Issues identified at the last inspection around the need for consent had not been fully resolved. This means the provider did not always learn lessons when things went wrong.
- Care staff understood their responsibilities to raise concerns and record incidents and accidents and knew how to report them internally and externally.
- There was a system in place to analyse and identify trends and patterns from accidents and incidents and learn lessons where things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff we spoke with had a good understanding of how to identify abuse and what to report. The registered manager notified us and the local authority about safeguarding incidents.
- There was a safeguarding and whistleblowing policy in place and staff had received training on how to protect people from abuse.
- Safeguarding incidents were investigated, and analysis of trends were in place to identify any themes which could prevent reoccurrence.
- People and the relatives we spoke to told us they thought the home was safe. One relative told us, "I am very happy with the home, I wish [person's name] had been there sooner. [Person's name] is safe and well looked after."

Staffing and recruitment

- Staffing levels were safe. Staffing numbers were calculated using a detailed dependency tool which identified people's specific needs and support required to care for people safely.
- Staff told us they had enough time to support people and we observed staff supporting people in a calm and unhurried way. We observed staff were present in communal areas to ensure people's safety.
- Recruitment processes were safe. Pre-employment checks were performed on staff to ensure they were suitable to work at the home. This reduced the risk of people being cared for by inappropriate staff.

Using medicines safely

- Medicines were managed safely. Medicines were stored and disposed of securely.
- Medication administration records were up to date.
- Staff had their competency to administer medicines checked regularly to ensure they continued to support people with their medicines in a safe way.
- Protocols for medicines that were taken "as needed" (PRN) contained enough information to support staff to administer it correctly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This was because the provider had not always ensured people consent was obtained. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Where a person appeared to have issues with their capacity to make certain decisions, the service noted this in their risk assessments and care plans. In addition, MCA assessments were completed by the service with input from other professionals and relatives.
- However, the provider did not always complete a Best Interests decision. Best Interest decision is a decision made for and on behalf of a person who lacks capacity to make their own decision.
- For example, no Best Interest decision was completed for two people who were receiving end of life care, in a shared bedroom who had not consented to this arrangement. The registered manager was unable to provide us with best interest decisions around sharing a bedroom. We could not be assured that the decision made for the two people to share a bedroom was in their best interest or maintained their privacy and dignity.

We recommend the provider complete best interest decisions to ensure decisions are made in people's best interest at all the times.

Staff support: induction, training, skills and experience

- Supervisions were not always effective. Supervision provide staff members with the opportunity to reflect and learn from their practice, embed knowledge, check competence and receive personal support and professional development. Staff had frequent supervisions; however the supervisions did not always identify the gaps in staff's knowledge. For example, it was not picked up in supervision that staff were not repositioning people in line with care plans

- The provider gave us evidence of staff induction and training records which demonstrated core training such as first aid, Mental Capacity Act, health and safety and safeguarding had been completed. However, we found from the records that the care staff appeared not to have undertaken diabetes, epilepsy, skin integrity and catheter care training, despite providing care and support to people with those needs. Seven members of staff who use COSHH products have not had up to date training on how to use them safely.
- Staff told us they felt confident looking after people and if they are unsure about anything they would ask the nurse in charge.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans were detailed and reflected people's needs. Where possible, people and their relatives were involved in care planning.
- Prior to people starting to receive a care package, their needs were assessed and recorded.
- People's needs were reassessed and updated on regular basis to reflect their needs.
- Care staff worked closely with other professionals, for example social workers, occupational therapists, speech and language therapists involved in people care to maintain good health and wellbeing outcomes.
- Staff supported people to access care, support and treatment in a timely way and referrals were made quickly to appropriate health services when people's needs changed.
- Emergency health care was sought in a timely way when required.

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

- We observed a positive dining experience. People who required help with their meals were supported in a caring and dignified way.
- People told us they enjoyed food at West Lodge Care Home and it was tailored to their individual and cultural preferences.
- The cook told us, "Nothing is too much effort" and they were happy to accommodate to people's individual food requests.
- A variety of snacks was available for people throughout the day, including fruit. There was a rotating menu in place with a variety of food choices available. Staff working in the kitchen had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met.
- People's weights were monitored for any weight loss and actions were taken where there were concerned about people's weight loss. For example, timely referrals to GP.

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

- People were involved in decisions about the environment, for example we saw the bedrooms were decorated in a way that people chose.
- People had access to the outdoor space .
- Service incorporated environmental aspects that were dementia friendly and help people orientate.

Is the service caring?

Our findings

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

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

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We saw staff respond in a compassionate, timely and appropriate way when people experience emotional distress.
- People's relatives told us they were made to feel welcome and able to visit following the government COVID-19 visiting guidelines.
- Information was kept securely, and staff were aware of the person's right to privacy.

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

- People and relatives spoke highly of the caring nature and kindness of the staff. One relative told us, "Staff are nice, kind and caring and they look after [person's name] well."
- We saw staff spoke politely to people and showed an interest in what they were doing and saying. One member of staff told us, "I really like to chat with people about their culture. We have a lot of time to spend with our residents."
- We saw that the atmosphere in the home was friendly and relaxed.
- People care was tailored to their individual needs. One relative told us, "They are really caring. They know how to look after [person's name] skin and hair, they always moisturise the skin really well and even take their time to plait [person's name] hair."

Is the service responsive?

Our findings

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

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

End of life care and support

- Care plans were in place for end of life care and included funeral arrangements. However, some care plans did not always contain detailed information about how to manage people care at the end of their lives. .
- Staff had recently received training on supporting people at the end of their life.

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

- People did not always receive person-centred care; for example, there were people at the service sharing a room who's preferences have not been considered or documented.
- People care plans included their personal history, individual preferences and interests.
- We saw some examples of people being offered a choice of food and drinks. Additional heaters were placed in the rooms of people who preferred a warmer temperature.
- People and their representatives were involved in reviews of their care.

Meeting people's communication needs

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

- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.
- The registered manager understood their responsibility to follow AIS and told us they could access information in different formats to meet individual needs. For example, easy read, large print or another language.

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, relatives and staff told us there were enough activities offered.
- The service employed an activities coordinator who supported people to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, for example we observed people enjoying playing pub games.
- People were supported to see their relatives and friends in line with government guidelines on COVID-19.

Improving care quality in response to complaints or concerns

- Staff, people and relatives knew how to raise a complaint. Most relatives told us they are confident that the registered manager would promptly respond to any concerns raised. One relative told us, "If I have any problems I contact [registered manager's name] and she sorts things out quickly".
- The complaints seen had been responded to appropriately and in a timely manner.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care.

- Governance in the service was not always reliable and effective. Audits did not identify or address some of the issues we found during inspection. For example, gaps in training and infection prevention and control shortfalls.
- Effective systems were not in place to ensure a good standard of cleanliness of the home. We saw that corridor upstairs as well as the communal bathrooms were not clean. One of the relatives told us, "The home looks like it needs deep cleaning."
- Systems and processes to assess and monitor the service were not always effective. For example, there was no effective system in place to ensure the repositioning was taking place at the prescribed times.
- Systems and processes to ensure risks to people's health and safety were not effective. For example, wardrobes in people's bedrooms were free standing and hazardous cleaning products (COSHH) were found in the communal area.
- The provider did not ensure the care staff received appropriate training to meet all people's needs. For example, the care staff did not receive diabetes, epilepsy, skin integrity and catheter training, despite providing care and support to people with those needs.
- The provider did not ensure the decisions made on behalf of people who lack mental capacity were in people's best interest and in line with Mental Capacity Act. This concern had not been addressed since last inspection and it puts people at continues risk of being supported in a way they may not choose and their dignity and privacy not being maintained.

The provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the service. This was a breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Working in partnership with others

- The registered manager had responded to previous complaints appropriately.
- We found no evidence of the duty of candour being required; however, the registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful

information.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The provider worked closely with other professionals to achieve the best outcomes for people.

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

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the service. This was a breach of Regulation 17 (1) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning Notice