

Ryding Care Services Limited

The Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

The Lodge is a care home that provides accommodation for up to 20 people who need help with their personal care. At the time of the inspection 17 people lived in the home.

People's experience of using this service

At the last inspection, the provider was rated good. At this inspection, we identified serious concerns with the management of people's care and the running of the service. This meant the rating for the service has deteriorated to inadequate.

There was a lack of robust checks in place to monitor the quality and safety of the service. This resulted in people being exposed to ongoing risks. The registered manager did not demonstrate that they had a full understanding of the care people required or of their regulatory responsibilities.

People's care plans did not contain enough information about people's needs, medical conditions and other risks crucial for the delivery of good care. Professional advice in respect of people's nutritional needs was not always followed and there was limited knowledge and understanding of people's skin integrity needs.

Staff recruitment was not safe. Staff training had not always been completed and the competency of staff not always routinely assessed.

Medicines were not always stored securely and medication management overall required improvement.

Some people did not have a call bell in their bedroom to enable them to call for help when they needed it. The checks on people's welfare in the absence of a call bell were not adequate.

Parts of the premises were in need of repair. Some of the equipment in use was not clean. The garden area of the home was not secure and was accessible to unauthorised persons.

The systems in place to support people's ability to consent to specific decisions about their care where there were concerns about their capacity to do so, did not comply with the principles of the Mental Capacity Act 2005.

The number of staff on duty was sufficient to meet people's needs. People told us they felt safe and that staff were kind and caring. Relatives confirmed this. Staff knew how to protect people from the risk of abuse.

We saw that staff treated people kindly. They supported people at their own pace and it was obvious they had good relationships with the people they supported. The atmosphere at the home was relaxed and homely.

The registered manager was open and transparent and acknowledged that significant improvements needed to be made. They displayed a positive and committed attitude to making those improvements in a timely manner.

Rating at last inspection and update

The last rating for this service was good (published 02 December 2017). At this inspection it has declined to inadequate.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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.

Special Measures

The overall rating for this service is 'Inadequate' and the service will be placed in special measures. 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in 'special measures' will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-Led findings below.

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by an 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 service.

Service and service type

The Lodge is a care home. People in care homes receive accommodation and personal care. 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. The registered manager was also the regulated provider. They 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 also contacted the local authority to gain their feedback on the service. We used this information to plan our inspection.

The provider had not been required by CQC to submit a Provider Information Return prior to this inspection.

During the inspection:

We spoke with five people who lived in home and five relatives. We spoke with the registered manager, the deputy manager and the cook on duty on the day we visited.

We reviewed a range of records. This included five people's care records and a sample of medication records. Four staff recruitment files, records relating to staff training and support and records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to inadequate. This meant that people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People's needs and risks were not properly identified and staff lacked guidance on how to mitigate these risks in the delivery of care.
- For example, one person lived with swallowing issues which meant they needed a special diet. The person's care plan contained little information on the diet they required to keep them safe or how to mitigate choking risks. The person's food and drink records showed they did not always receive the diet they needed.
- Some people received support from the district nurse for pressure or moisture wounds. People's wounds were not identified within their care plans and staff had little guidance on the care they required. When asked staff were not always sure about the location and status of people's wounds.
- One person had experienced two episodes of ill health in the last 4 months that presented in the same way. Both had resulted in 999 being called. Despite this, there was no risk management or care plan in place to advise staff of the early warning signs of ill health, the action to take to mitigate risks or the ongoing support the person may require.
- Some people did not have accessible call bells in place to enable them to call for help when they needed it. The checks on people's welfare in the absence of a call bell were insufficient to maintain their safety.
- Accident and incidents were documented along with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred. There was little evidence however that the service used this information to learn from and prevent a similar accident or incident from occurring in the future.

The above issues were a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks in relation people's care were not assessed or managed appropriately.

- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency.
- The home's electrical and gas installations, moving and handling equipment and fire alarm system were all regularly inspected and safe to use.

Using medicines safely

- The time of administration was not recorded for some medicines. This meant it was difficult for staff to know if they were giving subsequent doses safely when a set time period between doses was needed.
- There were no adequate 'as and when' required administration plans to advise staff when and how to administer these medications and people's prescribed creams.

- Medicines were not always kept safe and secure. This placed them at risk of unauthorised use.
- The risks associated with people administering their own medication had not been assessed.
- The systems in place to check on the safety of medication management did not capture or identify the issues we found during the inspection.

Medicines were not managed adequately to ensure people received the medicines they needed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment procedures did not always ensure persons employed were of good character and had the skills and experience to do their job.
- There were no application forms, job descriptions, previous employer references, contracts of employment, proof of identity or criminal conviction checks relating to the appointment of two staff members who occupied senior roles within the home. This meant there was no evidence that a robust recruitment process had been followed.
- A recently recruited care assistant did not have a job application form on file or a contract of employment in place. In addition, their previous employer references had not been verified as being from an appropriate and reliable source. This was not good practice.
- Some staff members had worked at the home for over 5 years without their criminal conviction check being renewed. This meant there was a risk that this information was out of date.

Staff recruitment was unsafe as it did not ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and Proper Persons) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our visit, we observed there were enough staff on duty to meet people's needs. We did not hear or see people waiting for staff support.
- The people and the relatives we spoke confirmed this. Their feedback included "Always seem to be enough (staff) about"; "Appear to be someone here all the time"; "Yes always staff around" and "There always two or three staff on at night".

Preventing and controlling infection

- Overall the home itself was clean and the people and relatives we spoke with agreed with this. Some of the equipment in use however was not.
- Some people's mobility aids were dirty. Some of the couches in the main lounge were frayed on the arms. This would have made cleaning them for infection control purposes difficult. This aspect of cleanliness required improvement.
- Staff had access to personal and protective equipment such as gloves, aprons and antibacterial gel in order to prevent the spread of infection.
- There was a system to manage the risk of legionella bacteria developing in the home's water supply.

Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe in the home and with the staff team.
- Staff spoken with knew how to protect people from potential abuse.

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 good. At this inspection, this key question has deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

- Some people's capacity had been assessed with regards to decision making whereas others had not.
- For example, one person was advised to consume thickened fluids for safety purposes. The manager told us they refused to have them. This person lived with short term memory loss and confusion. The MCA had not been followed to determine if they understood the risks associated with consuming un-thickened fluids against professional advice. There was no evidence to show any discussions with regard to this had taken place and the person refusal was not documented.
- Where assessments had been undertaken, these assessments were generic and not decision specific. This meant that they did not comply with the principles of the MCA.
- Information about people's mental health, communication needs and capacity was limited. This meant staff lacked adequate information on how to support people's mental health.

People's consent was not always legally obtained in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People living in the home were supported by staff to make day to day decisions. For example, what to wear, what time to get up or go to bed.

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

- People's needs and risks were not properly assessed and their care plans lacked sufficient detail about

their needs, preferences and choices.

- Some people's nutritional care did not adhere to the professional recommendations made by other health and social care professionals.
- People's capacity to consent to decisions was not assessed in accordance with the MCA.

The quality and safety of the service did not adhere to recognised standards. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff training, supervision and appraisals were not undertaken in accordance with the provider's policy. The manager was unable to offer a satisfactory explanation in respect of this.
- Gaps were evident in the training, supervision and appraisal of some staff members including two senior staff members responsible for supervising other staff in their day to day duties. For example, some staff had not completed training in safeguarding, fire awareness, food hygiene, health and safety, dementia care and deprivation of liberty safeguards.

Staff had not received adequate training or support to do their job role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Parts of the home needed repair. For example, there were two cracked windows in the main lounge. A broken window restrictor in an upstairs bedroom and the carpet on the stairs was threadbare in places.
- The garden of the home was not secure. The manager acknowledged this. They told us that people were not able to access the garden at present but said they had plans to improve garden so that it was safe for people to use.

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

- Catering staff did not have sufficient or accurate information on people's special dietary requirements. As a result, some people did not receive a diet suitable for their needs. This placed them at risk of harm.
- There was a whiteboard in the dining room with one choice of main meal. Everyone was served the same meal at lunch. If people did not want the meal when it was served, an alternative was offered. At tea time, we saw that people had a choice of soup and sandwiches or jacket potato.
- People's opinions on the food was mixed. One person said, "I love it". One person told us there was "Not really" (a choice) and this was confirmed by a second person. Another person said "There is an awful lot of food I don't like" but they acknowledged staff offered them an alternative when they did not like what was on offer.
- On the day we visited, portion sizes were adequate and everyone seemed to be enjoying their meal. Tables were set pleasantly and the environment was light and airy. Music played in the background but there was quite a sombre atmosphere and the staff team did not engage with people in any meaningful way.

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

- Professional advice given by other health and social care professionals in respect of people's care was not always properly documented or followed.
- People and their relatives told us that if they (the person) became unwell staff ensured they saw a doctor. They told us they were supported to access other healthcare services and records confirmed this.

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

- People's diverse needs were not always assessed or planned for in the delivery of care. This meant staff did not always have sufficient information about people's needs in order to ensure good care.
- People living in the home were not always supported to express their views about their care. For example, no resident meetings took place to involve people in the running of the home. There was also little evidence that people were involved in reviewing or discussing their own care through care plan reviews.
- A survey of relative's views on the support people received was undertaken. Feedback was positive. There was little evidence however that feedback from people living in the home had been sought.
- During our visit, staff were kind and caring. They were patient when supporting people and supported them at their own pace. We heard staff chatting to people about the everyday things people talk about when they know each other well.
- Most people told us that staff treated them well and were kind. Their comments included staff are "Very good"; "Lovely"; They have been kind to me" and "The staff are great, nothing seems too much trouble".
- Relatives we spoke with felt the same. One relative said their loved one was "Well looked after here". Another said their loved was "Very happy, good staff". They told us they were always made to feel welcome when they visited. One relative said "It's like home from home".

Respecting and promoting people's privacy, dignity and independence.

- Staff promoted people's dignity and privacy. They treated people respectfully and met people's needs in a timely and compassionate manner.
- People told us that the staff were good at helping them look and feel fresh and smartly dressed. This showed that staff were good at helping people maintain their dignity.
- People's confidential personal information was kept securely to ensure their right to privacy was respected.
- People's bedrooms were personalised to them. Family photographs and the keepsakes that were important to them were close at hand. This was important as it showed the service respected people's personal space.

Is the service responsive?

Our findings

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

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

Meeting people's communication needs

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

- The service did not comply with the Accessible Information Standard.
- People's communication needs were not properly identified and explained in their care plans. This meant staff had limited information on the best way to connect, reassure and communicate with them in a way they understood.
- Information about the service was primarily in written format. There were no alternative formats for example, large print or pictorial aids to share information such as the complaints procedure with people.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- Care plans did not always identify how to meet people's needs in a personalised way.
- Some people had 'About me' information that had been collected from the person and their family but there was limited evidence that this information was used effectively to plan people's care
- Some people living in the home lived with short term memory loss and confusion. Their care plans did not contain adequate guidance on how this impacted on their day to day lives or their independence.
- People's care plans were reviewed monthly. These reviews were meaningless. They did not show that changes in people's needs were fully considered to ensure the care they received, remained responsive and appropriate.
- Some people did not have suitable end of life care plans in place to advise staff of their end of life wishes and preferences.
- The provider's mandatory training programme did not ensure staff received training in how to provide end of life care.

The above issues were a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care was not always designed to ensure their needs and preferences were met.

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

- Relatives told us they were free to visit whenever they wanted and they were always made welcome. This

showed that people's important relationships were fostered by the service.

- Activities to occupy and interest people were offered. On the day we visited "Music for Health" came into entertain people living in the home. We saw people joining in and it was clear they enjoyed this session.
- Relatives we spoke with felt their loved ones enjoyed the activities on offer. One relative said they are "Very good. Seen them in action. Staff encourage them (the person) to join in the music and bingo. They have been to the theatre and a tea dance. Two ladies who come in (Music for Health) are marvellous".
- Another relative said "(Name of person) takes part in the activities. Think they are good. They (the person) really enjoys the 'I Spy'.
- When asked, some people living in the home liked the activities and joined in, whereas others did not. One person said that they enjoyed the activities particularly the music, bingo and trivial pursuit. Two people said they were "All right" and two other people said they did not take part in the activities.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints had been responded to appropriately by the manager.
- People and relatives told us they were happy with the support provided. One person told us they had "No problems, none whatsoever".

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 deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The management structure of the service was unclear. There was a registered manager, a deputy manager and two other staff members employed in senior roles with no job descriptions or contracts of employment to specify what their duties were. Both staff members were responsible for managerial tasks.
- There was no evidence that either of these two staff members had received adequate training and supervision in their job role. Their competency to fulfil their managerial responsibilities had also not been assessed. This meant the registered manager could not be assured that they had the skills and ability to manage the service, mitigate risks and understand the regulatory requirements of their job roles.
- During discussions with the registered manager, it was clear they themselves did not have sufficient knowledge of their legal and regulatory requirements with regards to the service. They did not have adequate oversight of the service in order to identify where improvements were required.

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

- The systems in place to monitor the delivery of care were not robust. This meant the concerns found during our inspection had not been identified or addressed.
- We found that the assessment, planning and delivery of people's care was not always safe or up to appropriate standards. This impacted on the service's ability to ensure good outcomes for people.
- The way in which people's capacity was assessed did not correspond with the principles of the Mental Capacity Act. The systems in place to check this were ineffective in identifying that improvements to this were required.
- Staff recruitment was not robust and staff had not received appropriate training or had their competency routinely checked to ensure they had the skills and knowledge to provide good care.
- Medication management required improvement. The systems in place to check this were not sufficient. This meant that improvements to medication management were not identified and made.

The governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

- The culture of the home and the staff team was open and transparent. There was a warm, relaxed atmosphere and the staff team appeared happy in their job roles.

- Staff spoken with spoke with genuine warmth about the people they supported and it was clear they wished to provide people with the support they needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives views on the service were surveyed using a questionnaire but we found improvements to the way the service engaged and involved people in their own care required improvement.
- The relatives we spoke with told us the registered manager and the staff team kept in touch with them about their loved ones care. They said the registered manager was approachable and easy to talk to.
- Support from other health and social care professionals was sought when required. A nurse practitioner from a local GP surgery also visited the service regularly to check on people's welfare.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not always designed to ensure their needs and preferences were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's consent was not always legally obtained in accordance with the Mental Capacity Act 2015.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks in relation people's care were not assessed or managed appropriately. Medicines were not managed adequately to ensure people received the medicines they needed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality and safety of the service did not adhere to recognised standards. The governance arrangements in place were ineffective in identifying and driving up

improvements to the service and mitigating risk.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff recruitment was unsafe as it did not ensure fit and proper persons were employed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received adequate training or support to do their job role.