

West Lodge Care Home (Nottingham) Limited.

West Lodge Care Home

Inspection report

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09 August 2022

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

West Lodge is a care home providing accommodation for people who require nursing or personal care in one adapted building. The service provides support to adults over 65 years who may have dementia or physical disabilities. The service can accommodate a maximum of 27 service users. At the time of our inspection there were 18 people using the service.

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

There was a lack of consistency in how the service was managed and led. There were no clear roles and responsibilities for staff who were managing the service.

People were not always protected against avoidable harm. When people's needs changed, responses were slow in ensuring people had appropriate support. Some care records did not accurately reflect risks to people or how these were managed.

People were not supported to have maximum choice and control of their lives. The systems in place did not always mean people were supported in the least restrictive way and in their best interests.

People had access to health care professionals. The management team were building relationships with local health professionals and where necessary, made referrals for additional advice and support.

Staff were recruited safely, and staffing levels were sufficient to support people's needs. Staff had received training that was appropriate to their role.

Following our feedback, the provider began to address our concerns demonstrating their commitment to improving the standard of care delivered to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 6 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

We 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 will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

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

Follow up

We will 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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

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 Health and Social Care Act 2008.

Inspection team

Two inspectors commenced this inspection on 27 July 2022 and two inspectors returned to complete the inspection on the 9 August 2022.

Service and service type

West Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the 27 July 2022 and announced on the 9 August 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually

with key information about their service, what they do well, and improvements they plan to make.

We requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with four members of staff including the clinical lead and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with three people who use the service about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and four medicine 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.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Not all risks to people had been safely managed. Several doors that had signs to keep shut or locked were found to be open. For example, sluice rooms were open and had unlabelled chemicals stored in unlocked cupboards. Although most people were supported by staff, chemicals were accessible to people who may not understand the associated risks.
- Medicines were not always stored safely. The medicine room was found to be unlocked. This room contained medicines not in locked cupboards. Medicines were at risk of being accessible to unauthorised people.
- Care plans were not reflective of people's needs. Guidance was not always included for people who required food to be a certain texture to make it safe to eat. For example, when people had been assessed to need their food modified, the information was not in the care plan. This put people at risk of malnutrition and choking. Following our feedback, the provider put appropriate information into people's care plans.
- People's care records did not contain enough information to monitor emerging risk when they were losing weight. When people's needs were changing, food diaries did not always contain enough information to show how much people had eaten to enable a robust review. This meant intervention was sometimes slow and put people at risk of poor nutrition.
- People were not always supported in line with their care plans. People who were at high risk of developing pressure sores were not repositioned as required to protect the integrity of their skin. People were at risk of developing pressure sores or deterioration of existing ones.
- Risk assessments were not always in place for people's specific health needs or behaviours that put people at risk. Where risk assessments were in place, they did not contain enough guidance on how to reduce the risk. People were at risk of avoidable harm because staff did not have enough information on how to keep people safe.
- Personal alarm monitoring (PAM) sensors were not consistently used. Sensors used to monitor people's movements when at high risk of falls were not always switched on when needed. This meant people were at an increased risk of falls.

- Fire safety was not managed effectively. Personal emergency evacuation plans (PEEPs) did not contain enough information for staff to safely evacuate people in case of a fire. Details of where the nearest fire exits, or evacuation equipment was not included in people's plans. This put people and staff at risk if there was a fire. Fire drills were not carried out. Staff had no training in the evacuation process. We could not be assured that people could be safely evacuated in the event of a fire.

People and staff were not protected against the risk of unsafe care and treatment. Systems were either not in place or robust enough to manage safety effectively. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- Known concerns had not always been resolved promptly. For example, staff were not consistently completing records on handheld devices after providing care and support. This meant there were gaps in records including weight checks and blood glucose monitoring. The issue had previously been raised by a clinical commissioning group audit in November 2021. No actions had been taken to ensure staff were completing appropriate records. We could not be assured people were receiving consistent care and support.
- A safeguarding and incident reporting system was in place. All incidents were reviewed by the provider. Where an investigation into the incident was carried out, the learning outcomes were recorded.
- Staff completed training in safeguarding vulnerable adults and explained to us how they would report any concerns.

Staffing and recruitment

- People were supported by regular staff who knew them well. The provider used a dependency tool to determine how many staff were needed each shift. They told us they worked slightly above this requirement.
- The provider had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service (DBS) as part of their recruitment process. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines as prescribed. There were suitable systems for ordering and handling medicines and controlled drugs.
- Medicines were administered by trained staff. Staff had good knowledge of what medicines were for and why people were taking them.
- Medicine audits were carried out. We saw that audits had highlighted improvements, for example introducing a monitoring sheet for when people required pain relief. This meant staff could observe any emerging concerns when people required regular pain relief so relevant health professionals could be informed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff had received training in PPE; however, we observed several staff not wearing masks correctly throughout the inspection. This was reported to the provider at the time.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Toiletries were found in communal bathrooms that could have been shared between different people.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider had visiting arrangements in place. When required the provider was requesting advice from the local infection prevention control (IPC) team. Some restrictions to visiting were not in line with government guidance. We signposted the provider to current care home visiting guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty and whether any conditions relating to those authorisations were being met.

- The provider did not always apply the principles of the MCA. For example, when a person requested to not share certain information with their family member the provider did not always respect this decision.
- Mental capacity assessments were not always completed when needed. A person's capacity had not been assessed to consent to their care and treatment. Some best interests' decisions for people did not evidence that relevant people had been involved.
- Tables were used to restrict people's movements. We observed five people sat down with tables in front of them which prevented them from getting up. This was an unnecessary restriction to people's choice and control. The provider was informed, and the tables were moved.

The provider was not complying with the principles of the Mental Capacity Act. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS applications were applied for when needed. People were lawfully deprived of their liberty following an application and authorisation to relevant authorities to restrict their freedom. No conditions were in place for any of the authorisations. Care plans contained DoLS information.

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

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care plans reflected people's choice. Staff had good knowledge of people and their preferences. However, people were not always listened to and their individuality was not promoted.

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

- Communication was not always effective between the provider and healthcare professionals. For example, we identified one person had been prescribed supplements for weight loss, however these had not been made available to them. This meant the person was not being effectively supported to maintain their health.
- People were supported to access healthcare services. Referrals were made for people when needs had changed, and risk was identified. For example, we saw referrals to the speech and language therapy (SALT) team and a dietician when a person had swallowing difficulties and was losing weight. This ensured people were receiving specialist support in line with their health needs, however we were not fully assured referrals were being completed in a timely way.

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

- Menus were not available for people to use. People at West Lodge were diverse with a range of different spoken languages. There were no printed menus or visual aids to support people's understanding of what food was on offer. The provider told us people used gestures to indicate what they wanted; however, this was not always dignified for people who could verbally communicate in their language.
- Mealtimes were not flexible to meet people's needs. We observed people sometimes being rushed to finish their meals which did not promote a good experience.
- Mealtimes were more of a task than an experience to be enjoyed. Plates of food were served, with no opportunity for people to personalise their meals. We saw no condiments on the tables and when we asked staff about salt and pepper, they told us they had already put salt on the food.
- Communication was poor between staff at mealtimes. There was no process in place to know who had eaten or been offered a meal. For example, we saw someone who had briefly fallen asleep miss their dessert.
- Meals reflected people's diversity at West Lodge. Options included traditional dishes from people's diverse backgrounds which supported cultural requirements. However, we were not assured people had any involvement in the planning of menus.

Staff support: induction, training, skills and experience

- New staff completed induction training. Staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed training that was relevant to people's needs. Competency was checked for specific tasks for example, moving and handling.
- Training was updated regularly. When a new training need was identified, training was sourced to ensure staff had the skills and knowledge to support people safely.
- Staff received regular supervisions. These gave staff the opportunity to discuss any concerns and to consider further areas of interest and training.

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

- The care home was an adapted building over three floors. There were two main staircases that were easily accessed on all floors. This did not provide a safe environment for people with cognitive impairments. The provider told us they close the fire doors at night to prevent people from accessing the staircases which

some people did not like due to feeling locked in.

- Corridors were narrow and lighting was dim in some areas of the home. We observed several corridors that were unlit and light switches hard to find.
- Communal areas were minimally decorated with no personalisation. People at West Lodge were from diverse backgrounds; however, this was not reflected in the building's decoration.
- Visual aids and signs were not displayed to support people's awareness of their environment. People spoke a variety of languages at West Lodge, but no attempt had been made to include these around the care home to promote inclusivity.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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, Continuous learning and improving care

At our last inspection 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- A registered manager had not been in post since January 2022; however, the provider was taking appropriate steps to try and recruit one. The provider had tried to provide consistency, however there was a general lack of oversight due to time constraints.
- There was no structured approach to monitoring the quality of care plans. Care plans did not always contain information that was reflective of people's needs. Care plans were regularly reviewed but did not contain up to date information when people's needs had changed.
- Governance in the service was not always reliable and effective. Audits did not identify or address some of the issues we found during inspection. This included gaps in care and monitoring records. These concerns had not been addressed since our last inspection which meant people were at a continued risk of not receiving the right support to meet their needs.
- Systems were not in place to audit all equipment. Some equipment was found to be unclean and not fit for purpose. For example, we checked four pressure cushions and two were heavily soiled. When brought to the provider's attention they told us they did not know pressure cushions needed to be audited.
- Risks to people's health and safety were not always addressed by the provider. When walking around the premises, the provider did not identify any of the shortfalls we observed. For example, they did not notice when doors were open that had signs to keep shut because of hazardous cleaning products. This concern was reported in the last inspection and no improvements had been made in this inspection which put people at continued risk of harmful chemicals.

The provider had failed to monitor and improve the quality of the service. This was a continued breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were not always confident when supporting people in distress. The provider did not have systems in place to enable staff to have an empathetic understanding. For example, a person was using the call bell continuously and a staff member told us, 'They do it all the time, it takes us away from others who need us.'
- There was little stimulation and opportunity for people to join in activities. We carried out a short observational framework for inspection (SOFI) which is a record of observations to capture the experiences of any person who may have cognitive or communication impairments and cannot verbally give their opinions on the services they receive.
- We observed people sitting in the same chairs all day with no stimulation. People were mostly passive with little interaction from the staff members supporting them. The provider told us they did not have many planned activities, but people sang along to music and did some colouring. We were not assured the provider had considered people's wellbeing or that staff empowered people to feel involved and included.

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

- The provider used surveys to understand the experiences of people and their relatives. No action plan was in place from the latest surveys to address some of the concerns and suggestions raised.
- The latest feedback revealed people wanted to be outside and enjoying the garden. However, we did not observe any person going outside during our two-day inspection.
- People were involved with community projects. People from the Windrush generation had been supported to be involved with a project that was creating a book to share experiences and recollections. People received certificates for their participation which had been framed so they could display in their rooms if they wanted.

Working in partnership with others

- The provider received support from healthcare professionals to improve people's care. This included medicine reviews and the development of treatment plans. However, communication could be improved so people received support earlier to ensure better outcomes.
- The provider worked with the local authority and safeguarding teams, who monitor services to help ensure people received agreed care and support in a safe and well managed way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open in the event of anything going wrong. They had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Records showed that all safeguarding concerns had been reported to the local authority and the Care Quality Commission in line with guidance. This is so we can be assured that events and incidents are appropriately reported and managed.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider did not always apply the principles of the Mental Capacity Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure care and treatment was provided in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to monitor and improve the quality and safety of the service.