

Mr Donald Smith

Preceptory Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Preceptory Lodge is a small residential care home providing personal care for up to 8 people with autistic spectrum disorder or learning disabilities. At the time of the inspection there were 6 people living in the service, two in the bungalow and four in the main house.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Staffing difficulties meant that some people did not always have the correct support available to them. We did not find that any harm had come to the people from this concern, however, the lack of staffing in the service increased the risk of harm. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. However, records did not always reflect best practice guidance. We made a recommendation about this. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Safety checks were taking place on the emergency equipment; however, more work was needed to ensure all fire safety precautions were in place. We made a recommendation about this. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff understood people's needs however, the service did not always ensure their training was up to date and that their competency in administering medication was reviewed. Staff told us they felt well trained and supported by the senior management team however, the delay in refresher training increased the chances of poor practice. Support plans were in place to help guide staff on how to care for people. These records reflected people's preferences however, some areas needed updating and expanding to ensure they fully reflected the people's range of needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

People and their relatives told us they were happy with the care provided by the service, one relative said, "I feel fortunate [Person] is there, it's like going to someone's home, very homely and [Person] seems happy."

Right Culture: Quality systems had been developed to review and monitor the care in the service however, these failed to highlight some of the concerns raised from the inspection. The management team promoted an open culture, which supported learning lessons from when things went wrong, but records did not always reflect this. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

Staff told us they felt well supported in their roles and found the management team approachable. They would not hesitate to raise concerns and discuss ways on how to improve the service.

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 requires improvement (published 3 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 remains as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Preceptory Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the staffing and the governance of the service at this inspection.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Preceptory Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Preceptory 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. Preceptory Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, deputy manager, one staff member and two people who lived at the service as part of the inspection. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

After the inspection

We spoke to six relatives, two people who lived at the service and three staff members. We looked at policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate evidence found.

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. The rating for this key question 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; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure systems were in place to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks to people had been assessed and safety monitored and managed. Risk assessments had been developed where needed and appropriate safety checks were carried out on the premises. Fire safety had been monitored. However, the emergency grab bag was missing on the day of the inspection, a replacement was sourced by the registered manager following the inspection. Fire drills were taking place, however, under the advice of the fire officer, these did not always include the full evacuation of the service.

We recommend the provider seek further advice in regards to the physical evacuation of the premises and update their practice accordingly.

- Care plans were in place which helped guide staff on how to care for people safely. Some areas needed expanding and reviewing to ensure all details were up to date, however, the staff knew the people well and were knowledgeable about people's care needs.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff assessed people's sensory needs and did their best to meet them.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and these were investigated by the senior management team. Lessons learnt were not always clearly recorded, however, staff told us how they reviewed situations when things went wrong and learnt from them.

Staffing and recruitment

- The service was not always staffed to the appropriate levels to provide people with the one-to-one support they required.
- A training matrix was used to record staff training however, this showed some staff were without the refresher training needed to help ensure care and support was delivered in line with best practice. Medication competency checks were also out of date; however, the deputy manager was working to address

this.

The failure to deploy sufficient numbers of competent and skilled staff is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that no one had been harmed due to this concern however this increased the risk of harm.

The registered manager took action to address this concern by reviewing their staffing levels and trying to source additional staff through local agencies.

- Safe recruitment practices were in place.

Using medicines safely

- Medicines were managed safely. However, some improvements were needed in the records for 'When required' medicines, topical medicines and medicines used when away from the service.
- There was limited information for medicines prescribed 'when required' and for the application of topical creams. Whilst staff could explain how these medicines would be administered this was not clearly documented to support staff to make consistent decisions.
- People spent periods away from the service visiting family, a system had been developed for the safe transfer of medication however, this process was not always clearly documented.

We recommend the provider review best practice guidance for the administration of 'When required' and topical medications and review their system for recording leave medicines, updating their practice accordingly.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. Processes were in place to ensure the premises was clean and hygienic.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service supported visits for people living in the service in line with current guidance. Visitors were not restricted, and safety was promoted while on site for example, personal protective equipment (PPE) was provided.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff were trained in the principles of the MCA and appropriate policies were in place to help guide staff.

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. The rating for this key question 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

At our last inspection the provider had failed to robustly monitor the quality and safety of the service. This was a breach of regulation 17 (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.

- Quality systems had been developed since the last inspection; however, these were still not robust enough to highlight the concerns raised at the inspection. The medication audit was not suitable for the service, so the safety and quality of the medication systems had not been monitored.

The failure to ensure systems and processes are established and operated effectively to monitor the quality and safety of the service is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The senior management team were working to address these concerns and additional advice was sort from other professionals as a result of the inspection.

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Continuous learning and improving care

At our last inspection the provider had failed to seek and act on feedback to evaluate and improve their practice. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection. This included the development of new processes

to review and improve the service. Communication with family members had increased and regular management meetings were taking place to provide greater oversight and opportunities to improve. The provider was no longer in breach of regulation 17.

- Incidents had been recorded and investigated by the senior management team and a new process had been developed to review practice to help learn and improve. Some records still needed expanding to ensure the learning and action taken was clearly recorded, however, the provider was working to address this.
- Formal feedback about the service had not been sought from the family of the people in the service. However, family members told us they were happy with the care provided and kept up to date with their relatives care. They knew how to contact the registered manager if things changed. The registered manager was developing a feedback questionnaire to send to families at the time of the inspection.
- Meetings were held between staff and management which reflected on how the service could improve. Staff told us they could approach the registered manager at any time to report any concerns and discuss learning opportunities.

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

- There was a positive culture in the service. The care provided was person centred and the atmosphere in the home was calm and welcoming.
- Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "The registered manager listens to us and is always fair."

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 registered manager had the skills, knowledge and experience to perform their role and understood their responsibility to be open and honest, apologising when something when wrong.

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

- Efforts had been made to engage with staff and people who used the service. Meetings, which had previously been delayed due to Covid-19 restrictions, were beginning to be re-introduced. This gave people the opportunity to feel more involved with the service.
- Resident meetings were taking place, staff made additional efforts to ensure people with communication needs were considered and they could be fully involved in sharing their views.
- There was an equality and diversity policy in place to give clear guidance to staff which promoted equality.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)(2)(a) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of suitably qualified and competent staff were deployed in the service. Regulation 18 (1) |