

Oakbridge Retirement Villages LLP

# The Lodge - Dementia Care with Nursing

## Inspection report

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Date of inspection visit:

14 July 2021

19 July 2021

Date of publication:

07 September 2021

## 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

The Lodge - Dementia Care with Nursing is a care home providing personal and nursing care. It is registered to provide 24-hour care and support to up to 80 people who are living with dementia and require support with nursing or personal care. At the time of the inspection 77 people were receiving support. The home is divided into four communities, each with a separate lounge, dining room and kitchen. Shared bathroom and shower facilities are available in each community. Two of the communities provided care and support for people who may display behaviour which challenges the service.

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

People could not be assured governance systems were sufficiently implemented and embedded to drive improvements at the home. Care records did not always record the latest information about people and care reviews were not consistently documented.

Medicines were provided to people in a person centred way and there were policies and processes to guide staff regarding medicines management. We have made a recommendation about the safe management of medicines.

Some areas of the home required cleaning and staff did not always wear personal protective equipment in accordance with current guidance. Some staff wore jewellery which was not in line with best practice and guidance.

The manager had reviewed staffing to check the current arrangements met people's needs. Changes were being made to help ensure sufficient numbers of staff were available to support people. Staff had received training in key areas such as moving and handling and infection prevention control to maintain their skills and competence. People were supported by staff who had undergone sufficient recruitment checks to help ensure they could support them.

If people needed medical advice this was arranged for them and changes made to their care to support their well-being. Staff knew the help people needed to remain safe.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 05 December 2018).

We also carried out a targeted inspection on 26 May 2021. This was to ensure infection prevention and

control practice was safe and the service was compliant with IPC measures. We found processes were operated to ensure the risk and spread of infection was minimised.

#### Why we inspected

We received concerns in relation to the management of staffing, quality of care and leadership. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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.

The manager responded quickly to our concerns and took action to minimise the risk by directing key personnel to complete audits and act on the findings.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge - Dementia Care with Nursing on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# The Lodge - Dementia Care with Nursing

## **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.

#### Service and service type

The Lodge - Dementia Care with Nursing is a 'care home'. 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 did not have a manager registered with the Care Quality Commission. The manager told us they were applying to the CQC to be registered. This means that when the manager was registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We spoke with the manager throughout the inspection as they were representing the provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was so we could be assured we followed the provider's risk controls in relation to Covid-19 and to ensure the management team were available to

support the inspection.

#### What we did before the inspection

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 also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. 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 also spoke with the manager, three members of the management team, ancillary staff, chef and maintenance person. We spoke with four nurses and six care staff. We received written feedback from two care staff and spoke with five relatives by phone.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at records and information sent to us from the manager and contacted the home to speak with the manager and a member of the management team. We received written feedback from a relative and considered this as part of the inspection process.

# 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 comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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;

- Staff assessed risks to people, however documented actions required to keep people safe were not always reviewed. In one care record we saw no evidence to show care reviews had taken place monthly. For example, the 'Mobility and Falls Personal Plan' recorded it had last been reviewed in March 2021. In a further person's care record, we noted the person's moving and handling assessment was documented as last reviewed in April 2021. The manager of the community said care records should be reviewed monthly, or sooner if their people's needs changed.
- Records to be followed in the event of an emergency were not always accurate. We found two 'Personal Emergency Evacuation Plans' did not contain up to date instructions on the help people needed to leave the home in an emergency.

The lack of accurate documentation placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior the inspection concluding the manager wrote to us. They provided us with an action plan of how the records would be improved and informed us they had arranged training and guidance for staff on effective record keeping.

- Staff knew the help people needed to support them safely and care was given in accordance with people's needs.
- People were supported to access medical advice if this was required and care was adjusted to ensure medical advice was followed.
- Equipment was serviced and checked to ensure its safety. Due to the challenges of the COVID-19 pandemic, some equipment required servicing. This was being arranged to take place at the earliest opportunity.

Preventing and controlling infection

- The provider did not ensure all areas of the home were consistently clean. One of the areas we visited required cleaning. The manager responded quickly to our feedback and we received written confirmation and photographs to evidence this had been cleaned. We also noted some staff who delivered personal care were wearing rings with stones in. This was not in line with best practice.
- Staff did not consistently use PPE effectively and safely. Staff were not always wearing facemasks correctly when in the presence of other people. For example, the masks did not cover their noses, and some staff

wore the masks under their chin. This did not reflect best practice guidance.

The manager wrote to us and told us they had addressed this with staff.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- Medicines were managed by staff who were trained in the management of medicines and their competency assessed.
- Medicines were stored securely, and access was limited to those staff trained to administer them.
- Arrangements were in place to store medicines that required refrigeration. We noted the fridge temperature had not been checked on several occasions.
- Staff explained they did not currently have an accurate figure for the amount of medicines people had. This was because the electronic system used to administer medication was new to staff and there had been some technical errors. Extra training was being provided to staff and a full audit of all medicines was planned to take place.

During the inspection process we were provided with information that showed a full audit of medicines had been carried out and there was a baseline of the amount of medicines people had.

We recommend the provider seeks and implements best practice guidance in the safe management of medicines.

#### Staffing and recruitment

- The provider did not ensure staff were always deployed effectively. Some staff gave feedback that extra staff were required at certain times to support people. A relative also shared that more staff were sometimes required. The manager confirmed this had been identified and they were improving the deployment of staff.
- The manager was improving the staffing arrangements. A two weekly rolling rota which was planned in advance had been introduced. Another shift pattern had been introduced so additional staff were available when they were needed. Unplanned leave was monitored and staff had been asked for solutions to improve the deployment of staff. Recruitment was taking place to ensure sufficient staff were available to meet people's needs. Agency staff were used to cover any shortfalls.
- During the inspection we saw people were helped quickly and staff were calm and patient.
- The provider followed safe recruitment procedures to ensure suitable staff were employed to work with people lived at the home.

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

- Staff did not always protect people from the risk of abuse. Staff had received training in safeguarding awareness and knew when, how and why concerns should be raised to protect people. However staff did not always raise concerns in a timely way. The manager advised us a safeguarding incident had been identified when they had reviewed care records. This had not been reported at the time of the incident, to



the safeguarding authorities. The manager reported this appropriately and arranged for staff to have one to one guidance and support on raising safeguarding's.

- There was a policy to guide staff on the action to take if they had safeguarding concerns they wanted to raise.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the manager to identify trends. One relative shared how their family member's care had been changed to minimise the risk of falls, and this had been successful. In addition, if recommendations were made by external agencies to improve the service these were carried out.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had not ensured person centred and up to date information was consistently available in people's care records. For example, one person lived with a health condition and there was no guidance for staff on the signs and symptoms a person may display if they became unwell. In a second record there was no indication a person's needs had changed and they required specific equipment to help them mobilise. A third record contained contradictory information about a person's dietary needs.

The lack of up to date and consistent information meant people were exposed to the risk of avoidable harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the manager. They arranged for training and support to be provided to staff to improve the standard of record keeping.

- Assessments of people's needs were carried out, however reviews of these were not always recorded. We have addressed this in the safe section of the report.
- Relatives we spoke with told us they had no concerns with the care and support provided by the service. Comments we received included, "The Lodge does promote people's independence." And, "[Family member] is looked after well."

Staff support: induction, training, skills and experience

- The provider ensured care staff had access to a comprehensive induction. Staff we spoke with said the induction had enabled them to fulfil their job role, However, a member of domestic staff said they felt their induction had not been sufficient to enable them to learn all they needed to complete their job to the highest standard. We discussed this with the manager who told us they would address this without delay.
- Staff said they received training to enable them to maintain their skills and competence. If gaps in training were identified, plans were in place to ensure staff had access to refresher training to update their skills.
- Staff told us supervisions took place and they were also able to discuss any concerns, training needs or seek clarity with the management team on their individual community.
- The manager was committed to improving the knowledge and skills of staff. They explained they were currently asking care staff if they wanted to take part in a development programme in conjunction with the local hospital. This gave staff the opportunity to increase their skills. We saw the programme was advertised on notice boards within the home.

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

- Staff supported people to choose what they wanted to eat; alternatives were offered and provided if people did not like the main choice on the menu. One relative told us their family member had told them, "The food is beautiful."
- Staff helped people to eat and drink if this was required. We observed staff were patient with people and supported them with dignity and respect.
- People were assessed for the risk of malnutrition and outcomes were recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. People could choose where they wanted to eat and drink and their wishes were respected.

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.

- The provider and staff were working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff explained they had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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

- The provider had displayed appropriate signage to support people to maintain their independence when moving around the home.
- The home was bright and well-lit; people could personalise their rooms with their own belongings if they wished to do so.
- Some areas of the home required redecoration. We saw this had started but had been delayed due to the challenges of the COVID-19 pandemic.

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

- Staff referred people to specialist professionals for support and guidance. For example, referrals to dietitians, specialists in falls management, doctors and district nurses.
- Staff engaged with health professionals to help ensure people achieved their best outcomes. We saw staff speaking with health professionals by telephone to discuss any changes and to review the current care provision.

# 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; 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 provider had not ensured an effective governance system was in place to identify shortfalls and drive improvements. For example, we found some care records required updating and information within them was not always accurate. In addition, we found one area of the home required cleaning and the CQC was not always informed promptly of certain occurrences within the home.

Systems and checks did not always result in improvements. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found no evidence people had been harmed and the manager assured us they were taking action to rectify the concerns we had found with governance and documentation. They told us that not all incidences were reported to the CQC and they had taken action to prevent this happening again. We have written to the provider regarding this.

- The manager told us if things could have been done differently, investigations were carried out and an apology was made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Some staff said they enjoyed working at the home and others said they felt morale could be improved. and their views could be listened to more. The manager said they recognised that staff had experienced a change in management and the challenges this and the COVID-19 pandemic presented. They planned to hold more staff meetings to engage with staff as well as visiting the home during out of hours, and work alongside the staff. In addition, a carers forum was being introduced. This would give staff the opportunity to raise any suggestions and support open dialogue. The manager said they hoped this would help improve

the morale of staff and assure them their views were listened to.

- One relative described the communication at the home as, "Excellent," A further relative said the communication was, "Good." Three relatives said they felt that communication could be improved. A fourth relative shared they felt they had not received consistent and timely communication regarding their family member. We have passed this to the manager for their consideration.
- The provider sought feedback to improve the service, however this had been impacted upon by the COVID-19 pandemic. Surveys were available for people and relatives to complete to give feedback, however these had been delayed. The manager told us these were being reintroduced.
- The provider supported a learning culture. For example, the pre-admission assessment had been changed after it was noted it could be improved by following national guidance.
- The manager told us they sought to engage with external professional agencies and maintain positive relationships with them. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes. Health professionals we spoke with told us the manager wanted to drive improvement.

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
Treatment of disease, disorder or injury	Records did not consistently contain up to date information, care reviews and guidance to enable staff to meet people's needs.  Quality systems had not consistently identified and driven improvement when improvements were required.  17 (1) (2) (a) (b) (c) (f)