

Paddock Lodge Care Home Limited

Paddock Lodge Care Home

Inspection report

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Paddock
Huddersfield
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Paddock Lodge is a care home providing personal care for up to 24 people, some of whom were living with dementia. When we visited 16 people were living in the home and a further person was in hospital.

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

The home was not well maintained in its communal features as well as people's individual rooms. A leak in the roof had been a persistent issue throughout the year, despite attempts to rectify this. Infection control was not well managed as a bed had been made over a urine stained mattress, and soaps and other toiletries were stored on top of toilet cisterns. Areas of the home required a deep clean.

There were sufficient numbers of safely recruited staff to meet people's needs. Overall, medication was found to be safely managed. Risk to people's safety had been assessed and some measures had been put in place to reduce those risks. However, unwitnessed falls at night time had not been identified as a theme and we found some people did not have bedside lighting.

Staff received regular formal support through training and supervision. Feedback showed staff were capable of recognising and responding to changes in people's health. 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. People's dietary needs were being met and people enjoyed the food they received. Protected mealtimes were in use.

Staff were seen to be caring. People were satisfied with the staff who supported them. People's equality, diversity and human rights were respected, although there had been a lack of support in meeting people's religious needs. Steps were taken by the management team to address this during our inspection.

Care plans were in place, although they were not always being followed. For example, people's oral healthcare needs were not consistently being met. Some activities were taking place, although these were limited. Complaints were investigated and responded to. Concerns about the laundry service was an ongoing theme from early 2019.

A wide range of audits were being completed by the registered manager. Although these found some concerns prior to our inspection, other areas had not been identified as needing action. The management team were responsive to our feedback and put steps in place to begin to remedy some of these issues. Feedback was requested from people, relatives and staff in meetings and through satisfaction surveys. We found some evidence of partnership working.

We have made recommendations about the use of protected mealtimes, researching guidance on social stimulation and engagement with the local registered manager's network.

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 11 October 2018). Since this rating was awarded the registered provider of the service has altered its legal entity. This was the first inspection of this service.

Why we inspected

This was a planned inspection based on our inspection schedule.

Enforcement

We have identified breaches in relation to standards of cleanliness to ensure good infection control and maintenance of premises and equipment.

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

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.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Paddock Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of inspection was carried out by two inspectors and an Expert by Experience who asked people living in the home about the quality of care they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived in the home and two visitors about their experience of the care provided. We spoke with the registered manager, operations manager, nominated individual, the cook and four members of care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection we also spoke with two visiting professionals.

We reviewed a range of records. This included three people's care records in detail and a further two care plans for specific information. We looked at two staff files in relation to recruitment and ongoing support as well as a variety of records relating to the management of the service. This included the safe management of medicines and people's monies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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

- Accident and incident records showed unwitnessed falls occurring at night time. We noted three people had no bedside lights or over bed lights. The registered manager told us the lights in the en-suite toilets could not be left on at night because of the noise of the fan. This meant people would have to get out of bed to turn the main light on, which could have increased the risk of falls.
- The home was not well maintained. There was a leak in the roof and a large bucket was in the ground floor corridor to catch the water. This was an ongoing issue from the beginning of 2019. The registered provider had informed the local authority this would be rectified by the end of December 2019. Bedrooms were in need of redecoration and general refurbishment. For example, damaged paintwork, wallcoverings and furniture were observed.

This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. Fixtures and fittings were not always in place or properly maintained.

- Risk to people's safety had been assessed and some measures had been put in place to reduce those risks. For example, crash mats and alarm mats were in use in people's bedrooms who were at risk of falling.
- People had personal emergency evacuation plans which provided information about the support people needed should an emergency arise.

Preventing and controlling infection

- There were areas of the home which required a deep clean. For example, en-suite toilet floors. The registered manager said the handy person was going to do this.
- Windows were dirty and the carpet on the landing and stairs was heavily stained. Soap and toiletries for two people were being stored on top of toilet cisterns which was not hygienic.
- One bedroom smelt heavily of stale urine. This was coming from the mattress which had not been cleaned before staff made the bed.
- Prior to the inspection, improvements in standards of infection control had been identified as requiring action.

This was a breach of regulation 15(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. The registered provider had not maintained adequate standards of hygiene.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were able to identify warning signs that abuse may have taken place.
- Records showed safeguarding incidents were logged and investigated. We shared with the registered manager where one investigation could have been more robust.
- People and relatives said they felt the service was safe and staff protected them from the risk of abuse.

Staffing and recruitment

- Sufficient numbers of staff were employed and an assessment of staffing levels was regularly reviewed.
- Rotas for the four weeks prior to our inspection showed shifts were fully covered. The registered provider regularly updated their dependency tool which calculated how much staff support was required to meet people's needs.
- People, relatives and staff felt there were sufficient numbers of staff to meet people's care needs. People told us when they requested assistance using their call bell, staff responded promptly.
- Safe recruitment practices were being followed as relevant background checks were carried out before staff commenced in their role.

Using medicines safely

- Medicines were managed safely and people received their medicines when they needed them.
- Staff responsible for supporting people with medicines had received training and had been assessed as competent. Staff supported people with patience and kindness when administering medicines.
- There were protocols in place to make sure any 'as required' medicines were given appropriately. Regular medication audits were completed.

Learning lessons when things go wrong

- The registered manager was able to share evidence of lessons learned from a specific event. They told us how practice had changed through communication with staff which meant better outcomes for people living in the home.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff were not calculating what people's minimum fluid intake should be to make sure they were getting enough to drink. According to two people's records, they had only had 660mls of fluid to drink on one day. Their fluid intake should have been at least 1570 -1760mls a day. On day two of inspection, fluid targets had been calculated and charts showed people were receiving enough to drink. People consistently told us they had enough to drink.
- The cook had a good understanding of people's dietary needs and preferences and catered for these accordingly. Staff informed them if people were losing weight and then foods were fortified accordingly. One person said, "I enjoy the meals and eat everything. I`m putting weight on."
- At lunchtime, staff showed people the meals they chose earlier in the morning. One staff member said, "This is what you ordered, but if you have changed your mind, you can have something else." People were offered 'second helpings.' People spoke positively about the quality of meals served.

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

- People's healthcare needs were assessed and met. Staff supported people to access healthcare services.
- Oral healthcare training was being sourced at the time of inspection. Oral healthcare was assessed on admission to the home and this was in care plans.
- On the first day of inspection, staff signed to say they had cleaned one person's teeth, despite them not having a toothbrush. The registered manager responded to our findings by carrying out supervisions with staff.
- A relative told us, "When (staff) were washing him they noticed the ball of his foot was very painful, so [staff member) called the hospital and [name] is going for an x-ray next week."
- Where two people were at risk of weight loss, referrals had been made to the dietician. Supplements were prescribed and weekly weights were being recorded.
- Paddock lodge is a 'red bag' care home. This scheme is designed to help communication between care homes and hospitals. Red bags include standardised paperwork, medication and people's personal effects.

Staff support: induction, training, skills and experience

- Staff received ongoing support through training, supervision and appraisals.
- Most people told us staff were well trained and sufficiently skilled. Staff felt well supported through a regular programme of supervision. One staff member said, "They are useful. We know where we are going wrong and where we are really good." Training opportunities were discussed in supervision.
- Training records showed high levels of completion. One staff member told us they had asked for support to

access NVQ training and confirmed they were attending this course.

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.

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.

- Three people using the service had an up-to-date authorised DoLS in place. None of these had any conditions attached to them.
- The registered manager ensured when someone lacked capacity the best interest process had been followed when a specific decision needed to be made.
- Staff spoke with people before any care and support was delivered to get their consent.

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

- Dementia friendly signage had been ordered to upgrade the signage already in place. People's bedroom doors had been painted in bright unique colours to help them find their room.
- Chairs in the lounge area had been replaced with brightly coloured chairs which helped provide contrast in colour for people with sight difficulties and those living with dementia.

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

- People's needs were assessed before they were offered a place at Paddock Lodge, to make sure staff could meet their needs.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's equality, diversity and human rights were respected. Steps were being taken to improve support for people with religious needs.
- People living in the home had different religious beliefs. At the time of inspection, there was limited evidence to show how people's religious needs were being met. Two people commented about the lack of support with their religious needs. On day two of our inspection the nominated individual told us contact had been made with different religious leaders who they expected to start visiting the home in January 2020.
- People had religious beliefs which affected their dietary needs and we saw these were being met.
- At lunchtime, staff offered to cut people's food up and asked one person if they preferred a spoon to make it easier to eat their meal. A staff member was offering people a wipe for their mouth which helped protect their dignity.
- People told us their gender preferences of staff were respected. One person said, "[Staff] care, they are always asking if I`m okay. I have a bath in the shower room, I always get a woman to assist, I wouldn't want a man."
- People's needs were known to staff who were familiar with their care preferences.

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

- Evidence of involvement from people and relatives in care planning was limited. Most people we spoke with were happy staff knew about their needs and preferences and did not feel they needed to be involved in their care reviews.
- Satisfaction surveys had been sent out the week before our inspection.
- Relatives visiting the home said they felt welcome. The home operated protected mealtimes.

We recommend the provider reviews the use of protected meal times which prevents people from being able to eat together with relatives as they may have previously done as a family.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff respected their dignity and privacy.
- One person told us, "When I`m having a bath, [staff] keep the door open so they can keep an eye on me. They apply cream to my back as well." Another person said, "[Staff] are great washing me, I do my 'bits and pieces' and they do the rest. They wash me virtually all over, whilst maintaining my dignity." This demonstrated people's independence was upheld.
- Staff, including the registered manager, were seen knocking on doors of people's rooms before entering them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

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

- Care plans were in place; however, they were not comprehensive and were not always being followed. For example, people's oral hygiene needs were not always being met. Following the first day of inspection, the registered manager ensured people had appropriate oral hygiene equipment.
- People who used the service had not always been supported to make sure they had their dentures in place or with wearing their hearing aids. We showed the registered manager our findings.

End of life care and support

- The registered manager was aware they needed to develop end of life care plans as only basic information was available. There was not enough detail to reflect how people wished to be cared for and supported. Information was given to the registered manager to make contact with a local hospice who provide guidance on effective end of life care planning.

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.

- People's communication needs had not been addressed through the care planning process. For example, one person was reverting to their first language and there was no information for staff about what words or phrases they used meant.
- The nominated individual told us they had ordered flash cards (pictorial images) to go on a key ring to assist people with communication needs. These were due to arrive shortly after the inspection.

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

- Evidence of social stimulation was seen, although feedback showed this could be improved.
- On both days of our inspection, a mid-morning activity took place where people were encouraged to sing and play instruments. One person was playing a board game with a student, who was gaining experience through working in the home.
- As the home did not have a dedicated activities coordinator, care staff were responsible for this. Some people we spoke with were critical about the lack of activities and opportunities to go out into the community or on trips.
- The activities file showed evidence of activities centred around particular events, such as Wimbledon,

Halloween and Christmas. An entertainer visited the home once a quarter. Once a month a coffee morning was held in the home.

We recommend the registered provider researches nationally recognised guidance on providing social stimulation for people living in care homes.

Improving care quality in response to complaints or concerns

- A system for managing complaints was in place and information on how to complain was available to people and relatives.
- Complaints were managed through investigation and responses were seen.
- Evidence of complaints about the laundry service dated back to the beginning of 2019. We received feedback which indicated this was still a problem as people raised concerns during inspection about underwear being returned discoloured and people's clothes being found in the wrong room. One relative told us they had complained to a staff member about their family member being given trousers which were too big for them as well as female underwear which they did not wear.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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.

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

- Three notifications the registered provider is required to make to the Care Quality Commission concerning allegations of abuse were not submitted. Following our inspection, these were submitted.

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

- Three people we spoke with told us they did not know who the registered manager was. One person said, "The manager here would do better to talk to people." Prior to the inspection, posters were put on display showing a picture of the registered manager and a short introduction. In November 2019, people were reminded at the 'resident's meeting' they could approach the registered manager at any time.
- Staff felt well supported and able to approach the registered manager. Staff comments included, "[Registered manager] is always helpful when something happens" and "[Registered manager] does say well done when you've done something good."

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

- The registered manager regularly completed a wide range of audits to provide oversight of these areas. Where issues were identified in audits, it was evident these were signed off once completed.
- Although some audits were effective, we showed the registered manager aspects of the home which had been audited where concerns had not been identified, such as the presentation and cleanliness of people's rooms. Accidents and incident records had not identified a theme which showed people falling at night time, where a lack of bedside lighting may have contributed to this risk.
- A night spot check was completed in September 2019 which showed a commitment to checking quality of care at all times.
- The nominated individual completed their own report in October 2019 which identified the need to develop activities and end of life care planning.

Continuous learning and improving care

- Following our feedback on day one of our inspection, the management team took steps to make contact with local religious leaders, ensure people had bedside lights where needed and ensure people received appropriate support to meet their oral health needs.
- The registered manager said they wanted to allocate staff members as 'champions' which meant they

would have a particular area of expertise and responsibility. They said they were in the process of identifying staff members for this.

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

- The November 2019 meeting for people living in the home was attended by eight people. People were asked about their preferences for room door colours, as well as giving feedback about Halloween and bonfire night events which people enjoyed. Discussions about food quality and satisfaction with staff were also evident.
- Monthly newsletters were made available to people which told them about upcoming events taking place.

Working in partnership with others

- The registered manager said they had a positive relationship with a local community centre. A local school invited people to watch their pantomime and they also offered to visit the home for carol singing.
- Students from Huddersfield College were visiting weekly to gain work experience. One student was engaged with a person in activities during the inspection.

We recommend the registered manager engages with the Kirklees registered manager's network which meets regularly to strengthen their partnership working.

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 15 HSCA RA Regulations 2014 Premises and equipment Fixtures and fittings were not always in place or properly maintained. The registered provider had not maintained standards of hygiene in both people's rooms and communal spaces.