

Joseph Rowntree Housing Trust

Red Lodge

Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Red Lodge is both a residential care home and a domiciliary care service for older people living in sheltered accommodation. At the time of the inspection the service was providing residential care for 30 people and domiciliary care for seven people. The care home can accommodate up to 42 people.

The domiciliary care service is for people living in their own accommodation, adjoining the care home. Not everyone using the service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

People were at risk of not receiving the care they needed, because care records had not been consistently reviewed and updated. Risks to people's safety and wellbeing had not always been effectively assessed and mitigated. Quality assurance systems had not been effective in ensuring issues identified at our last inspection had been addressed. People had not always received their medicines in line with their prescription. The provider was taking action to address this.

People were generally happy with the care they received but had concerns about staffing levels and the quality of food. The provider had recently agreed to increase staffing levels and told us this would be kept under review.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, we made a recommendation about best practice in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by caring staff, who respected their privacy and dignity. There was a good range of activities available to people.

Staff received an induction and training but had not received regular supervision. Staff told us changes over the last year had affected morale, but this was starting to improve. People and staff told us the new management team were approachable. The provider was open and responsive to our feedback.

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

Rating at last inspection

At the last inspection the service was rated requires improvement overall (published 19 June 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last

two consecutive inspections.

Why we inspected

This was a scheduled inspection based on the service's previous rating.

Enforcement

We have identified continued breaches of legal requirements in relation to safe care and treatment (risk management and medicines) and good governance (quality assurance and record keeping). Please see the action we have told the provider to take at the end of this report. We asked for a plan from the provider about the immediate actions they planned to take to address the areas of highest concern. This was sent to us within the agreed timeframe, with details of action already taken.

Follow up

We will request a further action plan from the provider to understand what they will continue to do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received 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 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 ●

Red Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. 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 our inspection was conducted by two adult social care inspectors, a medicines specialist advisor 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. One adult social care inspector conducted the second day of inspection.

Service and service type

Red 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.

This service is also a domiciliary care agency. It provides personal care to people living in their own flats in the adjoining building to the care home.

At the start of our inspection, the service did not have a registered manager. A registered manager is someone who, along with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who had submitted an application to register with CQC. Their application was approved shortly after our second visit to the service, so we have referred to them as the registered manager in this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we held about the service. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information we held about the service and sought feedback from the local authority. We used all of this information to plan the inspection.

During the inspection

We spoke with 20 people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, interim head of care, care quality and compliance manager, the nominated individual for the provider, three care workers and a member of kitchen staff.

We looked at records related to people's care and the management of the service. We viewed six people's care records, three staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service. We also conducted a comprehensive medication audit.

After the inspection

We continued to review evidence from the inspection. We received an update from the provider on the actions they had taken to address the key areas of risk we identified during the inspection site visits.

Is the service safe?

Our findings

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

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 failed to assess and mitigate risks to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection the provider had not made enough improvements and there was still a breach of Regulation 12.

- Risk assessments in relation to people's safety and wellbeing had not been regularly reviewed and kept up-to-date.
- Known environmental risks had not always been promptly addressed. One person had left the building unsupervised, because the door exit system was not secure. This had put them at risk. This on-going risk had not been adequately assessed and mitigated.
- Appropriate action was not always taken promptly when incidents occurred. For example, one person had fallen, resulting in an injury. There was a delay before this person's care plan and risk assessment had been reviewed, to consider if any changes were required to their care. A referral for occupational therapy advice could also have been sent sooner than it was.
- Investigations into accidents and incidents were not always completed or reviewed by the registered manager in a timely manner. The management team were aware there was a backlog of investigation records to complete. They had started work to bring them up-to-date, but there were still a significant number outstanding.

Using medicines safely

- People had not always received their medicines as prescribed.
- We identified concerns around ordering medicines and excess stock levels; the consistency of medication storage temperature checks; recording of topical medicines and some controlled drugs; and the availability of information for staff about high risk medicines.
- Regular medicines audits had not identified and addressed all the issues we found.
- The provider had notified us of a high number of medication errors prior to the inspection. They had taken action to try and address these issues, including deploying a nurse to administer medicines and seeking advice from the Clinical Commissioning Group (CCG) pharmacy team. The manager had also had discussions with the pharmacy and GP about reviewing people medicines.
- This work was at an early stage, and further time was needed to see the impact of these changes and

ensure best practice was consistently followed.

The failure to operate safe systems for the management of medicines, and the failure to appropriately assess and mitigate risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider updated us on action they had taken to update risk assessments, review outstanding incident investigations and plans to install a new door entry system.

Staffing and recruitment

- Since our last inspection, a restructure had taken place and a number of staff had left. The provider was recruiting new staff, but was still using a significant amount of agency staff to maintain staffing levels. People told us this affected consistency.
- People and staff told us there were not always enough staff to respond to people's needs promptly. One person commented, "There's definitely not enough staff, but the staff themselves are kind."
- The provider used a tool to calculate the number of staff required. They provided staff in line with this calculation. However, the tool did not adequately account for environmental factors, such as the layout of the building. Due to concerns raised about this prior to our inspection, the provider had arranged to increase staffing levels, for a four week period initially. This was in place by the second day of our inspection.
- We were advised the new staffing levels would be kept under review to ensure the appropriate number of staff were consistently deployed.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns.
- The provider had a safeguarding policy and had referred concerns to the local authority safeguarding team when required.

Preventing and controlling infection

- At our last inspection, parts of the home were not clean. At this inspection, we found action had been taken but further improvements were still required to maintain good hygiene standards.
- Cleaning staff were employed and had schedules to follow. The registered manager had developed new checks to complete. Despite this, some communal areas could have been cleaner. A storage room was untidy, and items had not been disposed of promptly. This was addressed during the inspection.
- Staff used personal protective equipment (PPE) when providing personal care, such as disposable gloves and aprons.

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.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff checked with them before providing care and respected their choices.
- The provider had recently submitted some DoLS applications which had not been accepted by the local authority, due to them lacking the required detail. During the inspection, these were re-submitted with additional information.
- The provider was taking action to improve knowledge in relation to the MCA and DoLS, and to ensure all DoLS applications were submitted in a timely way.
- One care file contained contradictory information in relation to the person's Lasting Power of Attorney. The deputy manager agreed to address this.

We recommend the provider seek advice from a reputable source about current guidance and best practice in relation to the MCA and DoLS.

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

- People were supported to eat and drink enough. Mealtimes were not always well organised though. On one day people were asked a number of times, by different staff, what they wanted for lunch.
- Information about people's nutrition and hydration needs was recorded in their care plan. In some cases the information was detailed, and contained people's food preferences. However, this was not consistent as some care plans had not been recently reviewed.
- Recent improvements had been made to ensure all staff, including kitchen staff, were aware of people's nutritional needs. This was following an incident where one person did not receive a meal in line with their

dietary requirements.

- People complained about the quality of the food. One person described it as, "Horrible" and another told us food was, "The same thing over and over again." The provider was conducting a catering review to respond to people's feedback.

Staff support: induction, training, skills and experience

- People generally spoke positively about the skills of staff, describing them as "Good."
- Staff received an induction and training, to assist them in their role.
- Staff supervisions had not been consistently conducted since our last inspection, but staff told us they felt supported and could approach managers for advice if needed. The registered manager said plans were in place to ensure regular supervisions were undertaken moving forward.

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

- Systems were in place to assess people's needs and preferences, so that staff knew how to support them. Improvement was required to ensure this information was kept up-to-date.
- By the second day of our inspection, the provider's head of care improvement was working at the home to support improvements and knowledge of best practice.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had access to health and social care professionals. This included weekly GP visits. One person told us, "If I needed a doctor they would see to it."
- Staff sought specialist advice where required.
- Information about people's health needs was recorded in their care plan.

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

- The property was large and not easy to navigate. There was limited signage to assist people. Staff told us the layout made it difficult to monitor all areas of the home at the same time. The care home and sheltered accommodation were adjoined.
- The design and décor of the building was dated. The provider had developed a new purpose-built service close by. They planned to apply to register this new location within the next year, and support people to move across to it in due course.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about staff. Comments included, "All the carers are lovely," "Staff are all very good" and "Staff are wonderful."
- Staff showed kindness and patience towards people. This included when supporting people to mobilise and assisting with tasks.
- On the second day of our inspection, increased staffing levels meant staff had more time to sit and chat with people.
- People were supported to follow their faith; staff received equality and diversity training and there was information in people's care files about any needs in relation to protected characteristics of the Equality Act.

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

- People confirmed staff respected their wishes; staff offered choices and involved people in decisions.
- There was limited evidence of people's involvement in reviews of their care plan. The provider introduced a 'resident of the day' process by the second day of our inspection, to ensure people were involved in the review of all aspects of their care.
- People had access to independent support with decision making and expressing their views, where required. One person had an advocate. The registered manager was aware of the role of advocacy and knew how to support people to access the services of an independent advocate if needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted; staff made people feel comfortable when offering personal care and support with bathing.
- Staff provided examples to demonstrate how they maintained people's dignity and we observed them respecting people's privacy. This included knocking on people's bedroom doors to seek permission before entering.
- People confirmed staff supported them to maintain their independence. One person told us, "They try and encourage you to do things for yourself."

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- People were at risk of receiving care which was not in line with their needs and preferences, because care records were poor.
- Care plans were in place, with information for staff about people's needs. However, they had not all been regularly reviewed since our last inspection. Some information was out of date or lacked detail.
- Monitoring documentation, such as repositioning and food intake, was not always consistently completed to evidence the care that people had received.
- The provider updated us after the inspection about the urgent action they had taken to review all care plans and risk assessments.
- People were able to personalise their rooms and bring their own possessions.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the AIS requirements. Information about people's communication needs was recorded in their care file, but improvement was required to ensure this information was consistently reviewed.
- Key documents, such as the provider's complaints procedure, were available in accessible formats, such as large print.

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

- The provider employed an activities co-ordinator and there was a weekly plan of social activities.
- People were generally satisfied with the activities offered. This included bowls, coffee mornings, craft groups and a weekly inter-generational singing group with local children. One person told us, "[Name of activity coordinator] is marvellous and tries to organise something every day."
- The provider used local volunteers to support with activities in the community and social engagement.
- Some improvement was required to ensure the consistency of people's experience. One person was disappointed staff had failed to collect them from their room in order to attend the weekly bingo session. Staff had put boxes on top of another person's jigsaw, which meant they could not continue working on it.

End of life care and support

- People received compassionate end of life care; some staff had received training in end of life care and the provider worked alongside other health professionals to ensure people's needs were met.
- There was limited information in some people's care plans about any advanced wishes in relation to care at the end stage of their life.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- There was a system for recording any complaints or concerns received. It was not always clear from records how all concerns had been responded to, to ensure these issues had been effectively addressed. However, the registered manager was able to describe action that had been taken.
- Some people we spoke with were not aware how to raise a complaint, but told us they did not have any issues to raise. People confirmed they would feel comfortable talking to staff about any concerns.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At our last inspection, the provider failed to ensure care planning records were updated to reflect people's needs. Quality assurance systems were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection the provider had not made enough improvements and there was still a breach of Regulation 17.

- The quality assurance system had not been effective in driving improvements and addressing the issues we identified at our last inspection. Audits had not been completed consistently since our last inspection.
- Care plans and risk assessments had not been regularly reviewed and did not always reflect people's needs.
- Poor provider oversight had resulted in risks and issues not being recognised and addressed promptly.

The failure to effectively operate quality assurance systems and maintain accurate and complete records in relation to people's care is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the provider to take immediate action to address concerns in relation to risk management and care documentation. The provider updated us within agreed timescales to confirm the action they had taken.
- Changes at the service since our last inspection had affected morale, but this was now improving. Staff described the new management team as "Approachable" and "Absolutely fine."
- People and relatives were aware who the management team were. One person told us, "This Manager is working uphill in a difficult situation but is making the best of it."
- The registered manager was aware of their responsibilities in relation to duty of candour. This is the requirement to be open and transparent with relevant parties, following any incidents where things have gone wrong with someone's care.

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

- Since our last inspection there had been changes in management. A new manager had started in post about six months prior to our visits and they were registered with CQC. They were supported by a deputy manager.
- The registered manager and deputy manager were aware of regulatory requirements and had submitted notifications to CQC as required.
- People's personal information was usually stored securely.
- There were handover meetings twice a day, to exchange key information between staff.

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

- People and staff were engaged in the running of the service and had opportunity to provide feedback about the service in surveys and meetings. However, further work was required to ensure all issues raised by people were resolved. For instance, some feedback raised in surveys, such as the quality of meals provided, continued to be a concern to people in the comments we received.
- People told us about suggestions they had made which had been acted on by management. Some people were involved in interviewing new staff.
- Staff meetings were held and staff confirmed their views were listened to.

Continuous learning and improving care

- The provider had conducted a staff restructure since our last inspection, to make developments at the service.
- The provider was aware of many of the issues we identified and had started to address them in the month before our inspection. However, some of these actions should have been taken much sooner.
- The provider responded promptly to our inspection feedback and assured us of their commitment to making and sustaining improvements. They were open and transparent.

Working in partnership with others

- The provider worked well with other organisations and developed links within the community. They worked with local schools and nurseries to increase the social opportunities available to people.
- The provider had worked with the charitable foundation of a local football club, to support people to access a series of reminiscence sessions.
- Staff worked in partnership with other health and social care professionals to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The provider failed to operate safe systems for the management of medicines, and failed to assess and mitigate risks to people's health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider failed to operate robust quality assurance systems and failed to maintain accurate and complete records in relation to people's care.