

Colourscape Investments Limited

The Lodge

Inspection report

The Lodge Residential Care Home
Heslington
York
North Yorkshire
YO10 5DX

Tel: 01904430781

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23 May 2022
31 May 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Lodge is a residential care home that is registered to provide support to 30 people aged 65 and over and people living with dementia. At the time of the inspection, 23 people were using the service.

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

The service was not well-led. Robust quality assurance systems continued to be ineffective. Shortfalls had not been identified or promptly addressed which placed people at risk of harm and of receiving a poor-quality service. There had been regular changes in the management team and there was a continued lack of oversight from the provider. This was the eighth consecutive inspection where the provider had failed to reach a rating of good.

People were not always safe. The provider had failed to ensure fire safety risks were addressed in a timely manner. Records to manage risks to people's safety and wellbeing were not always up to date. Some areas of the service were not clean, and staff did not continually follow infection control guidance to manage the risk of spread of infection. People's medicines were not always administered safely or as prescribed.

Recruitment processes and staffing levels were safe. Staff supported people in a timely manner. Staff understood signs of abuse and processes to follow to raise concerns. Concerns had been appropriately raised with the local authority safeguarding team. However, required notifications had not always been sent to the Care Quality Commission (CQC).

Staff were kind and attentive to people. Most feedback from people and their relatives about the care provided was positive. Staff felt supported in their roles.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 August 2021). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last seven consecutive inspections.

The provider was required to complete an action plan after the last inspection to show what they would do and by when to improve. However, we did not receive this. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed their medication processes to ensure

they were followed correctly, and accurate records were kept. At this inspection, we found improvements had not been made and the provider was in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 27 May 2021. A breach of legal requirements was found. The provider did not complete the required action plan after the last inspection to show what they would do and by when to improve governance of the service.

We undertook this focused inspection to check they had made improvements 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 comprehensive inspection to calculate the overall rating. The overall rating for the service has remained 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge on our website at 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 monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines, infection control, records and governance of the service at this inspection.

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

Follow up

We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The 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 first day of inspection was carried out by one inspector. The second day of inspection was carried out by two inspectors. An Expert by Experience supported the inspection by calling people's relatives to gain their views about the service. 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

The 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. The 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. 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 contacted the local authority safeguarding and contract teams and the local infection control team for feedback. We used all this information to plan our inspection.

During the inspection

We spoke with 10 members of staff including two directors, the manager, interim manager and deputy manager, two senior carers, two care staff and maintenance staff. We also spoke with three people who used the service and eight relatives. 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 looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for three people and medication administration records for three people. We looked at two staff recruitment files and reviewed documentation relating to the management and running of the service such as audits, service safety records, and policies.

After the inspection

We sought assurances from the provider, made a referral to the local authority safeguarding team and referred our fire safety concerns to the fire service.



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

- Safety issues had not always been identified or addressed in a timely manner. We found shortfalls with some fire doors which the provider's safety checks had not identified. The provider had not ensured required actions from a fire risk assessment had been completed promptly.
- Personal emergency evacuation plans (PEEPs) were not always in place which placed people at risk of not receiving appropriate support in an emergency.
- Risks to people's health and wellbeing were not always appropriately assessed and monitored. One person required regular checks of their skin and positional changes to reduce the risk of developing pressure areas. However, their care plan was not up to date, and records did not show they were receiving regular skin care.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to assess and mitigate risk to people's health, safety and wellbeing. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed fire safety work was booked in to be completed and care plans were being updated.

Preventing and controlling infection

- Areas of the service were not always clean. Some items of furniture and safety equipment were dirty.
- Cleaning records were completed. However, they did not contain all furniture and equipment which needed to be cleaned which meant staff were not always reminded to clean specific items.
- Staff did not always wear personal protective equipment (PPE) effectively. On both days of the inspection we observed several staff not wearing face masks appropriately.
- Staff could not all maintain appropriate hand hygiene; some staff wore rings and nail varnish, which meant they could not effectively clean their hands.
- Facilities were not always available to support effective hand washing. One person's toilet did not have soap available and some hand washing areas did not have bins, which meant people and staff could not easily wash their hands or dispose of paper towels.
- The provider responded during the inspection and implemented new cleaning records. However, these were not fully completed by the second day of the inspection.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to have effective systems in place to assess, prevent, detect and control the spread of infections. This was a

breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we recommended the provider review their medication processes to ensure they are followed correctly, and accurate records are kept. Improvements had not been made.

- People's medicines were not always administered safely. For example, one person was prescribed eye drops which expired four weeks after being opened. We found staff continued to administer this medicine after it had expired.
- People's medicines were not always administered as prescribed. One person was prescribed a pain relief patch which was to be changed every 72 hours. On three occasions the patch was applied late.
- Staff did not always follow protocols when administering 'as and when required' medicines. For example, one person was prescribed a medicine for their bowel. Staff did not effectively monitor the person's bowel movements and continued to administer their medicine following a bowel movement which was not in line with the medicine protocol.
- People's medicine records did not always have their photo available. The provider identified this in February 2022. However, this had not been addressed at the time of our inspection.
- People's medicines were not always stored appropriately. Some medicines needed to be returned to the pharmacy. However, they were not stored securely. Temperatures of the medicine's fridge were not always taken, and the provider could not be assured medicines had been stored in line with the manufacturer's instructions.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection and completed staff supervision and a competency assessment, implemented a new medicine round and daily checks of patch applications.

Staffing and recruitment

- The provider's recruitment processes were safe. Recruitment checks and regular staff checks helped to ensure only suitable staff were employed at the service.
- The provider was proactive in recruiting staff to maintain safe staffing levels at the service. New staff completed an induction which included shadowing long-term staff to ensure they had the correct skills and knowledge for their role. People's relatives told us their relatives continued to be kept safe by all staff.
- Staff supported people in a timely manner. The management team monitored staffing levels to ensure they were appropriate to meet people's needs.

Learning lessons when things go wrong

- Accidents and incidents had been responded to appropriately and professional advice was sought when required. Staff were informed of any changes following accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise signs of abuse and knew how to report concerns internally and externally.
- Safeguarding concerns had been shared with the local authority safeguarding team. However, the provider had not always notified CQC of these incidents.

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.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of Regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider continued to lack understanding of their roles and responsibilities. At this inspection, we found the provider remained in breach of regulations. They had continued to fail to take the necessary action to improve the safety and quality of the service for the last seven inspections.
- We could not be assured systems were robust to ensure people were safe. Quality assurance systems had not identified or addressed all the shortfalls found during the inspection which included fire safety, infection control, medicines and records. Monitoring of care plans had failed to identify risks associated with people's care and care needs had not always been identified or managed well. Additionally, documentation was not always complete, accurate or up to date, so we could not be assured people were receiving the correct care.
- Where quality shortfalls had been identified, there was a lack of oversight of the service to ensure issues were addressed. A manager left the role during the inspection and the provider was trying to recruit a new manager to the position.
- The provider had failed to send CQC their action plan detailing how they would improve the service following their last inspection.

The provider had failed to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's systems had not ensured all notifiable incidents were reported to CQC. We found several incidents which related to allegations of abuse had not been reported to CQC.

We will take action outside of the inspection process in relation to this matter.

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

- We could not be assured the provider understood the importance of continuous learning and quality improvement. Improvements were not always fully embedded into the service and sustained by the provider. Good practice guidance was not always considered and implemented to promote good outcomes for people.
- Partnership working was inconsistent. We noted when advice and guidance had been provided by professionals, this was not always considered and implemented in a timely manner.
- Systems were in place to gather feedback from people and staff. Regular meetings were held for staff to inform them of any changes following shortfalls being identified.
- Regular meetings were held for people who used to service to discuss potential changes and seek their views and experiences of the service.
- Accidents and incidents were monitored and analysed to look for patterns and trends, to learn from them. Records showed staff had made referrals and sought advice from relevant professionals.

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

- People were at risk of poor outcomes through failures in the service. People's health and wellbeing were placed at risk due to the failure to safely administer medicines, assess and monitor risks to people's health and wellbeing and manage the risk of infection.
- We received some positive feedback from people's relatives regarding staff and the regular activities at the service. However, one relative felt communication from staff could be better.
- Although a registered manager was not in place, staff were positive about the support offered by the management team. A member of staff told us, "We have [Deputy manager's name] and he has been very helpful to me and all the others. He's been good, showing support and what needs to be done. [Interim manager's name] is good, she knows what she's doing."
- Staff had a positive attitude to their role. Staff were kind and caring and interacted positively with people. Staff told us, "I've worked here many years and I enjoy coming to work and the different interactions I have with people" and "I enjoy it. It's a nice, good, rewarding job. I try to alleviate people's burdens."

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 management team promoted an honest and transparent culture. They were open about shortfalls during the inspection.
- Processes were in place to support the duty of candour to be upheld when required.