

Chapel Lodge Care Limited

The Lodge

Inspection report

Hayfield Road
Chapel en le Frith
High Peak
Derbyshire
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Tel: 01298814032

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

There were not always enough staff on duty to meet people's needs in a safe and timely manner. Staff interactions with people, although kind and caring were short, and task orientated because staff were so busy. Risks to people's safety were assessed but measures recorded to reduce the risks were not always followed. When there were concerns of abuse there had not always been an investigation completed in a timely manner.

Staff had not always completed training as per the guidance in the provider's training policy. The manager was supporting staff to complete the required training. People who could not eat food of a normal consistency were not always supported to choose their what they ate and drank.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There was not always records of decisions made having been made in people's best interest.

People told us staff were caring however, as staff were so busy they did not have the time to offer companionship or engage in meaningful conversation. There were times when staff were not available to respond to people who requested help.

There was not always the opportunity for people to take part in activities they enjoyed. Activities were offered but people told us this was not as often as they would like. People's communication needs were assessed, and information was provided to them in a format they could understand.

The Lodge was going through a period of improvement and change. The manager had been in post for five months. They had written and were working towards an action plan of improvements.

People, relatives and staff spoke highly of the manager. The manager was supported by the area manager and provider. All were working towards continuing to implement, embed and drive forwards improvements within the home. The manager completed meaningful audits that identified where improvements were required.

There were plans to prevent and manage outbreaks of infection. All staff were vaccinated against Covid-19. People and staff were supported to undergo testing appropriately.

Healthcare professionals who regularly visited the home gave positive feedback about timely medical referrals and staff following the advice they left. People's bedrooms were decorated and furnished in a way that met their individual needs and preferences.

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 Good (published December 2017)

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service was allegedly subject to abuse. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the recognition and management of potential abuse.

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.

We have identified breaches in relation to safety and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

We served the provider with a warning notice against regulation 18 (Staffing). This means the provider was asked to review the staffing levels before 13 January 2022. The provider did this and gave assurances of increased staffing levels from there on.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

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 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

This inspection was carried out by two inspectors.

Service and service type

The Lodge 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 manager had been in post for five months, they had submitted their application to register with CQC. Where a manager is registered with CQC, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Throughout this report, they shall be referred to as 'the manager'.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, manager, clinical lead and care staff. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas and management policies.



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 inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. 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.

Staffing and recruitment

- There were not enough staff on duty to ensure people received care in a safe and timely manner. Three people and four relatives told us there was usually a wait for people's care needs to be met. One person said, "Yes I do have to wait when I press my buzzer, but I know it's because they [staff] are busy." One relative said, "The staff are lovely but so busy, I wish [Name] didn't have to wait so long for things to be done."
- We observed there was a lack of staff available to support people. Staff were not deployed effectively throughout the different areas of the home. For example, there were prolonged periods where there were no staff in communal areas and people required support with personal care. This meant people were at times left in undignified or unsafe situations because staff were not available to help them.
- One person had shouted for help for five minutes and care staff were not available because they had all taken a rest break after working continuously for six hours. The provider had not ensured there was enough staff to cover each other's rest breaks.

The provider had failed to ensure there were enough staff on duty or deployed effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider assured us they had taken our feedback on board increased the number of care staff on duty.

- Staff were not always safely recruited. We reviewed staff recruitment records and saw that pre-employment checks, such as reviewing staff employment and education history had not always been completed. The manager told us they had identified this when they began their post and improving staff records was a work in progress. We noted this was recorded on the manager's action plan.

Assessing risk, safety monitoring and management

- Information and guidance for staff about risks to people's safety were not always comprehensive or up to date. For example, there was unclear guidance about what people who were at risk of choking could eat. There was no distinction between the different consistencies of food people at risk of choking could safely eat. Records showed staff recorded food as 'normal' or 'liquid' food. This did not meet current best practice guidance and placed people at risk of eating foods that were not safe for them.
- The emergency evacuation plans for use in case of emergency such as a fire were not up to date. They included a person no longer living there and three people were listed against the wrong bedrooms. Some fire exit doors were cluttered with furniture and did not meet fire safety standards as they could not be easily pushed open in an emergency. This meant there was a risk of emergency responders not being able to safely

evacuate people if there were an emergency.

- Guidance for staff to support people with sore skin was not always clear. One person's care record noted they required support every two hours to re-position in bed, but their records did not demonstrate this had been done. The provider told us they felt this was a recording error and were confident the person was supported with re-positioning as the person had not suffered with sore skin.
- People were not always supported to monitor their weight regularly. 16 people did not have their weight monitored between June and September 2021, some of whom were known to be at risk of weight loss. Nine people were then found to have lost weight in this time. The manager identified this when they began their role and seven of these people had since gained weight again.

The provider had failed to do all that was reasonably practicable to mitigate risks to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the manager ensured the emergency evacuation plans were updated immediately. The day after the inspection the manager sent us evidence of updated food and fluid guidance for people at risk of choking and confirmed staff had undergone training in this area. The manager later liaised with the local fire safety officer and demonstrated they had cleared the routes to fire exits and ensured doors could be easily opened if required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding concerns raised by staff had not always been investigated or addressed as quickly as possible. The provider had identified this prior to our inspection and had since been open and transparent about the failings that had happened. The provider had then commenced an investigation and was in the process of working towards an action plan to ensure lessons learned were embedded into the home.
- Where accidents and incidents had happened there was not always documentation to demonstrate an investigation or what actions had been taken since. People's individual care records did demonstrate people were supported to reduce the risk of the same thing happening again. The manager assured us they were in the process of improving record keeping in this area.
- There was an up to date safeguarding policy and staff told us they would feel confident recognising potential abuse and raising concerns with the manager. However, not all staff had completed training in safeguarding. Staff training is explored further in the Effective section of this report.

Preventing and controlling infection

- We were not assured that the provider was always preventing visitors from catching and spreading infections. The area for visitors to complete rapid Covid-19 was inside the communal lounge behind a privacy screen. This meant visitors needed to enter an area of the home where people could be sat before confirming a negative Covid-19 test. This is not working within current guidelines.
- We were assured that the provider was meeting shielding and social distancing rules and there was a policy in place to make sure new people who moved into the home did so safely. Their infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely and accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and had plans to effectively prevent and manage outbreaks.
- We were assured all staff had been vaccinated as required.

We have signposted the provider to resources to develop their approach. After the inspection the manager

confirmed they had moved the Covid-19 testing area to the entrance hall.

Using medicines safely

- Relevant national guidance for storing, reviewing and recording medicines were not always followed. We found some people had creams stored in unlocked cupboards in their bedrooms which left them at risk of using these in an unsafe way. Some records requiring two staff signatures had only been signed by one staff member. This meant that required safety checks had not always been completed and could lead to an increased risk of errors.
- Medicine Administration Records (MAR) were neat and easy to follow. Regular stock checks were completed. There were protocols in place to guide staff how and when people should take their medicines prescribed 'as and when required'.

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always completed training in line with the Care Certificate or the provider's staff training policy. (The Care Certificate is an agreed set of standards that define the knowledge, skills and experience expected of roles in care).
- Eight staff working at the home were not included on the providers training matrix. This meant the manager was not aware of what training these staff had or had not completed. One staff member was included on the training matrix but was noted as not having completed any training modules. This staff member was working unsupervised in the home.
- 12 staff members were recorded as not having completed safeguarding training. There had been a significant safeguarding concern earlier in the year that had not been effectively investigated or addressed at the time.
- 10 staff were recorded as not having completed training to support people who displayed behaviours that challenged others. The home did support some people who had these needs.

The provider had not ensured appropriate support and training to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the manager confirmed they had been in contact with the provider's training team to ensure the training matrix was kept up to date with staff names. They told us they were aware that staff training had fallen behind and were working towards an action plan of improvement in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 had not ensured applications for DoLS were appropriately made or recorded. The manager told us that when they started in their role they identified there were only records of two DoLS authorisations for people living there and the rest could not be found. This meant there could have been people living at the home with conditions on DoLS authorisations that were not being met.
- There were people who had restrictions on their liberty such as bedrails and living behind keypad locked doors for whom the manager had no record of the required DoLS applications being made. The manager told us they had approached the local authority for confirmation of DoLS applications and authorisations but had not yet received a response.
- People's capacity to make decisions for themselves were assessed and recorded. However, there was a lack of records to demonstrate decisions were always made in people's best interest. For example, one person's MAR recommended they took a medicine covertly (without their knowledge) but there was no record to demonstrate why this was deemed to be in their best interest.
- People's needs and choices were assessed and recorded. There was guidance for staff about how to support people effectively.

We recommend the provider consider an assessment of who required a DoLS application and ensuring these be submitted as soon as possible.

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

- People were not always supported to have the food and drink they preferred. People who lacked capacity to make or express their preferences were not offered choices and we saw they ate the same meal for lunch and dinner during the inspection. The manager confirmed they would address this immediately after the inspection. People's preferred food and drink choices were recorded in their care records.
- People who did have capacity in this area were offered choices and told us they enjoyed the food and drinks.

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

- The provider ensured appropriate and timely referrals were made to healthcare professionals. Feedback we received from professionals who regularly visited the home was that referrals were made effectively and any advice or instructions they left were always followed.
- People's care records demonstrated that nationally recognised tools, such as the Malnutrition Universal Screening Tool (MUST) and Waterlow were used to monitor people's weights and risk of sore skin.

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

- People's bedrooms were decorated and furnished in a way that met their individual needs and preferences. There were different areas of the home where people could spend time if they wished, including an outside space.
- The communal areas were homely and accessible to everyone who wished to use them. There were quiet areas where people could have visits in private other than their bedrooms if they preferred this.

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.

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 people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured there was enough time for staff to provide companionship as well as meet people's basic needs.
- Although staff were kind and caring in their approach, care staff were always busy completing tasks. This meant they did not have the time to ensure people's dignity was promoted. We saw people wait for their personal care needs to be met and at times this meant they were in undignified positions in communal areas of the home.
- People's privacy was generally promoted. Many people chose to spend time in their bedrooms rather than in communal areas. One person said, "I like it in my room, I can go out if I want, I do sometimes but I also like my own company and my own TV." One relative said, "[Name] does go out and about when they want to."
- People were supported to be independent. People went to stay with relatives over the festive period and chose how to spend their days. The manager told us people had preferred to spend time in their bedrooms throughout the pandemic and they were offering gentle encouragement to anyone who felt they may benefit from spending more time in communal areas.

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

- Staff knew people well and had formed close bonds. The staff team did not change regularly so people did receive care from staff they knew. However, staff did not always have the time to cater to people's preferences and well-being because interactions were short, and task orientated due to staff being so busy. For example, people on modified diets not having a choice of food and people waiting for support to meet their basic needs.
- Staff did not have the time to offer companionship to people and at times people were left isolated because of this. One relative said, "[Name] is alone a lot actually, there's not much that happens there."

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

- The manager ensured people's families were involved in care planning and decision making where people wanted this. Relatives told us they received regular clear communication and were welcomed to play an active role in their relations care. One relative said, "The manager always calls me, and we talk about what might be happening, communication is definitely very good now with the new manager, we're happy."
- People had access to independent advocacy. An independent advocate is a person who does not work for the care home or the local authority but supports people to make sure their voice is heard, and decisions are made in their best interest.

Is the service responsive?

Our findings

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

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 people's needs were not always met.

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 did not always support people to follow their interests or take part in social activities. One person said, "I will go out of my room if there is an activity on but that's not that often really."
- There was an activity co-ordinator employed and people said they did enjoy the activities provided. But when the activity co-ordinator was not on duty the staff did not have the time to make sure people were offered meaningful activities. People told us activities took place in the dining room and they had not been offered any activities if they preferred to spend time in their bedroom. One person said, "There's not much going on but I'm happy here with my TV."
- People were supported to maintain relationships with friends and relatives where they wanted to. Relatives told us they were always welcomed to visit when Covid-19 restrictions allowed. One relative said, "I'm grateful I can visit [Name] and staff make this easy and possible."

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

- People's needs and preferences were assessed on an individual basis and staff did support people to have their basic needs met in the way people chose. People's care records did include all aspects of their needs, including their life history. However, due to the lack of staff available, people's preferences were not always met. For example, the dining room was not used regularly for meals, one person told us they felt it would be nice to all have meals together in the dining room, but this did not happen.

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.

- The provider was meeting the AIS. People's communication needs were assessed and reviewed. There was a selection of formats available to make sure people could be provided with information in a way they understood. People used large print books and newspapers that were delivered to the home.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, this was made easily accessible to all people, relatives, staff and visitors. There were blank feedback forms available in the entrance hall and visitors were encouraged to use these. The manager informed us that no complaints had been received.

End of life care and support

- People were supported to make decisions about how they would like to be cared for if they were to become seriously unwell or approach the end of their lives, including if they would choose to be receive resuscitation or not.
- There was no-one approaching the end of their life at the home during this inspection. We saw from people's care records that time had been taken to speak with people and their relatives about how they would like to receive care if this were to happen.

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 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

- The manager completed regular audits and reviews of the running of the home. The audits completed were meaningful and did generally lead to improvements in practice. However, the management audits had not identified the concerns with staffing mentioned throughout this report.
- The manager was working towards an action plan. They had identified and actioned many areas for immediate improvement when they started their role and were continuing to work towards addressing the other points on their action plan.
- There was oversight by the provider and area manager. This included reviewing investigation outcomes and supporting the manager to continue to drive forward improvements.

Continuous learning and improving care

- The home was going through a period of improvement and change. Staff and relatives told us they were happy with the improvements implemented by the manager. However, when investigations were completed (for example into concerns raised or incidents) there was not always evidence of them recognising what lessons could be learned.
- Although the provider demonstrated a number of recent improvements, it was not yet clear if these could be sustained as and when more people started to move in (the home had chosen not to have new people move in whilst they were in the process of improving).

Working in partnership with others

- The local authority and commissioning groups told us there was open communication and information was shared appropriately.

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

- People, relatives and staff told us the home was well-led and they felt improvements were continuing. One person said, "Well it does feel nice here and the new manager has made things feel nicer still." A relative said, "It's clear there have been significant changes for the better since the new manager has been there." A staff member said, "It's so much better here now [Manager Name] is in charge, they listen to us now, we're not frightened of how they react and it's just all round better in every way."
- The manager and area manager were invested in the home; they had communicated effectively with staff

about how improvements would be driven forward. Both demonstrated a passion and desire to ensure improvements were embedded into people's daily lives and be sustained.

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

- The manager ensured that people's individual characteristics were known, and people were enabled to share their views as and when they wished to.
- The manager was available to speak with people and staff told us there was open two-way communication. We saw there was an open-door policy enabling people and staff to contact the manager whenever they wanted to. The manager genuinely welcomed feedback and people told us they felt listened to.
- Staff were supported in their role by regular staff meetings and supervisions. Staff told us they found these helpful.

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 provider met the duty of candour. They had been open and transparent when they identified things that had gone wrong.
- The manager ensured that notifications were submitted to CQC appropriately as per the requirements of their regulation.

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
Treatment of disease, disorder or injury	The provider had failed to all that was reasonably practicable to mitigate risks to people's safety

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure there were enough staff on duty or deployed effectively

The enforcement action we took:

Warning Notice