

Riverside Healthcare Limited

Neville Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Neville Lodge is a residential care home providing personal and nursing care to up to 6 people. The service provides support to adults with learning disabilities and autistic people. At the time of our inspection there were 4 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People's support needs and risks associated with their care were not always appropriately managed to

ensure safe care could be provided. The provider did not have effective systems in place to protect people from avoidable harm. Physical restraint was being carried out without robust processes and procedures being followed. People were at an increased risk of being restrained inappropriately and therefore at risk of harm. People were not consistently 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. We made a recommendation about mental capacity. The home was well maintained, and environmental safety checks were taking place. There were plentiful facilities for people to use and lots of space both inside and outside for people to utilise.

Right Care: Systems and processes were not always effective in ensuring people were protected from the risk of abuse and staffing was not always provided in line with people's needs. People were not always supported by staff who had been trained to do their jobs properly. This meant people were at risk of receiving unsafe care. The provider used effective infection, prevention and control measures to protect people from infection control risks. We were assured that the provider was using PPE effectively and safely. Staff supported people safely with their medicines and worked with health professionals to achieve good health outcomes. People lived in a safe and well-maintained environment which was set up to maximise their independence.

Right Culture: There were several areas falling short of the necessary standards during the inspection. There had been a lack of leadership at the service. Systems were not in place to support effective oversight and governance. This meant that risks to people were not always identified and managed and records were not consistent and accurate. Whilst there were some systems in place to identify shortfalls these systems needed further strengthening and embedding into practice and provider oversight needed to improve. The provider gave a thorough and detailed action plan giving us assurances that action would be taken to address the concerns identified through the inspection.

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 10 August 2022).

Why we inspected

We received concerns in relation to people's safety, culture, staffing and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Neville Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding, risk monitoring, training and governance at this inspection. We have made a recommendation about following the Mental Capacity Act and associated guidance.

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

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 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?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well led.

Details are in our well findings below.

Inadequate ●

Neville 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.

Inspection team

The inspection was carried out by 2 inspectors and 1 specialist pharmacy advisor (SPA).

Service and service type

Neville 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. Neville Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 (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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people that use the service. We also spoke with 9 members of staff including 2 senior staff nurse's, support workers, quality manager, human resources and health and safety lead. We observed staff providing support to people in the communal areas of the service. We reviewed a range of records. This included 2 people's care records and 3 people's medicines administration records. Quality monitoring systems and a variety of records relating to the management of the service, including policies and procedures were reviewed. During the inspection the registered manager was on leave. We provided formal feedback on the inspection findings to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were subject to physical restraint without robust processes and procedures to support this practice.
- Behaviour of concern reports reviewed for one person referenced the use of 'holding' taking place over excessive periods of time. Documentation was unclear about what led to the incidents or what measures had been tried prior to restraint or that the least restrictive measures had been used. This meant people were at an increased risk of being restrained inappropriately and at risk of harm.
- Staff told us they had not received training in physical holds despite some staff being involved in physical restraint. We reported this to the local authority safeguarding team under our statutory duties.

Systems and processes had not been established to protect service users from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we gained thorough and detailed assurance from the provider that immediate action would be taken to address all of the concerns identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Overall, risks were assessed and monitored. However, staff were using restrictions to manage risks without appropriate consideration that it was the best and least restrictive action to take. This places people at risk of harm.
- The service was not effectively monitoring the number of times restraint was used and was not effectively monitoring incidents where restraint had been used.
- People's care plans and daily records did not include all the information needed to provide safe care.
- Accidents and incidents were not effectively recorded by staff or analysed by the management team to ensure suitable and sufficient learning was taking place.
- Discussions with staff using a 'reflective practice' approach to incidents was not consistently taking place to improve practice.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service needed to be strengthened. This placed people at risk of harm. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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)

- Records relating to consent, and capacity needed improvement. For example, records did not always demonstrate that people or their legal representatives had consented to their care.
- Some restrictive measures were being used, such people being prevented to access television controls or restricted from fizzy drinks or certain foods. There was no evidence from discussions with staff or reviewing records that less restrictive options had been explored .

We recommend the provider ensures consent and capacity decisions are current and in line with the MCA.

Staffing and recruitment

- Staff were given shadowing opportunities when they started employment, but they were not given an induction. Staff told us they had not received an induction to the service or had the time to read and understand people's care plans.
- Staffing levels were determined by the number of people using the service and their individual needs.
- The provider operated safe recruitment procedures to ensure applicants were suitable to work in at the service. Pre-employment checks were conducted, suitable references were sought, and (Disclosure and Barring Service) certificates were checked.

Using medicines safely

- People received their medicines as prescribed. Accurate records of the receipt, administration and disposal of medicines were kept.
- People's behaviour was not controlled by the prescribing of medicines to be taken when required to treat agitation.
- Staff understood the principles of STOMP (stopping over-medication of people with a learning disability and/or autism) and ensured people's medicines were regularly reviewed.
- Staff worked collaboratively with other healthcare providers to optimise people's medicines.
- Medicines were kept safely and at the right temperature.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits in line with government guidelines.

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 good. 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; Continuous learning and improving care

- The service was not well managed. The registered manager lacked oversight of the culture of the service, staff training, induction, and there was no effective system in place to monitor and analyse accidents and incidents, including the use of restraint and restraint reduction.
- Staff had not always been equipped with the skills and knowledge needed to meet people's needs safely and there was a lack of training and induction. One staff member said, "We have raised not having training and induction several times but nothing happened as a result."
- Records used to monitor staff training did not show the dates some training modules had been completed so were ineffective in monitoring when training was due.
- There were audits in place to monitor the quality of the service, however they needed further developing and embedding into practice.
- We identified some concerns in the terminology used in some records that should have been addressed by the provider governance systems.

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

- Staff supported people to have choice and control in their everyday lives. However, we did find that some restrictions were placed on people without consideration they were the least restrictive. We identified a poor culture had developed. This had not been picked up by the providers governance systems and led to a poorly governed and unsafe approach to restraint.
- Staff's ability to effectively support people had been impacted by the lack of appropriate training and induction.

The provider had failed to monitor and improve the quality and safety of the services provided. The provider had failed to maintain accurate and complete records. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we discussed our concerns with the nominated individual. Immediate action was taken to address our concerns robust measures were taken to ensure robust governance processes would be in place moving forward.

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; Working in partnership with others

- The inspection was facilitated by the senior nurses as the registered manager was on leave at the time of the inspection. Feedback was given to the senior nurses and the nominated individual.
- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals.
- The provider and senior nurses were open and knowledgeable about the service, the needs of the people living there and where improvements were required. They understood their role and responsibilities to notify CQC about certain events and incidents.

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

- Feedback from people using the service and staff was gathered and contributed to improvement planning.

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 Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service needed to be strengthened. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes had not been established to protect service users from abuse and improper treatment. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to monitor and improve the quality and safety of the services provided. The provider had failed to maintain accurate and complete records.