

Warrington Community Living Lodge Lane Nursing Home

Inspection report

10A Lodge Lane
Warrington
Cheshire
WA5 0AG

Tel: 01925418501
Website: www.wcliving.org.uk

Date of inspection visit:
12 February 2020
14 February 2020

Date of publication:
20 August 2020

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Lodge Lane nursing home accommodates up to 20 people who require personal and nursing care for people with enduring mental health needs. At the time of the inspection there were 16 people using the service.

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

The providers systems and processes for assessing, monitoring and improving the quality and safety of the service had not been used effectively. Some audits failed to identify concerns noted during inspection and failed to bring about areas for improvement especially for developing a positive culture within the service. Records were not always accurate and kept up-to-date. The provider reassured CQC that they would take immediate actions following the inspection to help improve and manage the service.

People were not always protected from the risk of abuse. The provider was made aware of an issue regarding a person's deteriorating health. Staff failed to recognise the risk to this person. This concern has been referred to the local authority.

Staff had not been appropriately managed, trained and supported to offer person centred care and choices to people. Staff had not consistently received supervision and appraisals necessary to support them in the workplace. Some staff lacked understanding and insight to people's individual conditions and needs.

People were not always supported to have maximum choice and control of their lives. Institutionalised practices based around rules restricted people's liberties and rights. Staff were not always aware of why rules were in place, for example some people had their snacks stored in the kitchen rather than in their own room. Some staff were unsure why this was done.

Some people and family members commented that some staff were kind and caring in their approach. However, people's dignity was not always fully respected. People had not been supported to express their views and concerns and they had not received feedback regarding issues they had raised.

We have made a recommendation about staffing . There was a high use of agency staff due to recruitment issues. There has been a period of instability of management personnel and a lack of sharing information with people about staffing

Safe recruitment processes were followed. Checks on applicant's suitability and fitness had been carried out before they started work at the service.

The environment and equipment used by people had improved and was well maintained.

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 February 2019).

Why we inspected

We found evidence during this inspection that people were at risk of harm.

We have identified breaches in relation to training and support of staff, safeguarding vulnerable adults, dignity and respect, consent and the leadership and oversight of the service at this inspection.

Prompt action was taken by the registered provider during and after the inspection to safeguard people and mitigate risks to them in response to the concerns we found during our inspection.

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

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

We will work with the 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.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our responsive findings below

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Lodge Lane Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector 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.

Lodge Lane 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 service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the 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 this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experiences of the care provided. We also spoke with the quality lead manager, area manager and four members of staff including a nurse, care

workers and ancillary staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

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 deteriorated to inadequate. This meant people were not always safe and were at risk of avoidable harm.

Systems and processes to safeguard people from risk of abuse

- Systems in place to safeguard people from the risk of abuse were not always followed.
- Staff were aware of safeguarding responsibilities however, they had previously reported concerns to trained staff but had never received any updates or feedback. Some concerns related to the conduct of agency staff.
- Staff concerns had not been recorded. It was not possible to see if the correct action had been taken to keep people safe from potential harm or abuse. The provider told us they would review all allegations with staff and would investigate each concern.

Safeguarding processes were not followed placing people at risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Risks to people's health, safety and welfare were not always identified and mitigated.
- We noted one concern regarding a person's care and their deteriorating condition. We referred three concerns to the local authority.
- Risk assessments relating to people's health and safety were not always completed effectively, including a assessment tool used to monitor a person's weight loss.
- Records of accidents and incidents which occurred at the service were sometimes incomplete and difficult to establish actions taken to minimise the risk of further occurrence.
- The provider took immediate actions to review all levels of risks noted during the inspection.

Risks to people's health and well-being were not safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people didn't feel safe at the service due to other people living there. But others told us they did feel safe and said, "Staff help reassure me" and "Everything is secure, the doors, the windows and at night everywhere."
- Staff had supported people by introducing a local advocacy group. One person had been supported to access an occupational therapist who recommended bespoke equipment to help reduce risks. The provider purchased bespoke bed monitors and a chair sensor that helped to show a drop in the number of falls for this person.

Using medicines safely

- Medications were stored safely and managed by trained staff.
- The provider had organised a detailed audit by external staff and noted various areas to improve the practice in managing medications.
- Audits carried out by inhouse staff were unclear as to what actions they had taken to make improvements. The provider's audits did not identify any concerns.
- The provider arranged for a follow up review by external professionals to check on the standards in place to evidence progression and management of medications.

Staffing and recruitment

- The service had suffered some amount of instability in management and recruitment resulting in regular use of agency staff.
- Two people felt there wasn't enough staff and told us, "No, a lot of staff left and not all of them have been replaced, if there's not enough staff, then they won't even go the shop for you" and "Not at the minute, enough staff, some have left and then you get agency coming in. Mainly at night they use agency staff."
- Staff felt staffing levels were appropriate but felt they needed more permanent staff in place rather than using agency staff.
- Staffing levels were regularly reviewed by the provider to assess the service had enough staff to appropriately support people. The provider advised recruitment was ongoing, including more activities organisers. They were confident in recent appointments of a manager and new staff would have a positive effect.
- The provider had robust procedures in place to ensure recruitment was safely managed.
- There was no information shared with relatives or people living at the service to inform them of how many staff they could expect to see in place each day.

We recommend the registered provider reviews the systems in place of assessing staffing levels to include consultation with people.

Preventing and controlling infection;

- The control and prevention of infection was generally well managed.
- The environment was kept clean and hygienic. Following the last inspection, we noted improvements to the maintenance of the environment, people told us they liked the décor and changes made.

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

At our last inspection the provider had failed to robustly manage staff training and support. This was a breach of regulation 18 (Staffing) 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 18.

Staff support: induction, training, skills and experience

- Staff did not receive the support and training they needed for their role.
- Staff lacked knowledge and understanding of some people's conditions and had not received training around topics relevant to people's needs.
- Training records were not always up to date.
- Although new staff had received induction they had not been supported in delivering and understanding person centred care.
- Following the previous inspection staff had not always received consistent support and supervision in their work.
- The provider informed us that they would carry out supervisions with all staff following this inspection.

The lack of support and training to staff puts people at risk of inappropriate support. This was a repeated breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Although assessments and records were in place, we noted various points of concern that emphasised the lack of respect and understanding from staff towards people's rights.
- One person told us their call bell had been removed. Staff replaced this during the inspection. The provider advised they would investigate this breach of a person's rights and safety.
- Some staff lacked insight and effective leadership to understand how their practices were restrictive to people they were supporting.
- Staff practices evidenced a lacking understanding of person-centred care, people's rights and choices.

A lack of understanding around the principles of the MCA puts people at risk of institutionalised and restrictive practices. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records did not always provide staff with the guidance they needed to ensure people received effective care and support to meet their needs.
- Records lacked clarity whether appropriate support was sought from other agencies and professionals.
- Staff had failed to recognise a deterioration in people's needs. Records lacked clarity and empathy to explain the support people needed.
- One person had lost a large amount of weight, yet records did not reflect actions taken in response to this person's changing needs.
- Our concerns about records relating to people's needs were referred to the local authority.

A lack of robust record keeping placed people at risk of receiving ineffective care and support to meet their needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff lacked appropriate guidance and understanding to freely support people with choices regarding their meals and snacks.
- Some people had their own personal snacks stored in the kitchen larder. Staff were unsure why they were not supported to store snacks in their own bedrooms.
- The dining room had been recently decorated and was well set out. However, at times the dining room was noisy with the dining room doors open.
- There were mixed comments about the quality of food. People told us it depended on which Chef was on duty. The provider advised they would review these issues with staff to ensure person centred care was clearly demonstrated and understood.

A lack of staff understanding placed people at risk of inappropriate practices. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were not always treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always fully respected. Staff used inappropriate language to describe people, demonstrating a lack of insight in supporting people with chronic conditions.
- One person raised an issue of only male staff being on duty which they felt was inappropriate as they needed help with personal care. The provider felt recent staff recruitment would rectify this issue.
- People gave mixed comments about the staff. Some people felt respected others felt the staff didn't care and told us, "Staff don't care much about me" and "Staff don't know what they're doing because, they don't care."
- One person told us they had not been assisted with a bath for over three weeks. This was distressing to the person and affected their dignity.
- We observed one person watching people buy various snacks and items from the services own mobile shop. Staff were concerned this person had no funds to be able to purchase anything they would like which restricted their choices. The provider took action in relation to this issue when requested

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

- People received care and support from a staff team that did not always know about their needs. People told us the use of agency staff was difficult as they lacked consistency and knowledge about them.
- One staff member was observed talking inappropriately about a person who was requesting an alternative choice of meal. This was discussed with the provider to take appropriate actions to stop inappropriate language and disrespect by staff.
- Visiting providers noticed when people were in discomfort or distress and quickly responded by offering appropriate care and support. People responded positively to this.
- However not all staff offered the same level of empathy and understanding of one person's condition.

People were not always treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a lack of feedback and support to people regarding any issues they raised.
- Several people raised their points of view during the inspection as they had not received any feedback to their issues. The provider advised they would review and investigate each person's comments and would feedback any actions taken.
- The last survey in September 2019 raised both positive and negative results. There was no recent update

following on from the survey although decorating had taken place in response to comments made. The last meeting for people at the service had took place in September 2019.

- Following the last inspection the service had carried out maintenance and redecoration with in the building. People told us they were included in choosing the colour scheme and we saw pictures of how people were involved with this project.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not consistently met through good organisation and delivery.

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

- There was a lack of personalised care and care plans had not been updated to reflect people's changing needs.
- People told us about their care and support to go to medical appointments. However records were not always updated to reflect updated support. Some records lacked clarity one person transferring back from hospital. It was unclear if staff had updated their care plans to established their changing needs.

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

- Some people were happy about the care they received, and they felt the activities were good. However, some people felt they had not seen many activities since their activity organiser had been off. They told us, "We play bingo in the dining room or the other room", "I knit and read, no problem, can do it when I want" and "Staff offer my visitors tea and coffee."
- Records were not always updated by staff, so it was unclear how social needs had been met each day.
- The provider had employed two activity's organiser's following the last inspection. However, they were off during the inspection and we did not see any evidence of organised activities.
- The service had purchased their own minibus for regular outings. However, the last outing was to a local pub in December. The provider was in the process of installing a small independent kitchen that they planned to use to develop peoples social skills.

Improving care quality in response to complaints or concerns

- Complaint records showed responsive actions to concerns raised formally throughout the year.
- However, some issues raised by people during the inspection related to staff removing their call bell, not assisting them into bed and not assisting them with aspects of their care.
- People's concerns were not recorded as complaints. The seriousness of their concerns should have been formally managed to make sure they received appropriate feedback and acknowledgements.
- Following the inspection the provider took action to investigate the concerns raised.

Incomplete record keeping lacks the ability to show effective support to people in expressing their views and in appropriately supporting people. This is a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with aids or adaptations to enhance their communication.
- The service had adapted parts of the environment in various languages so that everyone could understand notices and could be orientated around the service.
- Some staff had not received training in communications. The provider was taking action to update all staff in this topic.

End of life care and support

- Staff had recently supported people with end of life care. Records had shown appropriate support in obtaining peoples wishes in the event of advanced care and end of life needs.
- We received positive feedback from a supporting professional who had noted improvements to the care received by people.

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 requires improvement. At this inspection this key question has deteriorated 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.

At our last inspection the provider had failed to adequately monitor the service. This was a breach of regulation 17 (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.

- Systems in place for checking the quality and safety of the service were ineffective and failed to identify the concerns highlighted during this inspection.
- There was a concerning disconnect within the service. Whilst the service had no manager the provider managed the service. Audits were last carried out two months ago. The service had not progressed in several areas following the last inspection.

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

- The service did not have a manager registered with the Care Quality Commission (CQC). Leadership was weak and lacked evidence that effective plans were taking place to improve the service.
- Recruitment processes had taken place a new manager and clinical lead had been appointed. Head office staff were supporting the service while staffing vacancies were fulfilled.
- Records were not always maintained or kept up to date, some were not signed and dated.
- The providers acknowledged the failings identified within the service and took immediate action to advance improvements at Lodge Lane.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have evidence in place to ensure people received person centred and high-quality care.
- We observed institutionalised practices with care provided around rules and restrictive practice rather than being supportive and person-centred.
- The culture at the service needed to reflect improved values from the whole staff team.
- The last staff meeting scheduled for January resulted in no staff attendance demonstrating poor morale and leadership.
- Support staff felt they were not listened to and felt that no one took action to points they raised. The last staff survey was carried out in August 2019 and resulted in overall positive results. However, the results

covered the whole of the organisation rather than results for individual services.

Continuous learning and improving care

- Improvements identified as needing action at the last inspection had not always been implemented or sustained. People's concerns were not always recorded or followed up.
- Staff had not received appropriate training, support or supervision to promote their professional development.
- The service had ineffective leadership which resulted in a lack of improvements required within the service.

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 provider had reported safeguarding incidents to the local authority safeguarding team in a timely way.
- However, during the inspection several concerns were reported to the local authority as there was no evidence that senior staff had reported staff concerns about visiting agency staff.
- Staff lacked knowledge and understanding regarding different conditions that people at the service needed support for. This meant that some people did not get the most updated support as highlighted by professionals as necessary for their care and health.

Quality assurance processes were ineffective and failed to identify all the issues at the service. This placed people at risk of harm. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 10 HSCA RA Regulations 2014 Dignity and respect Dignity and respect of people was compromised and not always supported. Some people had not received appropriate support with their personal care needs and left without their needs being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Although records set out the actions taken for managing consent, the actions within the service were poorly managed and restricted people's rights Restrictive practices were evident within the service. .
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and well-being were not safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

Safeguarding processes were not followed placing people at risk of abuse and neglect.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not consistently received supervision and appraisals necessary to support them in the workplace.

Training lacked appropriate oversight to make sure staff received updated training necessary for their role.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance processes had been ineffective and lacked evidence the service had managed the issues of concerns noted during the inspection. The service had not progressed and lacked evidence of improvements.</p>

The enforcement action we took:

We are serving a warning notice for a breach of regulation 17 Good Governance