

Mr Donald Smith

# Preceptory Lodge

## Inspection report

Temple Hirst  
Selby  
North Yorkshire  
YO8 8QN

Tel: 01757270095  
Website: [www.beech-tree-hall.co.uk](http://www.beech-tree-hall.co.uk)

Date of inspection visit:  
13 October 2021

Date of publication:  
06 December 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Preceptory Lodge is a small residential care home providing personal and nursing care for up to eight people with autistic spectrum disorder or learning disabilities.

At the time of the inspection there were six people living at the service, two in the bungalow and four in the main house.

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

The quality assurance and audit systems in the service were not developed or used effectively. Shortfalls in quality and practice were not identified which placed people at risk of harm.

The systems in place to check the equipment and safety of the premises were not always followed or recorded. We have sought reassurances about the systems in place to ensure the safety of the premises.

There were no formalised meetings to reflect provider oversight, team meetings or lessons learnt. We have made a recommendation to the service to improve their communication with others.

The service was clean, homely and personalised where possible to reflect the people's interests.

Staff were kind and caring in their approach with positive interactions between them and people who use the service. There was enough staff on duty to meet people's care and support needs.

Relatives spoke positively of the service. One relative said "I am very satisfied with the service and staff do an amazing job."

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports Care Quality Commission to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were able to take positive risks and access activities and the community, promoting their independence. Care was person-centred, promoting people's dignity, privacy and human rights, with best interest decisions in place and

understanding of the mental capacity act. Staff felt well supported from the management team and reported an open culture. People are given the opportunity to voice their opinions and share their views within resident meetings with the time taken to ensure the information is given in an accessible format for maximum understanding.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 25th April 2018).

Why we inspected

This was a planned inspection of the key questions, safe and well-led only.

We reviewed the information we held about the service. No areas of concerns were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Preceptory Lodge on our website at [www.cqc.org.uk](http://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.

We have identified breaches in relation to the safety of the service and governance and oversight of the service.

Follow up

Reassurances of improvement have been sought from the registered manager and we will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Preceptory 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

The inspection team consisted of two inspectors.

#### Service and service type

Preceptory 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 service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. People were also often out in the community and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

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 reviewed information held about the service, including notifications submitted. A notification is information about important events which the service is required to send us by law. We sought feedback from the commissioners of the service. We used all this information to plan our inspection.

#### During the inspection

We spoke to two people and one relative about their experience of care. We reviewed a range of records. This included two people's care records, medication records and maintenance and safety certificates. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures in place. We completed a site walk round and reviewed the infection control procedures in place.

#### After the inspection

We continued to review records and policies after the inspection. We looked at training data and spoke to two members of staff to receive feedback on the management and systems in place. We reviewed meeting records, accident and incident reporting and processes to ensure quality in the service. We also went back to the registered manager to seek reassurances that safety concerns had been addressed.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm.

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

- Risks to people's safety had not always been appropriately managed. Fire evacuation drills had not taken place in line with the service's fire safety policy. Testing to the fire alarm and extinguishers had not been consistently recorded and monthly emergency lighting checks had not taking place. Personal Emergency Evacuation Plans had not been reviewed or updated to reflect people's current support needs in the event of a fire.
- People were put at risk as window restrictors were not in place.
- Safety checks for electrical devices and legionella had not been completed.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to these risks immediately; fire drills were completed and a new recording system for fire safety checks was implemented. The personal emergency evacuation plans were updated and window restrictors put in place.

- An accident and incident reporting procedure was in place which gave the opportunity to evaluate when things went wrong. Staff understood this procedure but there was no evidence of lessons learnt.
- Safety certificates for the premises were in place where required and there was a system in place to report any maintenance needed in the service.
- Risk assessments were in place for people. These were personalised and reflect people's choice and independence when possible.

Staffing and recruitment

- There were enough staff to meet people's needs, Interactions between people and staff were positive and person-centred.
- Safe recruitment processes were in place and followed.

Using medicines safely

- Medicines were stored and administered safely.
- Medicine administration records did not always contain the required level of information. There was no

harm identified from this and the registered manager took action to address this.

- The registered manager assessed the competency of staff administering medicines and appropriate protocols were in place for staff to follow.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and ill-treatment.
- The service had appropriate safeguarding policies in place and staff received training in this area. Staff knew how to raise concerns and trusted management to deal with these appropriately.
- The registered manager knew how to follow local safeguarding procedures.



# 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 now 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

- Effective quality assurance processes were not in place. There was no formal provider level oversight to monitor the quality and safety of the service provided. The provider regularly engaged with the registered manager to discuss day to day issues. However, these discussions and any actions taken were not recorded.
- Audits that were in place and completed by the registered manager were not sufficient or robust enough to highlight all shortfalls in the service and failed to identify the shortfalls we found during this inspection. Audits had not been completed in areas such as care planning, cleaning, environment checks and quality assurance.

Failure to ensure systems and processes are established and operated effectively to monitor the quality and safety of the service provided is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection, the registered manager provided assurances that systems used to monitor the quality and safety of the service would be addressed.

Continuous learning and improving care

- There was a lack of continuous improvements at the service. There was no evidence staff have been able to discuss concerns and learn from them when things had gone wrong.
- Team meetings had previously been used to discuss lessons learnt and improvements within the service. These had not been taking place due to COVID.19 restrictions but no further learning opportunities had been provided to staff.
- Feedback from people about quality and safety of the service had not been sought.

Failure to seek and act on feedback to evaluate and improve their practice is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The atmosphere in the home was warm and welcoming and both staff and people benefitted from a positive culture of providing person-centred care.

- The service had a clear mission statement in place which outlined the company's aims to encourage people to reach their full potential. This culture could be seen within the service, from the detail in the care plans to the positive staff interactions.
- Staff felt supported in their roles and said management were approachable. One staff member described Preceptory Lodge as "like working for family." Another staff member said, "I do not hesitate to ask management questions or for support if needed."
- Relatives and people were seen to be happy with the service provided. One relative told us "I am very satisfied with the service, staff do an amazing job"

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 registered manager understood their responsibilities to be open, honest and to apologise if things went wrong and understood their regulatory requirements.

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

- There was an equality and diversity policy in place to promote equality with clear guidance on how to raise a concern if needed.
- The registered manager had been conducting meetings with people using the service to ensure awareness of the developments throughout the pandemic and to promote personal safety.
- During the coronavirus pandemic the service used phone calls, emails and IT (virtual meetings) to ensure people and relatives remain in contact with each other. When restrictions to visiting lifted the service was proactive at ensuring relatives were welcomed back into the service, following government guidance.

Working in partnership with others

- The service has links to the local GP practice, and they had provided support during the COVID.19 pandemic.
- A relative reported that people were able to see a GP when needed. They also stated that "they wouldn't swap the service for anything."

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  The provider failed to have systems in place to demonstrate safety was effectively managed.  12(2)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure that systems and processes were established and operated effectively to monitor the quality and safety of the service. They also failed to seek and act on feedback to evaluate and improve their practice.  17(1)(2)(e)