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Bell Lodge

Inspection report

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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?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Bell Lodge is a residential care home providing accommodation for persons who require nursing or personal care. The care home accommodates up to 15 people in one adapted building. At the time of our inspection there were 11 people using the service.

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

There was a lack of managerial oversight of the service, its systems and processes to ensure people's care met the regulatory requirements. Quality assurance systems were not always effective at identifying any areas of concern for example, environmental audits had not highlighted issues in relation to fire safety.

People's risk management plans had not always been updated when people's needs changed and some risks to people had not always been mitigated with detailed risk assessments. Records management was disorganised, and key documents could not be found easily.

There was a lack of leadership and no responsible person when the provider was not at the service. For example, the registered manager did not know how to access many documents because they were not sure where the provider held them.

Care plans were not user friendly and lacked person centred information. Personalised outcomes for people were not recorded in their plans of care. Outcomes or advice from health professionals was not always recorded or referred to within the care plans.

No satisfaction surveys to seek people's feedback on the care received had been sent out for over 12 months. There was no evidence that previous feedback from people had been used to drive improvements at the service.

The provider did not have a robust system in place to plan, monitor and record staff training or track staff supervisions.

Policies and procedures needed to be reviewed and updated so they reflected current legislation and best practice. The fire risk assessment in place also referred to old legislation and needed to be updated. Some people received medicine which were administered 'as and when required' (PRN). There were no protocols in place to advise staff when people should be supported to receive these medicines. We have made a recommendation about the management of some medicines.

Staff recruitment procedures needed to be strengthened to ensure only suitable people were employed to work at the service.

Systems in place for the prevention and control of infection need to reflect up to date legislation and current best practice. We have made a recommendation about the prevention and control of infections.

Some areas of the environment were in need of repair and refurbishment.

At the time of our inspection the service was not providing end of life care to people. There was no end of life policy in place to guide staff and most staff had not completed any end of life training. The provider told us this was planned for the future.

People told us they felt safe living at the service and staff understood what abuse was and how to report it. There were sufficient numbers of staff to meet people's needs.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and on-going training.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services.

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 saw throughout our inspection that staff always asked people for their consent before they undertook any tasks.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People told us they were always given choices about their day to day routines and were involved in their care.

People's privacy and dignity was always maintained, and staff consistently treated people with respect.

People were encouraged to take part in a variety of activities and interests of their choice and some accessed the local community regularly.

There was a complaints procedure in place and systems in place to deal with complaints effectively, however this needed to include details of how the complainant could contact the Local Government Ombudsman (LGO) if they were not happy with the outcome of their complaint.

Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

We have identified one breach in relation to the governance of the service.

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

Follow up

We will request an action plan for 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 caring.
Details are in our caring findings below.

Good ●

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 ●

Bell 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Bell Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 two managers 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We had discussions with five staff members that included the provider who was also a registered manager, the second registered manager, and three care and support staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 and quality assurance records.

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had risk assessments in place which guided staff on how to keep people safe. However, we found these were not always updated when people's needs changed. For example, one person had a risk assessment in place for pressure area care. There had been significant changes in the person's circumstances, but the risk assessment had not been updated to reflect the changes. We discussed this with the provider who sent us updated documentation to demonstrate the person had been reassessed and actions put in place to reflect their changing needs.
- One person had been identified as being at risk of choking. There was a small sentence in the care plan for 'staff to be careful when helping the person to eat', but there was no detailed risk assessment in place. We discussed this with the provider who sent us a completed risk assessment for this person following the inspection, in relation to choking.
- There was a fire risk assessment in place for the service, however this referred to old legislation and needed to be updated.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Staff we spoke with knew about people's individual risks in detail. For example, staff told us how they used equipment to help people to mobilise safely and when they needed additional support to bathe.

Using medicines safely

- Some people received medicine which were administered 'as and when required' (PRN). There were no protocols in place to advise staff when people should be supported to receive these medicines. This meant people were at risk of being given medicine when they should not have been. Following the inspection, the provider sent us a PRN protocol which they were going to implement straight away.

We recommend the provider consider current guidance on the safe administration of medicines and take action to update their practice accordingly.

- People told us they had no concerns about how medicines were administered. One person told us, "I get all my tablets when I need them." Records showed that four staff members had completed medication training in 2017 and the provider said only these staff members administered medicines. Two further staff members were booked to complete medicines training.
- The registered manager completed weekly stock control audits and checks on the MAR charts to inform the managers of any issues.

Staffing and recruitment

- Staff recruitment procedures needed to be strengthened to ensure only suitable people were employed to work at the service. We found that the provider had completed basic employment checks before staff commenced work at the service, such as Disclosure and Barring service (DBS) security checks. Each file had two references, although one person did not have an employment reference and some dates were missing from one person's employment history.
- The provider's application form needed to be reviewed so that it was in line with the Equality Act.
- There were enough staff to ensure that people's needs were met safely. One person told us, "The staffing is fine. There are staff always around to help us."
- We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person told us, "I feel very safe here. It's because I'm well looked after."
- Discussions with staff demonstrated they were able to recognise when people were at risk of harm or felt unsafe. They told us they would have no hesitation to report unsafe practice. One told us, "I would report any concerns to the manager. I believe they would deal with it properly."
- The provider's safeguarding, and whistleblowing procedures needed to be updated to reflect current legislation. Staff told us they had completed training in safeguarding. The training matrix showed that five staff's training had expired, however they were booked to complete this training in November 2019.

Preventing and controlling infection

- The service did not deal with soiled linen in line with best practice, for example they did not use the red bag system to ensure the risks of contamination and cross-infection were kept to a minimum.
- The policies and procedures in relation to the Prevention and Control of Infection needed to be reviewed and updated to ensure they were in line with current legislation.

We recommend the provider consider current guidance in relation to Infection Prevention and Control and take action to update their practice accordingly.

- Staff told us they had completed training in relation to Prevention and Control of Infection. Training records showed that from ten staff two ancillary staff still needed to complete this. The training matrix showed that courses had been booked for the two staff members.
- Staff had access to and used appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

Learning lessons when things go wrong

- The provider had systems in place to review the service. However, in order to learn lessons when things went wrong, these systems needed to be strengthened.
- Accidents and incidents were recorded and reviewed by the provider.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider told us they completed an assessment of people's medical and health needs prior to them being admitted to the service. Following this they then completed a more detailed assessment over the first four weeks of admittance to ensure people's needs could be met.
- Care plans were reviewed monthly but not always updated when people's needs changed.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they had been employed at the service for a long time and were not able to tell us about the current induction programme. Following the inspection, the provider sent us some evidence that staff new to the service completed an induction programme
- Staff told us they completed on-going training. One said, "I have done lots of training. It's very good." However, during our inspection the provider was not able to produce a training matrix. They advised it was being worked on and updated. There were several folders of certificates that demonstrated staff had completed some recent training.
- Following the inspection, the provider sent us the completed training matrix. This showed there were some gaps in staff training. There were dates on the matrix for staff to complete updated training.
- The experience of people using the service was that staff were skilled in their roles. One person said, "I think the staff are very good here, they know what they are doing."
- Staff confirmed they felt supported by the provider and the registered manager who both worked closely with staff. We saw some records that staff supervision had taken place.

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

- People said they enjoyed the meals provided. They said there was enough choice on the menu and they were able to choose alternative meals if they did not want what was on the daily menu. One said, "I like the food. It's lovely, just like good old-fashioned home cooking."
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals. For example, providing thickened drinks and soft puréed diets for people with swallowing difficulties.
- Records showed that people were weighed regularly, and any concerns were escalated. Where people could not be weighed, for example they were being cared for in bed, other appropriate actions were recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had basic information in their care plans about their oral health care needs. They were supported to attend dental appointments when required. For example, on the first day of our inspection one person had been supported to go to the dentist. They told us, "They [meaning staff] have taken me to the dentist several times as I've had a few problems. I have to go again soon, and they will take me."
- Care plans did not always contain contact information for health professionals or updates following their involvement. However, staff told us that they were in communication with health professionals, for example, the GP and district nurses when required. One member of staff said, "We contact the GP all the time. We have a good working relationship. They know us well."

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

- On the second day of our visit the local fire authority arrived to complete an inspection of the service. They found some areas that needed to be addressed.
- The environment at the service was worn and looked tired in places. For example, the kitchen was in need of refurbishment. The flooring was worn and had numerous splits in it. There were loose tiles around the sink area and the tap was leaking. The provider told us plans were in place to address the issues in the kitchen.
- One small toilet area on the upper floor needed the flooring to be replaced as it had come unstuck and was curling up around the edges.
- The laundry area was very small and did not allow for a clean and dirty area when dealing with linen. In addition, there was no hand washing or sluicing facility in the laundry room. Staff were required to wash their hands in the toilet area opposite the laundry.
- Some windows had mould around them, particularly in one person's bedroom.
- The provider had a schedule of work to be completed within the service and had identified most of these areas that needed attention.
- People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

Ensuring consent to care and treatment in line with law and guidance

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.

- One DoLS applications had been made to the relevant Local Authority where it had been identified that a person was being deprived of their liberty.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were caring and treated them with kindness. One person told us, "The staff are lovely. Very good in all ways." Another person said, "The carers are very kind to us. There is always someone in the lounge to talk to."
- We saw caring interactions between staff and people throughout the inspection. For example, we observed staff assisting people to walk to their chosen destination. They did this with patience and kindness enjoying some banter with people.
- We looked at compliments received by the service. One read, 'The level of care has consistently been the best. I am confident that Bell Lodge and all the carers are doing their best for my [family member].'
- Staff were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences. For example, staff knew what people liked to drink, what to wear and what activities they enjoyed.
- People were relaxed in the presence of staff; they smiled and joked with staff members. Staff always responded well to these displays of affection, giving people eye contact, recognising the importance of touch and showing by their response how they valued the person's attention.
- Staff were consistently attentive and recognised when people needed additional reassurance or one to one support.

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

- We observed people's opinions being sought for day to day tasks. One person told us, "The staff always ask me what I want or would like. Always."
- We saw staff asking people what they wanted drink and eat or where they would like to sit. People also told us that staff supported them to decide what to wear and how to co-ordinate clothing so that they looked 'smart' which people told us was important to them.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff always knock on my bedroom door and they call out when they want to come in." Another person told us, "I am treated with respect. The staff are very polite."
- People were supported to maintain and develop relationships with those close to them, social networks

and the community.

- Staff told us of steps they took to protect people's privacy and dignity, such as knocking on their bedroom door before entering and checking people's wishes before providing care. We observed staff doing this during the inspection.

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.

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

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a care plan.
- People told us they received good quality care that met their needs. One person said, "I used to fall at home. Now the carers help me, so I don't fall." Another person commented, "Oh yes the care here is very good. I'm well looked after here."
- The care plans were mainly a tick box exercise so only contained basic information. The format of the care plans did not allow for extra narrative to be added so they lacked person centred information and they also lacked outcomes for people. In addition, the care plans were not user friendly and it took a lot of searching to find the information that was needed. The provider had recognised this and told us they were in the process of developing a more user-friendly care plan.
- People said they were able to follow their own routine and they chose when they got up, went to bed and how they spent their day. They said they were free to go out into the local community if they wished and staff would accompany them if they needed some support.

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.

- At the time of our visit no one needed any information in a different format. However, the provider said information for people could be made available to meet their specific communication needs when needed.

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

- Staff provided people with meaningful and creative activities such as going out for walks, day trips, meals out, quizzes and musical entertainment. One person told us, "I do get out and about. I have enough to do."
- People were supported to develop and maintain relationships with people that mattered to them. One person told us, "I get to see my grandchildren often."
- The service had a welcoming atmosphere and visitors were warmly greeted by staff. People's relationships with their family members were encouraged and promoted.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable to speak to staff or the management team if they were not happy

about something and were confident action would be taken to resolve their concerns. One person told us, "I would always talk to the staff. They would sort things out for me."

- Complaints information was provided to people living at the service. This advised of the complaints process but did not advise of how to refer to the Local Government Ombudsman (LGO) if people were not satisfied with the complaint outcome.
- The service had not received any complaints at the time of our inspection. However, there were processes in place to ensure that complaints would be dealt with appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Records demonstrated that one staff member had completed End of Life training.
- Staff were unable to produce an End of Life policy or guidance.

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; Continuous learning and improving care; Working in partnership with others

- There was a lack of managerial oversight of whether people's care met the regulatory requirements. Quality assurance systems in place to review the environment, infection control systems, medication records, staff recruitment files and staff training records were not always effective at identifying any areas of concern.
- The provider told us that no satisfaction surveys to seek people's feedback on the care received had been sent out for over 12 months. There was no evidence that previous feedback gained had been used to drive improvements.
- There were no meetings for people who used the service and their relatives to attend so they could be kept up to date with any changes and also provide their views about the service.
- Risk to people had not always been identified and steps taken to mitigate that risk. People's changing needs had not always been updated in risk management plans.
- Care plans were not user friendly and lacked person centred information, to ensure people received their care in line with their preferences.
- People were referred to specialist services either directly or via the GP and people confirmed this. However, the outcome or advice from these visits were not always recorded or made reference to within people's care plans.
- Environmental audits had not highlighted issues in relation to fire safety.
- Policies and procedures needed to reviewed and updated s they reflected current legislation and best practice. This meant that staff did not have clear up to date guidance or staff processes, to follow.
- The provider did not have a robust system in place to plan, monitor and record staff training and supervision.
- Key documents could not be easily located, and records were disorganised. This meant that key documents were not available for staff, so they could be referred to with ease.
- We found that when the provider was not at the service there was a lack of leadership and no responsible person. For example, the registered manager did not know how to access many documents because they were not sure where the provider held them.

These issues showed a lack of managerial oversight and ineffective governance systems which could result in people being at risk of receiving care that did not meet their needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us a detailed Quality Assurance Programme for 2019 – 2020 that addressed all the issues we found at this inspection. However, there were no dates on this for when the scheduled works and other improvements were to be completed.

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

- The provider told us that informal feedback was sought on an ongoing basis by the provider and the registered manager due to their involvement in providing care and support regularly to people.
- The provider told us that staff meetings were erratic and not held regularly. They said this was because the service and staff team were small so there was constant communication.

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

- There were two registered managers for the service, one of whom was also the provider. Staff felt the provider and the registered manager were approachable and supportive. One said, "They [meaning provider and registered manager] are always available to help. They are very supportive, and we can always ask for advice."
- People using the service were happy with their care. They knew the provider and registered manager well and felt they could approach them with any concerns. One person told us, "Yes I can go to [name of provider] if I need anything or if I'm not happy about things here. He will sort it out for me."
- The provider and registered manager knew all the people using the service very well and were involved in supporting them. They were knowledgeable about their care needs and personal backgrounds.
- All the feedback we received about the service was positive and we were told how valuable the service was to people. One person told us, "My family live locally so I'm grateful to be living here near my family."

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 was aware of their requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They told us they would be open and honest with people if things went wrong and would ensure open communication with people, their relatives, staff and outside agencies.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent rating in the service.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that systems or processes were in place to assess, monitor and improve the quality and safety of the services provided and to mitigate the risks relating to the health, safety and welfare of people using the service.