

Premierbell Limited

Homer Lodge Care Centre

Inspection report

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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

Homer Lodge is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The care home can accommodate 47 people in a single building.

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

Staff had access to personal protective equipment (PPE). Staff did not consistently follow guidance regarding donning and doffing of PPE and hygiene.

The home was clean, and an infection control policy was in place. Quality monitoring arrangements were in place but these had not identified some of the issues we found on inspection.

Medicines were administered and managed safely. Medicine guidance for 'as required' medicines (PRN) was in place.

There were enough staff to meet people's care needs. Staff had received training for their roles. New staff were recruited safely.

The risks to people's care were assessed and measures were in place to mitigate these risks. People were cared for safely.

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.

Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies. When required, notifications had been completed to inform us of events and incidents.

People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

People had access to a range of professional support and working arrangements were in place with healthcare professionals.

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 8 February 2019).

Why we inspected

We received concerns in relation to care and staff not following infection control procedures. As a result, we undertook a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings 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 coronavirus and other infection outbreaks effectively.

Follow Up

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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Homer Lodge Care Centre

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 was carried out by two inspectors.

Service and service type

Homer 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. Registered managers 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with a nurse, the registered manager and the operations manager. We also spoke with two people living at the home. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service including policies and procedures.

After the inspection

Following our visit we spoke by telephone with the relatives of five people who used the service, about their experience of the care provided. We also spoke with three members of care staff and a nurse. We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality audits and staffing rotas.



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.

Preventing and controlling infection

- People were not consistently protected from the risks of infection. Staff had access to personal protective equipment (PPE). When we spoke with staff, they were able to tell us how they used the equipment. We observed some staff following good practice. However, we observed two members of staff did not remove and replace their equipment according to guidance in order to prevent the risk of cross infection. We also observed a member of staff handling tablets before administering them to people. In addition, they did not sanitise their hands between people when administering medicines. This was addressed by the registered manager on the day of the inspection.
- Staff had received training with reference to preventing infections and working within the pandemic. However, we observed a member of staff visiting the premises was not wearing the appropriate PPE issued by the provider, whilst walking around the building. We spoke with the registered manager about this who told us following inspection they had addressed these issues.
- Care plans were in not place for people in the event of a COVID 19 outbreak. This is good practice to ensure the home is prepared for an outbreak. We spoke with the registered manager about this who following the inspection told us these were now in place.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Staffing and recruitment

- The provider had put in place arrangements with two agencies in order to access sufficient staff. When we checked the records, we found checks had not been made regarding staff's identity and qualifications. We spoke with the provider about this and they have confirmed that this has now been addressed with the agency.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

- There were sufficient staff to ensure people received safe care. Staff we spoke with told us there had been staff shortages recently, but this had now improved.
- The provider used a dependency tool to help them calculate the number of staff required to support people safely.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place.

Assessing risk, safety monitoring and management

- During the pandemic the provider had carried out risk assessments for staff who were more vulnerable. However, the provider had recently, via an agency, employed a number of black, Asian, and minority ethnic (BAME) staff on short term contracts, and had not carried out risk assessments according to national guidance.
- People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
- People had personal emergency evacuation profiles in place.

Systems and processes to safeguard people from the risk of abuse

- Where the registered manager had been made aware of any safeguarding concerns, they had worked with the local authority safeguarding team to investigate and learn from events.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- People we spoke with told us they felt safe at the service. One person said, "I am happy here."
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Using medicines safely

- A medicines policy was in place.
- Medicines were administered and managed safely. Staff had received training to ensure they had the appropriate skills to administer medicines.
- Guidance for 'as required' medicines (PRN) had been put in place.

Learning lessons when things go wrong

- Incidents were identified, recorded and action taken to keep people safe. The registered manager ensured that all accidents and incidents were recorded. This allowed them to monitor the action taken to keep individuals safe.
- The registered manager monitored the trends in areas such as accidents. This allowed them to identify if there were any patterns which could be addressed through a change in people's care plans. We saw where incidents had occurred action had been taken to prevent this happening again.

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

- Audits and monitoring arrangements were in place for a range of issues including, falls, medicines and infection control. Actions had been carried out following audits. However, we found occasions when monitoring documentation had not been completed on a regular basis, for example fridge and room temperatures where medications were stored. This is important to ensure medicines which require storing at certain temperatures remain. Checks had also failed to identify gaps in documentation relating to agency staff.
- The provider did not ensure staff consistently followed best practice guidance in relation to infection control, for example donning and doffing of PPE and good hand hygiene.
- The provider had not consistently put in place arrangements to manage and support people and staff against an outbreak of COVID 19. For example, risk assessments had not been completed for all staff and COVID 19 care plans were not in place.
- Where people were unable to consent, capacity assessments were in place. RESPECT forms had been regularly reviewed to ensure they were relevant to people's needs. A RESPECT form creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions
- Care documents had been updated to reflect people's needs. Monitoring and analysis of issues such as people's weights and falls were undertaken each month and actions staff needed to take to support people were communicated to them.
- A registered manager was in place.

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

- Relatives we spoke with told us they thought the home was well managed. They told us they would be happy to raise issues and felt they would be actioned. However, two relatives we spoke with told us they felt communication could be better and gave examples when they had not been informed about issues regarding their relative, such as a hospital appointment.
- Staff we spoke with told us there were arrangements in place to update them and facilitate discussion. We saw staff meetings had taken place to keep staff informed and involve them in the running of the home. A member of staff told us the registered manager, 'Always had time to speak with staff'.
- Arrangements had been put in place to facilitate safe visits for relatives during the pandemic. At the time

of inspection, relatives from the same household were allowed to visit for half an hour in the mornings. This was arranged on a booked basis. A designated area had been made available for these visits. However, if people were at the end of their life, visits were facilitated in a person's bedroom.

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 was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- We saw that a complaints policy was in place and relatives were aware of how to make a complaint if required.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.
- The registered manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.
- The service had a number of rehabilitation beds and we saw evidence of staff working closely with the multi-disciplinary team in order to attain good outcomes for people.