

# Joseph Rowntree Housing Trust

## Red Lodge

### Inspection report

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11 May 2018

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Red Lodge on 10 and 11 May 2018. This inspection was carried out following anonymous concerns raised with the Care Quality Commission (CQC). These concerns related to staffing levels, medicines management, completion of care records and reviews, and a lack of transparency from the registered provider. The first day of the inspection was unannounced. The manager was aware we would be returning on the second day.

The team inspected the service against three of the five questions we ask about services: is the service safe, is the service responsive and is the service well led. No significant changes were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them.

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

Red 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. Red Lodge is owned by the Joseph Rowntree Housing Trust (JRHT). The home is situated in New Earswick to the north of York city centre. Each person living at the home has their own flat and access to a range of communal areas, which include a restaurant, communal lounge and quiet areas.

Red Lodge is registered to provide care and support for up to 42 older people, some of whom may have a learning disability or autistic spectrum disorder. At the time of our inspection there were 34 people receiving a residential care service and 10 people living in the sheltered accommodation who received a personal care support service.

At the time of our inspection the registered manager was not at work. An interim manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In the main the concerns which were raised anonymously with the CQC were not founded. However, we did identify some other areas of concern. At this inspection we found that there were breaches of two of the fundamental standards of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment and the governance of the service.

Risks to people had not been adequately assessed or mitigated which meant people were at risk of potential harm. One person's bedroom was not as clean as we would expect.

Care planning records did not always accurately reflect people's changing needs and reviews were not always completed. Quality assurance systems were not consistently effective in identifying and rectifying concerns.

Despite these concerns people told us they received a good standard of care and felt safe. We concluded there were sufficient staff to meet people's needs and overall medicines were safely managed.

People were provided with good end of life care and staff sought appropriate advice from health care professionals to ensure people were supported comfortably.

Although records related to people's care were not consistently updated we saw people received a good standard of care from staff who knew them well.

People were confident that concerns they raised would be taken seriously and they were asked about the standard of care they received via a satisfaction survey.

The staff team, interim manager and registered provider were open and transparent throughout the inspection process and were committed to improving the service for people living at Red Lodge.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risk assessments and measures in place to mitigate risk were not always sufficient to ensure people received safe care and treatment.

There were sufficient staff to meet people's needs. We saw staff had time to spend with people.

Overall, medicines were safely managed.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Care planning records did not consistently reflect people's care needs. Reviews were not always completed on a regular basis. Despite this staff knew people well.

People knew how to raise concerns and were confident these would be taken seriously and rectified.

There were a range of activities on offer to people.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Systems in place to assess the quality of care provided had not identified some of the concerns we found. Where issues had been identified these had not always been rectified in a timely manner.

Staff reported feeling well supported by the management team. The staff team and registered provider were open and transparent.

People provided positive feedback about staff and the service they received.

# Red Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 May 2018 and was unannounced.

The inspection team consisted of two inspectors on the first day and was unannounced. The second day of the inspection was completed by one inspector and the interim manager was aware we were returning.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority, and notifications we had received from the provider. Notifications are documents that the provider submits to the CQC to inform us of important events that happen in the service. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time in the communal areas of the home and observed interactions between people and staff. We spoke with the interim manager, the deputy manager, the head of quality and compliance for the registered provider and four members of care staff. We spoke with seven people who lived at the home. We looked at five people's care and support plans. We reviewed documents and records that related to the management of the service.

# Is the service safe?

## Our findings

Prior to our inspection we had received some anonymous concerns in respect of staffing levels and the safe management of medicines. These concerns prompted our inspection visit. Prior to the inspection we had contacted the registered provider to request they investigate these matters.

The Head of Care Services wrote to the CQC and advised that staffing levels currently being provided at Red Lodge were; seven care staff on a morning, six on an afternoon and three at night time (occasionally this reduced to two between the hours of 12 midnight and 6am). In addition to this there were four general assistants on duty each day to support with domestic tasks. We were provided with copies of care rotas which demonstrated these staffing levels had been consistently provided over the previous five weeks. During our inspection the staffing levels we observed correlated with the information we had received from the registered provider.

Our observations during the inspection showed that staff had time to spend with people. There was a calm and relaxed atmosphere on both days. We were confident people were being provided with the support they required in a timely manner.

Overall people who lived at the home felt there were sufficient staff to meet their needs. Comments included, "The care staff are wonderful, very friendly, caring and will do what they can. Sometimes they're rushed" And, "I have only had to use my call bell a couple of times and the staff came straight away." One person told us, "The staff are very helpful, delightful but I think they are overworked." We explored this further with the person and they were not able to provide any specific examples when they had not been provided with support in a timely manner. They went on to say, "Perhaps I am overstating it. If I use the call bell staff always respond quickly. Sometimes they may pop in and say they will be with me shortly and they are."

We received mixed feedback from care staff about staffing levels. Comments included, "We have enough staff," "Maybe we could do with another member of staff as people's needs have increased," "I do not think there are enough [staff] to be honest. There is pressure on the floor and people with higher [care] needs at the moment," and "Overall there are enough of us, unless someone phones in sick."

The interim manager told us they were confident there were sufficient staff to meet people's needs. They used a dependency tool to assess staffing levels and in addition to this they carried out daily observations and sought feedback from the staff team. We saw some of the dependency tools had not been updated to reflect people's changing needs. We discussed this with the interim manager who confirmed these would be reviewed as part of the ongoing work to improve care planning documentation.

Overall we found medicines were managed safely. One person said, "Staff always remember to help me take my medicines and I am happy to have their help." Medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. Safe systems were in place to manage controlled drugs. Care staff who administered

medicines had received up to date training and competency checks. The deputy manager took the lead on medicines management. A senior member of care staff was responsible for auditing medicines on a weekly basis which meant any errors could be detected and rectified as soon as possible.

We saw one person was not given their medicine in line with the prescribing instructions. The medicines should have been taken before food. We raised this with the interim and deputy manager who sought medical advice. The person did not come to harm and the interim manager explained they would ensure a medicines competency assessment and supervision would take place with the staff member.

Risk assessments and measures in place to mitigate risk were not always sufficient to ensure people received safe care and treatment. We reviewed the care plan, risk assessments and daily records for one person and identified they were at risk of potential harm due to their desire to leave Red Lodge and return home. The person was living with dementia and had left Red Lodge on five separate occasions since they moved into the home for a short stay, in January 2018.

The person's risk assessment offered staff direction about the techniques they could try should the person become distressed and wish to leave. It also referred to the need for staff to check the person's whereabouts every 15 minutes and that they were awaiting a door sensor which would trigger an alarm to staff should the person leave their bedroom. We saw a door sensor had been fitted however; there had been a further incident where the person had left the building. The daily notes stated, "[Name] managed to get into the car park after carer forgot to turn the door sensor on."

Once the door sensor was in place the 15 minute observations had stopped. However, the risk assessment had not been updated to reflect this. We asked to review the incident records to establish what measures had been taken to mitigate the risk of harm to the person. The interim manager was unable to provide these records. They explained they recalled one incident occurring on a weekend and they had provided some advice as the 'on call manager' which was that the person should be on 15 minute observations.

Another person had two bed rails risk assessments within their care plan. Both recorded a different outcome as to whether the use of bed rails were safe and suitable for this person.

Whilst the home was generally clean and well maintained we found one person's bedroom which was not clean. The table they used for drinks and snacks was stained as were the walls next to where they were sat. We noticed their bottom sheet was marked with faeces. We raised this with the interim manager who arranged for the room to be cleaned.

People's towels and toiletries had been left in communal bathrooms. The cleaning store room which contained hazardous substances and should have been locked was open and accessible on both days of our inspection. We shared these concerns with the provider and following the inspection we were sent an action plan which showed these issues had been addressed. For example, a key pad lock had been fitted to the cleaning cupboard door.

Some doors leading to the main stair case had been fitted with two door handles which meant it was difficult to access the stairs. We were told by the deputy manager these had been fitted by the previous registered manager to reduce the risk of people being able to access the stairs and injuring themselves. This could be viewed as a restriction on people's movement. In addition these were fire doors and could have made it difficult to open them in an emergency. We spoke with the provider who agreed this matter would be reviewed by their health and safety team. Following the inspection we were sent an action plan which showed this review would be completed by 18 May 2018.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## Is the service responsive?

### Our findings

Prior to our inspection we had received some anonymous concerns in respect of gaps in documentation and care plans not being updated.

People told us they received a good standard of care from staff who were competent and knew them well. One person said, "The staff look after me well. I'm very happy living here."

Care plans contained information about what was important to the person, their strengths and preferences and guidance for staff about the support they required. We reviewed one person's care plan whose care needs were stable. The care plan reflected their needs well and provided clear guidance about the support the person required. It was evident people had been involved in the development of their care plans and people's comments had been quoted within the care plan.

Where people's needs had changed we found their care plan records had not been updated to reflect these changes. Some care plans contained contradictory information. This meant the provider could not be assured staff were provided with up to date guidance and meant people were at risk of receiving care which did not meet their needs.

For example we reviewed one care plan for a person who was now being looked after in bed due to their deteriorating health. The care plan had not been updated to reflect the change in the person's needs and referred to them being mobile in their bedroom with a rollator frame. Another person's care plan contained contradictory information about the support they required to maintain their skin integrity.

We reviewed the care planning records for one person who was on an extended short stay at the service. The person had a diagnosis of dementia. There was no record of a pre admission assessment having been completed [the person moved into Red Lodge prior to the interim manager taking over]. This meant we could not be sure whether the home had assessed their ability to meet the person's care needs. Their care plan had been completed on admission which was at the beginning of 2018 and there was no evidence this had been reviewed during this period of time.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns we found care staff were able to describe people's likes and dislikes, their care needs and the support they were required to give. All of the staff we spoke with were compassionate and spoke about people with warmth and affection. We were confident this was a record keeping issue and not about the delivery of person centred care. Other records we reviewed confirmed this. For example, one person was receiving support every thirty minutes due to their deteriorating health, the records of the care provided were detailed and staff had provided support at least every thirty minutes and often more frequently than this.

One person was receiving end of life care. Care staff had been liaising with the relevant health care professionals and the person had anticipatory medicines available should these be required. Anticipatory medicines are prescribed for use on an 'as required' basis to manage common symptoms that can occur at the end of life. The community nursing team were visiting daily and the doctor was visiting weekly. Care staff talked with warmth and compassion about the person who had lived at the home for some time. One said, "[Name] is receiving palliative care they are our priority. We sit with [Name] and talk to them." It was clear from our discussions with staff that they understood the person's needs and wishes well and were keen to ensure they received compassionate care as they approached the end of their life. There was an end of life care plan in place which provided staff with guidance and information about the person's wishes upon their death. We went to visit the person but they were asleep. We observed they looked comfortable and well cared for and their room was homely.

People knew how to raise concerns or make a complaint. One person said, "We all have a key worker so we could talk to them if we were worried about anything." We saw one person had made a formal complaint and the interim manager had spent time with the person understanding their concerns. They had completed some initial investigations and had referred this matter to the provider's complaints team. We spoke with the person who had raised concerns and they told us, "I was more than satisfied with the response from [Name of interim manager.] They spent time discussing my concerns." The person was confident their concerns were being taken seriously and were aware these had been sent to the complaints team for further investigation.

There were some activities on offer for people living at Red Lodge. For example, we saw some people enjoyed an armchair exercise session and there were crafts which had been completed by people in the activity room. Where possible people were supported to access the local community and activities. This was something the provider was keen to improve going forward as part of an ongoing service review.

## Is the service well-led?

### Our findings

Prior to the inspection we received concerns that the registered provider was not transparent.

The registered provider was required to have a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been absent from work since February 2018. An interim manager started at the home in March 2018. Unfortunately they had been unexpectedly off work for a three week period and so at the time of our inspection they were still relatively new to Red Lodge.

Following the inspection we were contacted by the provider to inform us that the registered manager was no longer employed and that the interim manager would be applying to the CQC to become the registered manager.

The provider had a range of systems in place to assess the quality of care provided to people. Despite these systems the concerns we identified during our inspection in respect of safe care and treatment, specifically around the management of risk, had not been identified via the providers systems.

There had been no investigation or analysis into the incidents and therefore we could not be assured that the person was receiving safe care and treatment. Although the person had not come to harm the risk of harm remained and none of these incidents had been referred to the local safeguarding authority. We requested the interim manager contact the local safeguarding authority to discuss this matter and they confirmed this had been done immediately after the inspection.

The provider had completed a medicines audit in April 2018 and identified some areas for improvement however, not all of these improvements were evident during our inspection. For example it is good practice for handwritten medication administration records (MARs) to be counter signed to ensure they have been transcribed correctly. We found this had not been rectified for two people's handwritten MARs we reviewed.

In addition to this we found some care plans did not provide accurate records in respect of people's needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the interim manager who told us they completed a daily walk around and observed the practice of care staff; they attended handover to aid their understanding of any key issues for people living at the home and checked the communication book. They advised they had not completed any formal audits as yet. The interim manager informed us the deputy manager took the lead in auditing medicines and a senior member of care staff was responsible for care planning audits.

The interim manager was supported in the day to day running of the home by a deputy manager who had worked at Red Lodge for some time. They were competent and knew the people who lived at the home and the staff team well. This meant there was some consistency for people living at Red Lodge. The interim manager also told us they felt well supported by the provider.

The Head of Care Services completed a short shift at the home each month. From this they provided feedback to the interim manager which showed the home's strengths and any areas of improvement. The Head of Care Services wrote to the CQC in response to our initial concerns and stated, "I would like to stress that we are committed to learning from mistakes, sharing these with the teams and encouraging transparency within the home."

On the first day of our inspection the Head of Quality and Compliance for the provider was visiting the home. They explained the quality assurance systems had recently been re-written in line with the CQC's key lines of enquiry. Every year a baseline audit of the home took place and this involved two members of the Quality and Compliance team spending two days at the home auditing the care provided. They then developed an action plan with the interim manager and head of care which was reviewed quarterly. In addition to this managers were expected to complete a range of audits on a monthly basis.

The interim manager explained they felt progress was being made in respect of improving care planning and audits. They said, "I have clear expectations for the staff team and it is about doing what is right for our residents." During our inspection we found the management and staff team at Red Lodge were open and transparent. The interim manager told us they were keen to hear our feedback to assist them to improve the service provided to people living at Red Lodge.

Following the inspection we provided feedback to the director of care services who was also the nominated individual (the legally responsible person for the registered provider). They thanked us for the feedback and assured us immediate action would be taken. They provided the CQC with a robust action plan to show how they would address the issues we had raised. A number of these actions were undertaken immediately which meant we could be assured risks to people were appropriately addressed. The provider demonstrated a commitment to working with the CQC to ensure people were provided with a good standard of care. They were open and transparent and welcomed our feedback.

Following the inspection the provider contacted us to inform us of the results of a recent satisfaction survey. They told us people expressed a high level of satisfaction with the service and were happy with the care team. This reflected what we saw during our inspection.

We were confident the staff team knew people well and were committed to delivering a good service. Care staff spoke with pride and compassion when they described the care they provided to people who lived at Red Lodge. They told us they felt well supported by the management team and would be confident in raising any concerns they may have directly. One member of staff we spoke with told us they had raised some concerns in relation to the management of medicines and they felt they had been listened to and systems had been improved as a result of their feedback.

A new purpose built care home was being built which will provide people with improved facilities. We saw the building plans were accessible to people living at the home and the project lead was visiting the home on a regular basis to update people and answer any questions they had.

We identified seven notifiable events which had occurred and the CQC had not been notified. We are addressing this with the provider outside of the inspection process.

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   |
| Personal care  | Risks to people had not been adequately assessed and measures to mitigate risk were not always in place. Parts of the home were not clean. |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance  |
| Personal care  | Care planning records were not always updated to reflect people's changing needs. Quality assurance and governance systems were not robust as they did not identify and rectify shortfalls. |