

Ashrana Limited

Cleaveland Lodge

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

Cleaveland Lodge provides accommodation and care for up to 54 older people living with dementia. On the day of our inspection there were 44 people living in the service. Most of the accommodation including communal areas are on the ground floor although there are a small number of first floor bedrooms, but these were not in use at the time of the inspection as they were being refurbished.

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

Risks were not always assessed or managed effectively to reduce the risks of harm. We identified concerns with regards to how the service was managing the risks associated with falls and people's dietary needs.

Improvements had been made to the oversight of environmental risks and regular checks were being undertaken on equipment and the building to check that the systems were working effectively.

Infection control procedures were not always followed and put people at risk of harm. While there were some audits on infection control these need further development.

Quality assurance was not well developed and the systems in place to monitor the quality of the service were not effective. The registered manager was in the process of developing an audit tool which they could use to audit areas such as care plans, but this was not yet implemented.

Staff demonstrated a better understanding of safeguarding procedures and appropriate referrals had been made. We have made a recommendation about safeguarding.

On the day we inspected there were enough staff available to meet people's needs although the provider had brought in additional staff to support people over lunchtime. We have made a recommendation about the deployment of staff at night. Checks on staff suitability were undertaken prior to their employment.

Medicines were securely stored and administered in line with best practice. We made a recommendation about developing pain management tools.

Staff were caring in their approach and work was underway to update care plans and provide a more person-centred service. The registered manager had started to engage with the local authority quality team and other organisations to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 26 July 2019). Following the last inspection, we did not receive an action plan, but we met with the registered manager to discuss what we

found and their plans to make improvement.

Why we inspected

We received concerns in relation to the management of risks such as falls at the service. As a result, we undertook a focused 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. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. The provider needs to make improvement and 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 Cleaveland Lodge on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cleaveland 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 an inspector, inspection manager and assistant inspector.

Service and service type

Cleaveland 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 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. The registered manager was present during the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had completed a provider information return (PIR) in 2019. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of planning we sought feedback from other agencies such as the Local Authority and we used this information to plan our inspection.

During the inspection

We spoke with the registered manager and directors of the company, as well as four members of staff. We spoke with two residents and observed care practice. We reviewed four care and support plans, medication administration records, two recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but further work was needed, and the provider remained in breach of regulation 12.

- Risks were not always assessed or managed effectively to reduce the risks of harm. One person who had been recently admitted to the service had been identified as being at risk of falls. They subsequently fell and sustained a fracture. We found that they did not have a robust risk assessment in place to reduce the likelihood of harm at the time of their fall.
- An assessment was subsequently completed but this was not sufficiently detailed and did not take account of significant areas including the impact of their dementia, issues with their sight and a poor sleeping pattern.
- Another person was identified as being at high risk of falls and had fallen on several occasions however they did not have equipment in place, in their bedroom to alert staff to their movement at night. The provider had recently purchased laser beam alarms to help address these risks, however these were not yet in use.
- One person had been identified as requiring a soft diet, but the risk management plan was not sufficiently clear as it also stated that they could eat sandwiches and cake. We asked the service to clarify the documentation and ensure that the risks associated with the persons diet were effectively managed.
- At the last inspection we found the systems in place to support catheter care was not consistent. At this inspection we found some improvement, but the systems were still not fully robust, and staff were not always changing the catheter bags or documenting this in line with best practice. This meant that people were at increased risk of urinary tract infections.
- Peoples safety was being protected against the risks associated with unsecured furniture. Since the last inspection free standing wardrobes in people's rooms had been fixed to the wall reducing the risk of people inadvertently pulling the wardrobes over. The management of risks associated with uncovered radiators had also improved.
- There was greater awareness of risks posed by the environment and the laundry room had been fitted with a lock and checks were being undertaken on the building and equipment to ensure that it was safe. However, we found that people were propping bedroom doors with items such as laundry baskets because

they liked to have their door open. This meant that some people would be at increased risk in the event of a fire. It was agreed that the provider would review their fire risk assessment and explore the fitting of an emergency closure system which would enable people to choose to have their door open but would ensure it would close in an emergency.

Staffing and recruitment

- Staffing levels were satisfactory and staff were visible although the numbers of staff were higher than shown on the rota. Senior staff told us that additional staff had been asked to come into the service to assist people with eating because an inspection was underway.
- Since the last inspection the numbers of staff had increased at night. However, some people were unsettled at night such as when spending their first few nights at the service. There were insufficient staff to support people during periods of being unsettled at night which could contribute to falls.

We recommend that the provider review the deployment of staff at night to ensure that people new to the service or showing signs of distress are supported appropriately.

- At the last inspection we made a recommendation about staff recruitment processes and at this inspection we found that improvements had been made. Checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff.

Using medicines safely

- Medicines were securely stored. We observed a member of staff administering medication and saw that they administered one person's medicine at a time, then signed to say they had administered.
- A number of people had been prescribed medicines to manage pain but had been declining. The registered manager told us that they intended to seek advice from the individuals GP.

We recommend that the provider seek advice on pain management tools which they can use to support people with diagnosis of dementia to identify and manage pain.

- The provider had recently changed from a monitored dosage to using boxed medicines and were maintaining running totals to enable them to check that the amounts of medicine were correct.
- There were clear arrangements in place for the management of topical medicines which included body maps which showed where on the body the creams should be administered. Creams were dated on opening.
- Staff competency to administer medicines was checked at regular intervals.
- The registered manager told us that they checked the medicines to make sure that they tallied but they did not maintain a record of these checks. They told us that they would introduce a medicine audit and record their findings and any required actions.

Preventing and controlling infection

- Staff did not fully understand the risk of infection and control measures. We observed two staff cleaning up a spillage and saw that they did not follow recommended practice, walking over the soiled area and immediately using the mop in other areas of the service.
- People did not have individual slings assessed according to individual need which meant that they were at risk of cross infection as toileting slings were shared with other people living in the service.
- The service was largely clean and there were no odours. However, we did find one person's bed soiled, as well as a toilet which had not been taken out of use for deep cleaning once identified, by staff. This was discussed with the registered manager at the feedback meeting and they agreed to immediately address.

- Audits were undertaken but would benefit from further development to address the issues that we found.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes had improved since the last inspection. Staff completed body maps where people sustained bruising and appropriate referrals had been made to the local authority for investigation.
- Following an incident where a person sustained a series of injuries, an investigation was carried out by the provider. This investigation report had not fully explored all safeguarding concerns in order to implement required learning.
- Staff told us that they had undertaken training on safeguarding and were aware that any injuries should be reported to senior management.

We recommend the provider seeks advice on safeguarding investigations and how best to balance rights and safeguard people during the process of investigation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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; 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

At our last inspection the provider had failed to develop robust oversight systems to demonstrate that safety and quality were being effectively managed. The shortfalls were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but further work was needed, and the provider remained in breach of regulation 17.

- Quality assurance was not well developed and the systems in place to monitor the quality of the service were not effective. The registered manager was in the process of developing an audit tool which they could use to audit areas such as care plans, but this was not yet in use.
- We identified shortfalls in care planning such as in the management of risk and oral health provision.
- The registered manager told us that they intended to make changes and introduce new processes but had not yet developed a clear action plan with dates for completion.
- Some changes had been introduced to the oversight of Health and Safety and a senior member of staff was undertaking room checks and checks on equipment.
- The senior staff were visible and accessible. Staff told us that one of the owners attended the service daily, including weekends. The registered manager told us that unannounced visits were being undertaken at night to ensure that the service was safe. CCTV was in use in the communal areas and this was being used to monitor quality as well as review incidents.
- The registered manager told us that they were aware of the duty of candour and had written to relatives when things had gone wrong, to explain what had happened and outline changes which they intended to make.

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

- Care was not always person centred and while we observed some caring interactions we also observed a staff team focused on completion of tasks.
- Staff did not always take time to communicate with people to explain what they were doing, for example

we saw staff giving a person a drink when they were sleeping, and other people being taken to the dining table an hour before they were served their meal.

- The registered manager was aware that changes needed to be made at the service and had sought advice from other organisations such as the local authority quality team and the prosper project which is a scheme to reduce hospital admissions.
- Links had also been made with other services including a local outstanding service to discuss the challenges and implementation of change.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people through surveys and residents' meetings.
- Staff meetings were held, and staff received regular supervision to discuss their progress and how the service could move forward.
- People's friends and family were welcomed in the service and encouraged to participate in discussions about their family member as appropriate.
- The service communicated with a range of professionals and we saw that appropriate referrals had been made to professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The shortfalls we found in safety demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Oversight systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. The shortfalls are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>