

M. J. M. (Furnishings) Limited

Paddock 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

This was an unannounced inspection carried out on 15 and 21 June 2018.

Paddock 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. Paddock Lodge is registered to provide accommodation for up to 24 people.

This was the first inspection carried out at Paddock Lodge since the provider changed the registration of this service in October 2017.

At the time of our inspection, the registered manager was not available as they were on annual leave. 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. Instead, we were supported by two area managers, one of which was the responsible individual who we have referred to in this report as the 'registered provider'.

The governance systems used to provide oversight of the service through audits were not effective as the areas of concern we found at this inspection had not been identified or acted on.

During our inspection we found five staff members did not have a current medication competency assessment. Immediately following our inspection, the registered provider sent us evidence to show all staff subsequently had their competency checked.

We saw gaps in the training matrix in some key areas such as safeguarding people from abuse and dementia care. The registered provider showed us staff were booked on to courses to address these gaps. Evidence of supervision support was limited as some staff had received one supervision during 2018.

Staffing levels were sufficient to meet people's needs. People received their medicines as prescribed, although we saw one staff member responsible for administering medicines did not respond appropriately when a person refused to take their medicines.

Recruitment procedures were checked and found to be safe. Risks to people had been suitably assessed, managed and reviewed. Care plans contained sufficient information for staff to provide effective care.

People were lawfully deprived of their liberty and mental capacity assessments supported this. People were supported by staff to access healthcare services and their dietary needs were being met.

People spoke positively about the assistance they received from staff and we found their privacy and dignity

was maintained.

At the time of our inspection, no complaints had been made to the registered provider, although people and relatives knew how to raise concerns.

Staff felt supported by the registered manager who they said was approachable. Meetings with people, their representatives and staff were taking place. A satisfaction survey had been carried out in September 2017.

We have made a recommendation regarding the use of dementia friendly signage to make navigating the building easier for people living with this condition.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this 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.

Some staff did not have an up-to-date assessment to show they were competent to administer medicines.

There were sufficient staffing levels to meet people's needs.

Risks to people were appropriately managed. Safe recruitment procedures were followed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always receive sufficient training and supervision to support them to carry out their role safely.

People were lawfully deprived of their liberty and mental capacity assessments supported this.

People had access to healthcare and their dietary needs were appropriately supported.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff who provided their care.

Privacy and dignity was maintained as well as people's equality, diversity and human rights.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans contained sufficient information to meet people's needs. End of life care needs were considered.

The registered provider had put steps in place to enhance the

activities provision.

There was a suitable system in place for managing complaints.

Is the service well-led?

The service was not consistently well led.

Audit systems were not effective and concerns we found during the inspection had not been identified by the registered provider.

Meetings for people, their representatives and staff were taking place. A satisfaction survey had been carried out.

Staff spoke positively about the registered manager and said they were supportive and approachable.

Requires Improvement ●

Paddock 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 unannounced inspection was carried out on 9 August 2018. The inspection team consisted of two adult social care inspectors. At the time of our inspection there were 21 people living at Paddock Lodge.

Due to the timing of the request for a provider information return (PIR), the registered provider could not be expected to complete this before the inspection commenced. 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. We took this into account when we inspected the service and made the judgements in this report.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before our inspection, we received information of concern related to a staff member not having an assessment of their competency to safely administer medicines. You can see what we found and the action taken within this report.

We spoke with a total of six people who lived in the home as well as two relatives who were visiting at the time of our inspection. We also spoke with two area managers, two team leaders, three care assistants, the cook and a visiting health professional.

We reviewed three care plans including their medication, consent to care and treatment as well as the mental capacity assessment and deprivation of liberty safeguarding authorisation for one person. We observed staff interacting and supporting people throughout the inspection which included the lunch time experience. We observed the handover of information regarding people's care between the day staff and the

afternoon staff on the day of the inspection.

Is the service safe?

Our findings

People told us they felt safe at Paddock Lodge. One person told us, "Yes, I feel safe, it is lovely and the staff are kind to me." Another person said, "I can go out to the community centre when I want to and staff always knows where I am, which helps me feel safe." We spoke with two relatives who told us they were confident in staff members skills and abilities to keep their family member as safe as possible. We asked staff about what measures were in place to protect people from abuse in the home. Staff were able to tell us about signs of potential abuse and what they would do to report this.

Before our inspection, we received information of concern which indicated a staff member was administering medicines to people without having a competency check to confirm they were safe to do this. At this inspection we checked records in relation to staff training and competency checks in relation to the safe administration of medicines.

Staff responsible for administering medication had received training, and an annual refresh of this training. We saw certificates which were awarded to staff when they had completed a workbook on the safe management of medicines. We saw most staff had records which showed they had been observed administering medication safely. However, we found five staff had not had their competencies checked for over a year. Following our inspection, the registered provider sent us evidence to show this had subsequently been checked for all five staff members.

We observed the team leader administering medication to people who used the service. They did this in a safe way that reflected good practice guidance, such as confirming medicines had been administered and asking people if they required any pain relief. The team leader was able to explain the signs they would look for when people were in pain or distressed to ensure they received their prescribed medication when required. There were protocols for 'as and when required' known as PRN medication. These explained how people presented when the pain relieving medication was required. The record also described the medication prescribed for each individual and how they preferred to take their medication.

However, in the afternoon, we observed the medicines being offered to one person and found this was not done in a person-centred way. We saw the person declining their medicines and observed as the staff member repeated, "Come on" and then said, "Please." This did not demonstrate the staff member knew how to support people appropriately when they refused their medicines. We discussed this with the registered provider who told us they would review this staff member's support needs.

We checked the controlled drugs (CDs) held for people who used the service. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. The medication was recorded appropriately and staff knew how the drugs were administered.

Appropriate records were used for the application of creams and ointments. The record also used body maps to instruct staff where on the person's body they needed to apply the creams and ointments.

The registered provider told us they used a dependency tool which was used to calculate staffing levels. This was reviewed every time they had an admission, discharge or significant change in a person's needs. We did not look at this as part of our inspection. At the time of our inspection the registered provider occasionally used agency staff. However, the registered provider told us, "We're always recruiting to build up our bank (of staff)."

Two relatives we spoke with told us they were satisfied with staffing levels. We asked staff whether they felt there was sufficient staff cover to meet people's needs. One staff member said, "No, I think there needs to be more staff." Another staff member told us there was enough staff cover providing there were no unplanned staff absences which the registered provider was unable to cover.

We looked at staff rotas which covered a three-week period prior to our inspection. We found the shift cover was not always clearly recorded which the registered provider told us they would address. However, the registered provider was able to show us that shifts were routinely covered with the number of staff they had identified were needed. During our inspection we found staff had a visible presence in communal areas of the home.

We discussed fire safety with the registered provider as they had not carried out a practice evacuation of the largest fire zone at night time when two care staff were on shift. Following our inspection, they provided evidence which showed they had been in contact with West Yorkshire Fire and Rescue and were able to demonstrate evacuations could be managed within appropriate timescales.

Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling including the use of equipment such as bed rails to prevent falls from bed. For example, we saw one person had been assessed as a fall from bed risk. The record showed staff had considered bed rails, but felt there could be a possibility of the person climbing over the rails or becoming entrapped. To minimise the risk of injury the bed had been lowered and crash mats had been put at the side of the bed. Risk assessments to prevent people developing pressure sores and risks associated with nutrition and hydration were also in place and regularly evaluated.

Fire safety was managed through weekly sounding of the alarm, fire drills and personal emergency evacuation plans. We reviewed records relating to the maintenance of the home and the equipment staff needed to use and found this was all up-to-date. However, we noted the same 'upstairs blue bathroom' had been recorded as having a water supply running at 46 degrees Celsius in May, June and August 2018. The person responsible for maintenance told us they had identified this tap did not have a temperature monitoring valve (TMV) which they had reported to the registered provider eight months before our inspection. The water supply for people in care homes should be restricted to a maximum of 44 degrees Celsius as per the Health and Safety Executive guidance to prevent the risk of scalding. During our inspection they confirmed this work had taken place since their last checks.

The registered provider told us they looked to take lessons learned from situations as part of continuous improvement. For example, they had learned about working with the local authority where a person's needs had become more complex which meant they were no longer to provide their care.

We looked at the recruitment of two staff members and found this was managed safely. References, including those from their last employer, as well as checks with the Disclosure and Barring Service (DBS) had been carried out. The DBS assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We observed the home was clean and free from odours. Training records showed staff had completed infection control training, although some gaps were seen which we have reported under our 'well-led' key question.

Is the service effective?

Our findings

The registered provider told us new staff were supported through an induction which included shadowing an experienced worker over two full days and looking at policies, care plans and completing mandatory training. Some of the people at Paddock Lodge were living with dementia. We looked at training records and saw gaps in training for dementia and safeguarding for both new and some experienced staff. The registered provider showed us evidence which demonstrated training had been booked to address these and other training gaps. We will look at this again at our next inspection.

The registered provider told us staff could expect to receive three supervision meetings each year as well as an annual appraisal. We looked at supervision records and saw some staff had received limited supervision. For example, eight members of staff who had worked in the home since the beginning of the year had received one supervision. Two staff members we spoke with who had worked for three to four months had not received any formal supervision support. Out of 19 staff, we found nine had received an appraisal. We discussed this with the registered provider who told us they would address this.

We concluded this was a breach of regulation 18(2) (Staffing) due to gaps in staff training, supervision and appraisal.

People we spoke with told us they were given opportunities to make choices about the food they ate and about how they received support with things like personal care, waking and bed times.

Staff we spoke with understood the need to obtain consent from people before they provided care. One staff member said, "We always ask what they (people) want." The provider and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity showed decisions had been made in their best interests. They demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

We looked at three people's care plans which included assessments of people's needs. We found there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for areas related to their care. For example, we saw people had consented to the use of photographs on care plans and medical records. Records were also seen which confirmed people were consulted about their

preferences. This included their preferred name and any preferences in the staff that delivered their care.

In the satisfaction survey dated September 2017, one person commented, "Loving the food, 100 per cent." In April 2018, one person noted at a meeting for people and their representatives, 'We eat like kings and queens. We can ask for snacks if we're still hungry'.

We saw a drinks trolley going around the home and noted people were also offered fruit as well as other snacks. We observed lunch being served in the dining area. People were offered a choice of a hot and cold meals and this was served with a cold drink followed by a hot drink at the end of the meal. Staff offered assistance to those people who needed it and the dining experience was quite pleasant. People told us they enjoyed their meal and the food was to their satisfaction. We saw staff giving encouragement to one person who had not been eating very well. Alternative meals were offered to tempt the person to eat.

We saw care plans included nutritional risk assessments and people had appropriate records to ensure staff understood the nutritional needs. Speech and language therapists (SALT) were involved where people were identified as a risk from choking.

We spoke with the cook about menus and specific diets for people who were vegetarian or required specific food due to their allergies. The cook had a good understanding of people's likes and dislikes because they had taken time to speak with people when they first came to live at the home, and at regular intervals since to gain their feedback. Records of people's weights were maintained and we saw action had been taken for people who were at risk of being malnourished. There was evidence that professional advice had been sought and fortified drinks and shakes had been obtained and introduced to prevent further weight loss.

We found some people had their food and fluid intake monitored. Records were made of people's daily intake and staff discussed any concerns at handover meetings which we saw happening in practice.

People's care records showed their day to day health needs were being met. People had access to their own GP and where required, community psychiatric nurses. Records showed people were supported to also access other specialist services such as chiropody and dental services. The registered provider also told us the psychiatrist and memory team were involved in the care for one person.

The registered provider acknowledged the age and layout of the building meant it was difficult to make specific adaptations to the building. We have made a recommendation regarding dementia friendly signage for the registered provider to make navigating the building easier for people living with this condition.

The registered provider made us aware they had contacted families about changes in the law to the way people's personal information is used. They also said they had updated their data protection policy. This example demonstrated how the registered provider ensured they considered data protection when providing care, provided care as per current legislation.

Is the service caring?

Our findings

People and family members told us they were happy with the care they received at Paddock Lodge. One person said, "I like it here, I can go out when I like to meet friends at the community centre. I sometimes get a bit down but staff do their best." Another person said, "I couldn't manage at home and I was lonely, but now I am around other people and that's good. The staff are very nice."

One relative told us things had improved, such as the environment. As they pointed to the floor they said, "This is much better, easier to keep clean." They described the staff as first class, excellent and very caring.

We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We saw staff enabled people to be as independent as possible while providing support and assistance where required.

Daily records made by staff described how the person had been throughout the day, tasks or activities they had taken part in and their mood. The records we looked at were comprehensive and informative. Relatives we spoke with told us they felt involved in their family members care.

We found staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity. We saw staff knocking on a people's bedroom doors before entering. One staff member told us they ensured people were covered as much as possible during personal care and also described how they talked people through the assistance they were provided. This showed staff respected people's privacy and dignity. We asked one staff member how often people had baths and showers. They told us, "Once or twice a week. It all depends on what time they want to go."

People's religious needs had been considered and we saw in one person's care plan they wanted a priest to visit if they were nearing the end of their life. We spoke with the team leader to see if arrangements were in place for this person and they confirmed they were. They went on to say the local Church also visited the home periodically and people were asked if they wanted to attend the service.

Arrangements had been made to ensure private information was kept confidential and secure. We saw care plans were stored in the locked office and staff were seen writing daily reports in an area which was not overlooked by people who used the service.

We looked at a compliment which stated 'We would like to thank all the staff at Paddock Lodge for the care, love and sympathy given to both [relative and relative]. We had peace of mind knowing they were well looked after at all times'. Comments from the September 2017 satisfaction survey included, 'I feel good. I enjoy myself and I'm happy', 'More empathy possibly needed with the younger staff' and 'I get along with all staff. They always have a friendly approach'.

Staff received induction and refresher training in equality and diversity. We saw group readings from religious texts were held at the home every week. The registered provider told us they had previously met

people's special dietary needs based on their religious and cultural beliefs. These examples demonstrated how the registered provider met people's equality, diversity and human rights.

Is the service responsive?

Our findings

Care plans we looked at included assessments of people's care and support needs and a plan of care. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review and updated as needed.

There were documents in place regarding the person's life history, preferences and activities they enjoyed so staff could support people to meet their wishes and aspirations.

In the satisfaction survey dated September 2017, people were asked about the activities provision. One person said, 'Good for others. I just like to do my own thing'. Another person commented, 'More could be done'.

One staff member who told us there wasn't enough staff cover said they felt activities suffered as a result. Another staff member said, "The activities they do, no one seems to join in." We asked the same member of staff about access to the gardens and why people were not out as it was a sunny day. They said, "It's basically staff not asking."

At the time of our inspection, care staff were expected to provide activities for people as the registered provider did not employ a dedicated activities coordinator. Staff told us they had limited time to organise activities on a structured basis. This was because their time was mainly taken up with ensuring people's personal care was met. We saw one staff member interacting with one person before lunch. They played a few games of connect four and chatted about what was in the news and about the hot weather.

We saw evidence of celebrations of special events such as the royal wedding tea party and entertainment in May 2018 and watching Wimbledon with strawberries and Pimms in July 2018. We saw weekly and monthly meetings with a local centre for friends over 65's. We also found external singers visited the home on occasions. The registered provider told us staff provided nail care, movement to music, ladies pamper nights and gents 'football and beer' nights.

During our inspection we found the day-to-day activities provision required improvement. We discussed this with the registered provider who told us, "It is something we're looking into." The registered provider told us they were looking to use student volunteers from September 2018 to help deliver an activities programme.

We looked at the systems and processes in place to support people, their representatives and other visitors how to complain. One person told us, "If you have any problems, you can go to see [registered manager]." We saw information on display in the hallway which informed people about the complaints process and what they could expect. We looked at the record of complaints and found none had been made since our last inspection.

We asked the registered provider about the use of technology in the home. They told us they used nurse call bells, movement sensors and mats, profiling beds, door alarms and keypads. They added. "We're quite basic." However, they noted people living in the home were welcome to use the registered manager's office to connect online to family and friends using Skype.

We looked at one person's care plan and saw they had a 'celebrating my life' document which included their end of life wishes. This meant the registered provider had the relevant information to be able to act on their preferences which can include people's religious beliefs.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The registered provider told us no one living at Paddock Lodge at the time of our inspection had sensory needs, although they had previously accessed talking books, information in braille and provided information in different formats for people whose first language was not English.

Is the service well-led?

Our findings

This was the first inspection carried out at Paddock Lodge since the provider changed the registration of this service. At the time of our inspection, the registered manager was unavailable. We met with two area managers, one of which is registered with the Care Quality Commission (CQC) as the nominated individual (responsible individual).

We looked at the safeguarding records and found an incident which had occurred between two people living in the home in May 2018 had not been reported to the CQC. We did see this incident had been discussed with the local safeguarding authority. However, registered providers are legally required to notify us of such incidents. We also found a serious injury which occurred in July 2018 had not been reported to us. We discussed this with the registered provider to ensure they understood their reporting responsibilities.

We looked at the medication audit and found it was not sufficiently detailed and did not cover all aspects in relation to medication. For example, it did not cover staff medication competencies or infection control specifically in relation to the cleanliness of the store and medication trolley. We discussed this with the two area managers who were at the service during this inspection. They agreed that a more comprehensive audit was required.

We looked at a range of audits and discussed these with the registered provider as they were not effective in identifying concerns and driving improvement. For example, one of the area managers had completed their governance report in the same month (June 2018) the registered manager had performed an infection control audit. The registered manager's checks had not identified concerns which the area manager had reported on in detail. The registered provider told us they wanted to develop the audit templates to ensure they captured more information and recorded timescales for completion and action taken.

The registered provider told us they visited the home at least once or twice a week. They provided copies of their quarterly audit tools. We noted each tool was different which did not help to provide consistency from one audit to the next. The audit tool entitled 'governance report' dated June 2018 identified a number of important points as needing action, although we saw this did not look at medication competency, supervision and training where we identified concerns during the inspection.

Following our inspection, we contacted the registered provider to clarify staff cover on shifts as this was not clearly recorded on the rotas provided. They told us they would manage this differently in future to ensure this was recorded on a central document where all changes would be listed.

At this inspection, we found a communal bathroom tap did not have a temperature monitoring valve (TMV) which had been reported to the registered provider eight months before our inspection. This concern had not been highlighted in the audits carried out by the registered manager and area manager. This meant people had been at risk of scalding.

We concluded this was a breach of regulation 17 (Good governance) as audit tools were not effective,

medication competency assessments were not up-to-date, gaps were seen in the supervision and training records and two incidents had not been reported to the CQC.

We looked at the monthly analysis of accidents and incidents and saw this was broken down into categories to look for themes and trends. This enabled the registered provider to drive improvements within the service and improve safety.

People we spoke with were familiar with the registered manager. We asked staff members about the support they received from the registered manager. One staff member said, "[Registered manager's] been good supporting me. I'm knocking on an open door." Another staff member commented, "[Registered manager] is in control of things. If we report concerns, [registered manager] will take action."

The registered provider told us, "Families know we have an open-door policy and they can just pop in." In July 2018 a meeting for people living in the home and their representatives was held. We saw nine attendees were at the meeting when it was recorded 'general consensus is that the singing, music and movement and instruments are the favourites'. People were asked if they had any concerns about staff and none were reported. The registered manager reminded everyone at the meeting they could ask to see them in private, if they wished. We saw the recording of other meetings for people and their representatives were very similarly worded which we discussed with the registered provider. However, people were consulted about the running of the home and where people expressed their preferences, this was acted on.

In May 2018, people had been invited to conduct staff interviews with the registered manager, which meant they had an opportunity to be involved in assessing the suitability of new staff.

As part of our inspection we looked at staff meeting minutes from April 2018. Staff meetings are an important way of communicating key messages to staff and providing an opportunity to discuss concerns and recognise achievements.

The registered provider showed us a copy of their refurbishment plan which demonstrated a rolling programme of maintenance and new items and equipment purchased for Paddock Lodge.

The registered provider told us they had links in the local community and shared examples of inviting volunteers with the Duke of Edinburgh awards scheme as well as students from a local school to visit the home.

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 Audit tools were not found to be effective. Medication competency assessments were not up-to-date and two incidents had not been reported to the CQC.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Gaps were found in staff training, supervision and appraisal support.