

Lotus Care Management Services Limited

The Villa

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

The Villa is a nursing home providing personal care to 32 people at the time of the inspection, some of whom were living with dementia. The service can support up to 38 people in an adapted building.

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

People could not be assured the environment would be safe as the provider had not taken necessary action to carry out remedial work as identified in their own fire risk assessment. The undertaking of quality assurance checks did not identify areas where improvements were needed. Window restrictors were not tamper-proof placing people at risk of potential harm.

People could not be assured by the systems in place to assess and manage their safety. Accident and incidents were recorded and reviewed; however, the provider had failed to act after a resident had suffered a number of similar falls.

People's care plans were reflective of their current needs.

People were supported by enough staff who supported them in a timely manner and staff members received training on how to keep people safe from the risk of abuse.

People's medicines were managed effectively.

We found there was a positive culture shared between staff to promote good outcomes for people.

Managers and staff were open and honest. People, their relatives and staff had the opportunity to make changes to the service.

Staff worked in partnership with other 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 26 February 2019).

Why we inspected

We undertook this focussed inspection due to concerns shared with us by the fire safety department. They raised concerns about the lack of management of fire systems to ensure the safety of people in an emergency. 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 deteriorated to requires improvement.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe, maintaining a safe environment and the provider's monitoring of the provision of care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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.
Full details are in the safe section below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Full details are in the safe section below.

Requires Improvement ●

The Villa

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

This inspection was completed by two inspectors.

Service and service type

The Villa is a 'nursing home'. People in nursing 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 Villa 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.

Notice of inspection

This inspection was unannounced; however, we telephoned the provider from outside the home because of the risks associated with Covid-19. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and we spent time in the communal area observing the support people received. We spoke with nine staff members including the registered manager, deputy manager, nurse, support workers and domestic staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included seeking evidence regarding the actions they took to remove the immediate risks to people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, learning lessons when things go wrong.

- The provider had a fire risk assessment carried out 19 August 2020, however, not all the remedial actions identified in the assessment had been carried out. The risk assessments action plan had set timescales for this work to be completed within 30 – 90 days. After our visit the provider sent us an action plan to tell us what action they were taking to address the shortfalls we found during the inspection.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors. During the inspection we saw some fire doors had broken closures and some escape routes had no emergency lighting which had not been identified in the providers fire checks. After our visit the provider sent us an action plan to tell us when these shortfalls would be addressed to ensure the safety of the people living there.
- During the inspection we saw restrictors fitted to all windows were not appropriate and could be overcome using basic tools. We shared our concerns with the provider who took immediate action to address them.

This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did have some systems in place to protect people from potential risks. Personalised risk assessments were in place. These covered a range of risks associated with eating and drinking, skin care, mobility, activities and supporting people when they were distressed or anxious.
- We looked at During the inspection we saw accident records that showed a person had sustained a number of falls. Discussions with the registered provider confirmed they had not taken any action to review the person's risk assessment or take any action to obtain advice or support from any healthcare professionals, to reduce further risk of falls. The provider acted immediately and introduced new equipment to reduce the risk of further incidents.
- Although the provider had systems in place to review accidents and incidents and investigated to identify ways of preventing them from happening again, this was not robust and had failed to address repeated falls by one person using the service.
- The provider showed us records of checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment that had been carried out by registered contractors as required by law.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe living at The Villa, one person said, "I feel very safe living here."
- The provider had policies and procedures in place to support staff's understanding about how to safeguard people from the risk of potential abuse.

- Staff had received training in recognising the signs of abuse and the procedures to follow if they had concerns. A staff member told us, "If I had concerns, I would report them to my line manager and if I felt I was not listened to I would report them to the local authority directly."

Staffing and recruitment

- Staff were recruited safely. Staff recruitment files included checks on their identity, character, and work history. Staff employment was subject to satisfactory disclosure and barring service (DBS) clearance.
- On the days of our inspection we observed there were enough care staff to meet people's needs and call bells were answered, so people did not have to wait too long for support.
- The provider had a tool to assess the number of staff required, based on people's support needs

Using medicines safely

- Medicines were managed by qualified nurses who received regular competency assessment to ensure their skills were up to date.
- We observed medicines were stored in accordance with the pharmaceutical manufacturers' guidance.
- People told us they received their medicines as directed by the GP and the records we looked at confirmed this.
- Nurse's took responsibility for administering medicines and we observed they did this with patience and kindness.
- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were assured that the provider's infection prevention and control policy were up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw bins in use for the disposal of personal protective equipment that were either open or hand operated which increased the risk of cross infection. We shared the concerns with the provider who took immediate action to replace them.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. During the inspection we saw that visitors to the home were not following the homes policy. We shared our concerns with the provider. After the inspection the provider advised us that they were writing to all the families to re-enforce the visiting rules to ensure the safety of the people living there.
- 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 somewhat assured that the provider was using PPE effectively and safely. During the inspection we saw some staff failing to wear PPE correctly which could increase the risk of infections being spread. We shared our concerns with the provider and after the inspection the provider advised us that they would be addressing this with staff and increasing monitoring to ensure this ceased.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider had a quality monitoring system in place to monitor health and safety at the home. This consisted of a set of internal audits. However, these had failed to identify that remedial work identified in the fire risk assessment had not been carried out.
- The provider had systems in place to review accidents and incidents to identify ways to prevent a re-occurrence. This had failed to identify the need to act after a person using the service had fallen several times in similar circumstances.
- The service was not maximising opportunities to continuously learn and improve because the current monitoring systems were not identifying areas where improvement was required.

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

- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- People had care plans that were fully personalised to reflect their needs, wishes and choices.
- People had been consulted about their wishes regarding their end of life care.
- People were invited to take part in meetings to discuss their opinions and wishes around the care provided to them.
- People were regularly given satisfaction surveys to complete and the provider used these to plan how care was provided. We saw an example where a person had requested to grow vegetables in the grounds had resulted in raised beds being built for them and others to grow vegetables

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

- The provider offered opportunities to people to give feedback on the service they received, we saw evidence that this information was used to plan changes to the service. People using the service had recently asked about day trips as the pandemic had resulted in one being cancelled. Staff told us that they

were now planning a trip to the seaside later in the year.

- Staff told us they had staff meetings, and these were used as an opportunity to share their thoughts and views whilst receiving feedback and updates about the service.
- A staff member told us, "I know if I had any ideas about someone's care needs, I could approach (registered manager) and I would be listened to."

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The service worked closely with the local health professionals as they carried out regular visits to the service.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to carry out remedial work identified as required in their fire risk assessment. The provider had failed to install appropriate window restrictors that were tamper proof
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers governance systems had failed to identify that work identified as required in the fire risk assessment had not been carried out, The Provider had also failed to take action after a resident had a number of similar accidents. The providers fire safety checks had failed to identify faults with fire doors and emergency lighting.