

## Colourscape Investments Limited

# The Lodge

### Inspection report

The Lodge Residential Care Home  
Heslington  
York  
North Yorkshire  
YO10 5DX

Tel: 01904430781

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24 September 2020

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23 November 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

The Lodge is a residential care home providing personal care to 19 older people and people with a dementia related condition at the time of our inspection. The service can support up to 30 people.

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

Improvements had been made and people received an effective service, from staff who were responsive to their needs. Staff assessed risks to people's safety and well-being and acted to mitigate these. However, there were still aspects of environmental safety that needed further improvement. These had not been identified in the regular checks and audits that were conducted. The provider took prompt action to address the issues we found at this inspection.

Care plans and risk assessments had improved and contained information that enabled staff to provide care in line with people's preferences and needs. Staff were more knowledgeable about people's needs and ensured people were able to access the support of health care professionals and specialists when needed.

People received appropriate support with their nutrition and hydration. Mealtimes were calm and organised. Continued attention was needed to ensure monitoring records were always completed in a timely and consistent way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a new registered manager in post and staff felt positive that management was now more consistent. This helped them feel clearer about their role and expectations.

The provider was no longer in breach of legal requirements and improvements had been made to the care provided, but further work was required to ensure quality assurance processes effectively identified and addressed concerns about all aspects of the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for this service was requires improvement (published 17 April 2020) and there were multiple breaches of regulation. Because the provider was rated inadequate in at least one domain for two consecutive inspections, they were placed in 'special measures'. This means we keep the service under review and, if we do not propose to cancel the provider's registration, we re-inspect within six months to check for significant improvements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

We carried out an unannounced comprehensive inspection of this service between 4 December 2019 and 7 January 2020. Multiple breaches of legal requirements were found.

We undertook this focused inspection to check the provider now met legal requirements. We looked at the Key Questions Safe, Effective and Well-led, as these were the areas of most concern at the last inspection. Therefore this report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (Caring and Responsive) were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work with the local authority to monitor progress. 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

#### Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 announced on the day of inspection. We called the service shortly before we visited to assess, plan and minimise infection risks in relation to coronavirus.

#### What we did before the inspection

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

#### During the inspection

We spoke with three people who used the service. We spoke with the registered manager, deputy manager and a care worker. We made observations of the care provided.

We reviewed a range of records which included five people's care records, monitoring charts and medication records. We looked at a staff recruitment file and records in relation to staff induction, training and supervision. We also reviewed a variety of records relating to the management of the service, including quality assurance audits, policies and procedures.

#### After the inspection

After the site visit we spoke to a visiting health professional by telephone to discuss their experience of the service. The Expert by Experience telephoned relatives to gather their feedback; we spoke with ten relatives. We telephoned a selection of staff and spoke to an additional three care workers.

We continued to review records and seek clarification from the provider to corroborate evidence found. The provider sent us updates about actions they had taken since the site visit.

# 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 continued to be 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.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Although improvements had been made since our last inspection and there was no longer a breach of legal requirements, some aspects of environmental safety still needed to improve further, to ensure systems were as robust as possible and consistently applied. For instance, we identified issues with window safety, an electrical socket and loose panels in two radiator covers.
- Care plans and risk assessments had improved and contained information about the measures for staff to follow to keep people safe.
- Staff followed risk assessments and were attentive to people's safety. This included risks in relation to mobility, pressure care and nutrition.
- Relatives confirmed they felt their loved ones were safe at The Lodge. One relative told us, "I do feel [my relative] is safe; the staff are very organised, clean and attentive, they also have a great attitude."
- The registered manager took immediate responsive action to address the environmental safety risks we found during our visit.

Using medicines safely

- Improvements had been made to medication systems and people received their medicines as prescribed.
- Staff who supported with medicines completed training and had their competence checked.
- There were protocols for any medicines prescribed for use 'as and when' required and we observed staff checking if people required any pain relief.
- Some prescribed creams were inappropriately stored and the deputy manager took prompt action to relocate these and remove any old stock.

Staffing and recruitment

- At the last inspection sufficient staff were available, but they were not always skilled and knowledgeable. At this inspection, we found staff knowledge and skills had improved. Staff had a good understanding about

the people they cared for, and how to support them in line with their needs and preferences.

- A dependency tool was used to calculate the number of staff required. There were sufficient staff available to attend to people in a timely way.
- Safe recruitment procedures were followed.

#### Preventing and controlling infection

- The home was generally clean, but further attention was needed to ensure all bed linen and equipment was consistently clean and hygienic.
- The provider was taking action to replace flooring in a room where there was some malodour; this work was finished shortly after our inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- The provider had a safeguarding policy and referrals were sent to the local authority safeguarding team when required.
- Staff were aware of indicators of potential abuse and knew to report any concerns.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to ensure contemporaneous records about people's care were robustly maintained. This was continued breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care plans contained relevant information about people's needs and preferences. This included needs and risks in relation to health conditions. Care plans were regularly reviewed.
- The provider assessed people's needs prior to admission to the service, to ensure they could meet people's needs.
- Staff completed daily records and monitoring charts to document the care they provided.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff received support, training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training and supervision to support them in their roles. The provider checked staff knowledge and competence, including during supervision and handover meetings.
- Staff knowledge about people's specific health needs had improved. This included their knowledge of people with diabetes and those at risk of pressure ulcers. A visiting healthcare professional told us staff knew people well.
- Staff were satisfied with the training they received and felt they could ask for more guidance or training if they needed it.
- Relatives told us, "The staff I meet are good" and "The staff do appear to have the skills needed to care for [my relative]."

Supporting people to eat and drink enough to maintain a balanced diet

- People received food and drinks in line with their dietary requirements. Improvements had been made and sustained; staff were aware of people's dietary needs and any special diets.
- Mealtimes were more organised and staff ensured people had the support they needed. Adapted crockery was available for people who needed it.
- Staff completed food and fluid intake charts, to monitor that people had enough to eat and drink. We noted inconsistencies in one person's fluid records, as the electronic record wasn't up to date or consistent with paper records. The registered manager agreed to ensure they continued to focus attention on ensuring these were consistently and promptly completed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People continued to have access to health care professionals when needed. There was a dedicated GP for the home who had regular contact with people.
- Care plans contained information about people's health needs.
- A visiting healthcare professional told us, "Staff are good at contacting me promptly if they have any concerns. They do follow up on any advice I give them. Staff always seem to pass things on and communicate."
- A relative confirmed to us, "[Staff] have contacted us if there have been any changes or if [my relative] needs to see the GP."

Adapting service, design, decoration to meet people's needs

- There was one main large communal area and other smaller places for people to sit if they preferred somewhere quieter.
- Relatives felt the environment suitable for people's needs and described it as, "Homely" and "Cosy."
- There was a lift and mobility equipment available.
- There continued to be an action plan to address areas that required attention or on-going maintenance. This action plan did not include all of the environmental safety issues we found on our inspection, as referred to in the Safe section of this report. Following our feedback, the registered manager introduced additional checks to help identify any issues more consistently.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider had a system in place to monitor DoLS applications that had been made for people who lacked capacity to consent to their care.
- People were supported to make choices and decisions.
- The provider retained evidence where people had a Lasting Power of Attorney for health and welfare, to ensure that only those with appropriate authorisation made decisions on people's behalf.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management 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

At the last inspection the provider failed to ensure systems were robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new manager had started working at the service since our last inspection and had registered with CQC.
- Staff felt positive that management was now more consistent, and this helped them feel clearer about their role and expectations. The registered manager was supported by a deputy manager.
- Relatives told us they had had limited contact with the registered manager so far.
- Quality assurance processes and audits were completed. These had been effective in making some improvements and ensuring the provider was now meeting legal requirements. This included improvements in relation to people's care and dignity, improvements in staff knowledge and more person-centred care plans. There were, however, still issues that had not been picked up in the audits, mainly in relation to the environment, cleanliness and safety. In some audits there was not always a clear record of what action had been taken in response to identifying shortfalls. Some monitoring records still needed further improvement to ensure consistency. Further work was needed to demonstrate the consistent, sustained improvement required for a Good rating.
- The registered manager made some changes to audits and introduced additional checks in response to our feedback.

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

At the last inspection the provider failed to provide person centred care and support to meet people's needs. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 9.

- Teamwork had improved. Staff told us they worked well together and we observed staff worked in a co-ordinated way to meet people's needs.
- Care delivered was more person centred and staff promoted people's dignity and well-being.
- Work to improve and maintain the quality of care plans and risk assessments was on-going.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood requirements in relation to the duty of candour and ensured relatives were kept informed about significant events.
- The provider also complied with their legal responsibility to notify the CQC about incidents that affected people's safety and welfare.

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

- Meetings were usually held with people, staff and relatives to give opportunities to feedback about the service. The coronavirus pandemic had affected the provider's ability to host some of these meetings, but relatives felt that they could speak to staff and were kept informed.
- The pandemic had also impacted on community engagement, and visits from schools and organisations, but the provider had developed systems to maintain social contact with families. They also worked in partnership with other health and social care organisations.