

Bondcare (London) Limited

# Derwent Lodge Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Derwent Lodge Care Centre is a care home with nursing for up to 62 older people, some who may be living with the experience of dementia. At the time of the inspection, there were 61 people living at the service. The accommodation was on three floors in separate 'units' (Diamond, Rainbow and Star) each with a dedicated team of staff.

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

At this inspection we only looked at some aspects of the service and have not made judgements about other areas.

We identified a small number of concerns, which included people being able to access to potentially unsafe areas within the home, including a room containing lift machinery. The staff secured these areas promptly during the inspection. Following our visit, the deputy manager assured us they had spoken with staff to remind them to always make sure the environment was safe. There was no indication anyone had been harmed.

There had been improvements at the service. In particular, we found medicines were managed in a safe way and there had been improvements to infection prevention and control.

Risk to people's safety and wellbeing were assessed and planned for. The staff responded appropriately following changes to people's needs, when new risks were identified and after accidents and falls. They worked closely with other healthcare professionals to make sure people received the care and support they needed.

There were appropriate systems for dealing with safeguarding alerts and complaints. The provider was open and transparent making sure they shared information about how they investigated these and the outcome of their investigations. The staff learnt from things that had gone wrong through regular team and individual meetings and reflective practice with the registered manager.

There were effective systems for auditing the service, including regular clinical meetings where people's needs were discussed. The registered manager worked closely with the staff. They had regular contact with relatives and other visitors making sure they updated them with relevant information and asked for their opinions.

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (Published 10 March 2020). Following this inspection, we issued warning notices in relation to safe care and treatment and good governance. The provider completed an action plan to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 February 2020 (published 10 March 2020). Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is the service Safe?' and 'Is the service Well-led?'

The ratings from the previous comprehensive inspection for the key questions 'Is the service Effective?', 'Is the service Caring?' and 'Is the service Responsive?' were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. 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 Derwent Lodge Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to continue 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Derwent Lodge Care Centre

## 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, an assistant inspector and a member of the CQC medicines inspection team.

#### Service and service type

Derwent Lodge Care Centre 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 unannounced.

#### What we did before the inspection

We looked at all the information we held about the provider including the last inspection report, the provider's action plan, notifications of significant events and information we had received from members of the public. We also spoke with the quality assurance lead from the London Borough of Hounslow to ask for their feedback.

#### During the inspection

We spoke with staff on duty, who included nurses, nursing assistants, care assistants and the deputy manager. We also met the area manager and area clinical lead, who both supported the service. The

registered manager was on leave; however, we spoke with them on the telephone and gave them feedback about our findings.

We looked at care records and risk assessments for people using the service, staff recruitment files and records the provider used to manage the service, such as records of complaints, audits, safeguarding alerts and meeting minutes. We inspected how medicines were managed. We carried out a partial tour of the environment, including an audit of infection prevention and control.

After the inspection

The provider sent us further information which we reviewed. This included information about how medicines were managed. We also spoke with regional manager over the telephone to discuss our findings and action the provider had taken.

# 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 improved to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection, we identified medicines were not always managed safely. 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 there had been enough improvements, and the provider was no longer breaching this part of Regulation 12.

- Medicines including controlled drugs (CD's) were stored securely. The staff monitored and recorded room and refrigerator temperatures where medicines were stored. The temperatures were within the required range.
- We observed staff give medicines to people in the morning. The staff were polite, gained permission and then gave medicines to people. They signed for each medicine on the Medicine Administration Record (MAR) after giving it.
- At this inspection we found MARs were appropriately signed by the staff and there were no gaps. Also, where staff members had hand written MARs, these were checked and signed by two members of staff.
- There was information in people's care plans to help the staff monitor or manage side effects of high-risk medicines such as anti-coagulants and insulin.
- Some people were prescribed medicines to be taken on when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff give these medicines consistently.
- There was a process in place to report medicine incidents and errors. Regular medicine management audits were carried out to make improvements.

### Preventing and controlling infection

At the last inspection, we identified systems for preventing and controlling the spread of infection were not always operated effectively. 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 there had been enough improvements, and the provider was no longer breaching this part of Regulation 12.

- The provider had appropriate systems for managing infection prevention and control. These had been reviewed and updated in line with best practice guidance for managing services during the Covid-19

pandemic.

- There were enough supplies of Personal Protective Equipment (PPE) for staff and visitors. The staff had training about this, and we saw them using PPE correctly. The provider checked the temperatures of people using the service and staff daily so they could identify any signs of potential infection. They also checked the temperatures of all visitors to the service.
- People using the service were offered seasonal flu vaccinations. The provider advised staff to contact their GP so they could be vaccinated. The registered manager kept a record of all healthcare infections and how people were being supported with these. There were regular clinical meetings to discuss how best to support people and evidence of regular consultation with external healthcare professionals to make sure people received the care they needed.
- There were suitable cleaning schedules which included making sure equipment was clean and well maintained. People had their own assigned equipment, for example equipment used to help them move, to minimise the risk of cross infection. The staff undertook regular audits of infection prevention and control. They addressed any identified concerns promptly.

#### Assessing risk, safety monitoring and management

- When we first arrived at the service, we found doors to a sluice room, a room containing lift operating equipment and a cupboard containing medicines were unlocked and open. This posed a potential risk as people using the service could access these areas where there were hazards. A short time later the doors were secured and remained so for the rest of our visit. The staff were aware these doors should have been kept locked shut and we discussed our findings with the deputy manager who agreed to ensure staff were more vigilant in the future. They contacted us after the inspection to tell us they had spoken with all the staff about this. We were assured the provider had taken steps to reduce the risk of this happening again.
- There were systems to ensure a safe environment. These included checks on equipment, electricity, gas and water safety. There was a fire risk assessment and staff had been trained so they knew how to safely evacuate people in an emergency. There was information about each person to describe the support they would need in event of a fire or another emergency evacuation.
- The staff assessed risks to individual people. These assessments included looking at their healthcare needs, nutritional risks, moving safely and falling. The assessments were clear and included information about how to keep people safe and reduce the risk of harm. They had been regularly reviewed and updated. Risk assessments linked closely to people's care plans so that when a specific need had been identified this was assessed and planned for.

#### Staffing and recruitment

- The provider had appropriate systems for recruiting new members of staff. These included a range of checks on their suitability. Records were kept on staff recruitment files. We identified some information, in a staff file, about an issue which could pose a potential risk. Whilst the provider had discussed this with the employee and satisfied themselves that there was no risk, they had not recorded this process clearly, by assessing the risk and putting in place measures to mitigate this. We discussed this with the management team, and they agreed to complete an appropriate risk assessment for this situation and in the future if needed.
- All new staff undertook an induction to the service which included training, shadowing experienced staff and competency assessments. Therefore, the provider assured themselves the staff were suitable and had the skills needed to work in their roles.
- There were enough staff employed to care for people and keep them safe. People did not have to wait for care and the staff had enough time to carry out their duties safely.

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



- There were appropriate systems to safeguard people and protect them from abuse. These included policies and procedures which were regularly updated, information for people using the service, staff and visitors and regular staff training.
- The provider had responded appropriately when there had been allegations of abuse. They had reported these to the local safeguarding authority and worked with them to investigate concerns and protect people from further harm.

#### Learning lessons when things go wrong

- The provider had effective systems for learning when things went wrong. They analysed and recorded all adverse events, including incidents, accidents and complaints. The registered manager had a good overview of these and regularly met with other senior staff at the service to discuss concerns and how to respond to these.
- We saw clear action plans when concerns were identified for the service in general and in respect of individuals, for example following a fall or a change in weight. Care plans were reviewed and updated with information and incidents were discussed in team and individual staff meetings to make sure there was a consistent approach to people's care.
- The provider undertook regular audits of different aspects of the service. Whenever concerns were identified they created plans to describe the actions needed for improvement.

# 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 now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection, we identified systems and processes for monitoring and improving the quality of the service were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found there had been enough improvements and the provider was no longer breaching Regulation 17.

- The provider had made improvements at the service regarding medicines management, infection prevention and control and quality monitoring. Following the last inspection, we issued warning notices because the provider had been in breach of regulations relating to safe care and treatment and good governance for repeated inspections. At this inspection, we found they had met all the outstanding actions and had systems in place to maintain improvements.
- There were effective systems for monitoring the quality of the service. These included audits, regular meetings, assessment of risks and clear action plans for areas where problems were identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service were happy there. There was a relaxed atmosphere, and people were supported to take part in a range of different activities. There were regular visits from friends and families. Because of the Covid-19 pandemic the way in which visitors were received had been changed. Visits took place by appointment in the home's garden following social distancing guidelines. The registered manager told us they were considering how to support visits as the weather changed and when garden visits were no longer possible.
- People's care was personalised and information about their needs was recorded in individual care plans. Staff knew people well and were able to meet their individual needs.
- The provider asked people using the service, staff and other stakeholders for their opinions about the service through individual discussions, meetings and annual satisfaction surveys.

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 provider had a range of policies and procedures including dealing with complaints and duty of candour. We saw the registered manager had been open and transparent when things went wrong, communicating with complainants and involving them in making improvements to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was appropriately qualified and experienced. They worked closely with the staff team and were familiar with the needs of individual people living at the service. They had introduced systems and processes which had improved the overall quality of the service.

Working in partnership with others

- Representatives of the local authority told us the registered manager worked with them and ensured they had the information they needed to monitor the service.
- The staff worked closely with other healthcare and had regular meetings with them to make sure people's individual needs were being met.