

Derby Lodge (Preston) Limited

Derby 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?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Derby Lodge provides residential care for up to 23 adults with learning disabilities, autism, physical disabilities and younger adults. Derby Lodge is a large property with a variety of communal spaces and gardens. In addition there are six separate flats for people to access to develop skills and promote independence.. At the time of this inspection there were 21 people living in the home.

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

The service was not always well-led. We could not be assured the registered provider understood their roles and responsibilities to keep people safe and provide a quality service. The provider has failed to be compliant with Regulations since 2016.

People were not always safe. Fire drills had not been completed with sufficient thoroughness to assure us staff understood the homes fire evacuation procedure. We made a referral to the Fire safety service who have made some recommendations, which the registered manager and provider were committed to following.

People living at Derby Lodge told us they were very happy living in the home. Interactions between staff and people living in the home were friendly and respectful. Relatives told us they were very happy with the care people had received and praised the improvement made in people's quality of life.

People were helped to keep safe from abuse and avoidable harm by trained staff who could recognise and report any concerns. Safeguarding procedures had been followed thoroughly.

People received care from trained staff. Staff felt confident they had received enough training to support people with personal care effectively.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. The model of care is a large residential home, staffed to meet people's needs and preferences, but which does not allow for regular individual support for people to follow their

choices of activity or to develop their skills. However, the home sought to mitigate the impact of this by ensuring people's care plans were person centred and reflected their experiences and wishes. Some people living in the home had taken a lead role in supporting people to express their views. There were six flats available for people to live more independently. There was the potential for these to be used to promote more independence.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published November 2020) there was a breach of the regulations in relation to safe care and treatment. At this inspection the service remains requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate 

The service was not always Well-Led

Details are in our Well-Led findings below

Derby 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

This inspection was completed by one inspector and one Expert by Experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Derby 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

We announced the inspection on the first day. This was because we wanted to ensure it was safe to visit during the current pandemic.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service. We sought feedback from the local authorities and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with the registered manager and the provider. We reviewed a range of records, including; recruitment files, rotas, medicine records and care records for four people. We toured the premises, reviewed the homes maintenance records and fire safety procedures. We spoke with seven members of staff including care staff working on days and nights and senior care staff. We observed staff interactions and spoke with some of the people living in the home.

After the inspection

We continued to seek clarification and feedback from the registered manager and provider.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk was not consistently assessed and managed. The fire risk assessment was not available during the inspection. This was sent to us later. Some recommendations in the fire risk assessment had not been fully met. Fire drills had not been recorded with enough detail to provide assurance the home could be safely evacuated if there was a fire.
- Staff we spoke with were unable to describe the homes fire evacuation plan. We discussed our concerns with the registered manager and the provider. They responded immediately and contacted a fire risk assessor to review their procedures.
- We made a referral to the fire service to seek assurance the fire procedures within the home were suitable and sufficient.

We recommend the provider ensures fire safety procedures reflect current guidance and are consistently monitored and assessed.

- Risk assessments and management plans helped ensure people were supported to be safe. Care records we looked at showed risk assessments had been completed in relation to personal care needs. Staff understood the risk assessments and how to support people safely.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was an ongoing 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 enough improvement had been made and the provider was no longer in breach of regulation 12.

- We looked at several people's medicine administration records and found they were accurate.
- We saw where people needed to have medicines prior to food or with food this had been recorded in the medicine administration records.
- We saw controlled drugs had been recorded and administered in line with best practice guidance. Stocks of controlled drugs were recorded accurately.

Systems and processes to safeguard people from the risk of abuse

- The providers safeguarding policies helped protect people from the risk of abuse.
- Staff had received training and were knowledgeable about what might be a safeguarding concern. Staff said they could report any concerns and felt confident these would be addressed by the management team.
- The safeguarding log included concerns which had been reported and details of the outcome of any

internal investigations.

Staffing and recruitment

- The provider had clear recruitment policies in place which helped ensure staff were suitable to work with vulnerable people.
- We looked at the recruitment files for three staff and found pre employment checks had been completed prior to staff starting work. One record we looked at lacked enough detail in relation to pre-employment checks. We discussed this with the registered manager who provided additional information after the inspection.
- Staff we spoke with felt staffing levels sometimes meant they were busy. However, staff felt they were able to support people safely.

Learning lessons when things go wrong

- The provider had a system in place to learn lessons from incidents. We looked at a recent incident which showed an investigation had been completed and actions had been taken to avoid it happening again.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Information and advice from health professionals had been included in care records. We found on some occasions the provider had summarised advice in a simple word document and the original letters from other professionals had been archived. It was difficult to know who had provided the information and when. The registered manager sent us copies of the original letters after the inspection.
- Information about people's health needs had been recorded, however we did not find any information about health screening, such as mammograms, cervical screening or prostate screening. The registered manager sent us copies of some letters after the inspection. We were assured people were being supported to access screening.
- Relatives we spoke with felt confident people were supported to access health care. One person said "If we notice anything we just mention it to the staff and they get the doctor in."

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

- There were effective assessment procedures in place. Care records we looked at included person-centred assessments of people's needs and preferences.
- Care plans had been updated in response to any changes.
- Staff said they were able to refer to care plans and any updates were discussed regularly.

Staff support: induction, training, skills and experience

- Staff had received training regularly and said they felt confident they had the skills to support people effectively. The training matrix showed training was up to date. However, we found though fire training had been up to date staff had not understood the evacuation procedures. We have addressed this in the safe domain of this report.
- Staff said they received supervision regularly. Supervision is a one to one meeting with a senior staff member to discuss what is going well and what might be improved. Staff also felt they were able to seek advice at any time and felt well supported.

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

- People were supported to eat and drink a balanced and varied diet. Menus offered different options at each mealtime.
- People who had specific dietary needs were supported to follow them.
- The cook was knowledgeable about people's dietary needs and preferences.

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

- The home had a few communal areas on the ground floor.
- We looked at some people's bedrooms, with their permission. We saw people's rooms were highly individualised and were furnished and decorated to a good standard. No two rooms looked the same.
- Bathrooms had accessible bathing and showering facilities.
- Six of the bedrooms were small flats where people could have more independence if they chose to. At the time of inspection no-one was preparing their own meals but some people were making drinks and snacks.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At the time of this inspection no one had a DoLS authorisation in place.
- The provider had assessed people's ability to make particular decisions for themselves and included their findings in people's care records and communication plans.

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 deteriorated to inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Although some improvements had been made, the provider continued to be in breach of Regulations. The home has been rated as requires improvement for six consecutive inspections and has failed to demonstrate compliance since 2016. We could not be assured, therefore, that the registered provider understood quality performance, risk management or regulatory requirements.
- Risks related to fire safety had not been properly identified and managed. Systems and processes to keep people safe in the event of a fire were not robust. The fire evacuation plan lacked enough clarity to guide staff in the event of a fire. This was reflected in the staffs' lack of understanding of the fire evacuation procedure. People were exposed to the risk of harm.
- Records had not always been readily available for us to view during the inspection. Though some records were provided after the inspection site visit there remained a lack of robust oversight of people's information.
- Although the provider had a comprehensive auditing system in place, this was not always effective. The auditing system had failed to identify areas of concern within the fire risk assessment had not been completed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager ensured staff were clear about their care roles. Handover meetings each day provided up to date information about people living in the home and ensured staff knew what support people needed.

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

- People we spoke with as we looked round the home told us they were very happy and loved being there. Relatives we spoke with confirmed this. Their comments included; "I wouldn't have them anywhere else; it is like one big happy family" and "I can't speak highly enough of Derby Lodge. I could not want a better place, they're kind, nice and caring." and "We are more than happy, [name] has done so well since being there."

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 their responsibilities in relation to the duty of candour. Any notifiable incidents had been reported to the appropriate organisations, including CQC and the local authority safeguarding.
- Relatives told us; "They keep us well-informed." and "They let us know of any concerns right away"
- We saw the outcome of a recent investigation into a complaint where staff were provided with opportunities to raise their concerns. Staff said there was an open atmosphere in the home and they were not concerned.

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

- The registered manager engaged with people living in the home, their relatives and the staff, in a variety of ways. This included; questionnaires and surveys. The pandemic has had an impact on this. However, people we spoke with felt they had been consulted with.
- Relatives felt they were kept up to date, and comments included; "They ask me what I think every time I visit." and "They will send me a letter to update me."
- Team meetings were held regularly, staff felt able to raise any issues they needed to. Staff also said they had regular informal meetings and updates with the management team. Minutes we looked at included a range of topics and staff participation was evident.
- The registered manager had set up a forum for staff to share their concerns and views. This had been in response to some concerns raised about possible bullying. Staff told us they were happy with the forum and had no concerns. One staff said, "I think they are useful; it gives you a safe space to talk about things. Senior staff have been very supportive."

Continuous learning to improve care; working in partnership with others

- The registered manager was a member of a local managers forum where ideas were shared, and opportunities provided for managers to learn from others experiences and consider any improvements which could be applied.
- Some opportunities for learning had been affected by the Covid19 pandemic.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes identified failings in the service. Risks related to fire safety had not been properly managed.</p>