

Bideaway Homes (2) Limited

Southview Lodge

Residential Care Home

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

About the service

Southview Lodge is a residential care home providing personal care and accommodation. At the time of the inspection 27 people were living at the home. The service can support up to 30 people. All bedrooms and communal areas are accessible on the ground floor. There is a large secure garden with an outdoor seating area and ample car parking.

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

People and their relatives felt the home was safe. Staff had received safeguarding training and were able to identify types of abuse and they knew how to raise concerns. However, we found environmental risk assessments were not robust enough to monitor areas of potential risk. The registered manager had not carried out regular health and safety audits. People's care plans and risk assessment had been considered, however they had not always been updated when needs had changed, such as following a hospital discharge. Accidents and incidents had been recorded and people had received medical attention where required. However, there was no accident and incident audit to identify themes and trends to assist in lessons learnt.

Medicines were not always managed safely, this included inconsistencies to medicines administration records (MARs). Some of the records we reviewed had not been signed to show whether people had received their medicines. We found some concerns around the safe storage of medicines. There were no protocols for 'as required' medicines and there were no risk assessments in place for people who were self-administering creams.

The provider did not have effective recruitment procedures to ensure suitable staff were employed in the home. Employment references had not always been obtained and staff had started work before the Disclosure and Barring Service clearance. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The registered manager was open and transparent during the inspection process and the home had visions and values displayed. Staff said the registered manager was very supportive. However, the governance system at the home was not robust. The system did not proactively monitor areas where the care delivered was not safe or meeting standards. The registered manager was not always aware of shortfalls in the home, due to a lack of robust audits and quality assurance systems. Regular audits had not been undertaken in several areas including medicines, health and safety, care records, accident and incidents. The policies and procedures were not up to date with current legislation and best practice guidance.

Records related to consent for care were completed for people with capacity and people told us they were always offered choice and control over the care they received. The provider had systems and procedures for seeking DoLS authorisations. However, these were not consistently followed.

Staff had received an induction and ongoing training, supervision and appraisals. People were supported to eat nutritionally balanced diets and their choices and preferences were considered. The registered manager and the provider had maintained the premises to a high standard and there was adequate space inside and outside the home. People had prompt access to professionals when required.

People told us they were treated kindly and with respect. We saw caring interactions between staff and people. Staff were aware of peoples' needs. Privacy and dignity were observed during personal interactions.

People were supported with meaningful activities. People were aware of how they could raise a concern or complaint if they needed to. While the complaints policy was not readily available on display a suggestion box was provided for people to raise concerns. No complaints had been received.

No one was receiving end of life care. Improvements were required to the systems for supporting people to plan for end of life care. End of life care records were not robust. Following the inspection, the registered manager and provider gave us assurance that they would introduce robust systems for monitoring the home and to improve their policy and procedures.

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 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the relevant key questions sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to seeking consent, safe care and treatment, good governance and fit and proper persons employed at this inspection. Please see the actions we have told the provider to take at the end of the report.

Follow up

We will request an action plan for 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Southview Lodge Residential Care Home

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 undertaken by two inspectors and one 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 service.

Service and service type

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

The service has 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the owner, nominated individual, registered manager, deputy manager, senior care workers, care workers, activity coordinator and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three 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 nominated individual to validate evidence found. We spoke with three professionals who regularly visit the service.

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 now 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

- People were not adequately protected from risks of harm because the arrangements for assessing and monitoring were not robust and consistent. The provider did not always undertake risk assessments to reduce the possibility of potential harm or exposure to harm. For example, systems for monitoring the risks associated with scalding from hot water were not robust as up to four rooms and two toilets or bathroom were checked out of 27 bedroom per month. In addition, one person had been exposed to the risk of a wardrobe toppling on them. This risk had not been identified or dealt with. There was no regular ongoing health and safety audits taking place.
- In some cases, staff had identified risks and plans had been put in place to reduce the risks. However, this was not always consistent, as we found on occasions when people had been discharged from hospital the risk assessments had not been updated to reflect people's current needs.

There was a failure to assess risks to the health and safety of service users. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal evacuation plans were in place to support people in the event of a fire. Service certificates were seen including legionella, gas, electric installation and hoists.
- Following the inspection the nominated individual gave assurance that all hot water points were being checked on a monthly basis.

Using medicines safely

- Peoples' medicines were not always managed safely because staff did not always follow safe and best practices guidance in relation to medicines management, storage and administration. Medicines administration records for medicines such as topical creams and laxatives were not always signed to demonstrate people had received their medicines. We could not be assured people received their medicines as prescribed. In addition staff did not always check to see if medicines were in date for example one person was using an inhaler which should have been discarded after 5 months from first use, in line with manufacturers guidance. Staff had continued to administer the inhaler three months after the recommended timescale. We could not be assured that the medicine would be effective and suitable and safe to use.
- Medicine storage practices were not robust. Room temperatures where medicines were stored had not

been monitored to ensure temperatures were maintained as manufactures recommended, to prevent medicines from deterioration. In addition the storage of control drugs and the security of the keys were not robust. We also found a 10mg MST tablet which had been stored in a 5mg MST packet, which can result in the risk of people potentially receiving the wrong dosage of prescribed medication.

- There was no guidance on how to administer medicines prescribed as 'when required.' These are required to ensure people are offered their medicine and to support people who cannot ask for their own medicines, due to cognitive needs. In addition, people who administer their own medicines, such as creams had not been assessed to check if they were able to do so safely.
- The registered manager had not carried out regular medicines audits to monitor practices and identify any shortfalls in the way medicines were managed. Following the inspection, the registered manager and the owner informed us they had resolved the concerns around medicine security and arranged audits to be carried out.

There was a failure to manage people's medicines safely. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received medicines training and their competencies had been checked .

Staffing and recruitment

- The provider had not followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting. Records showed recruitment checks had not been undertaken before staff could work with people in the home. Staff had started work before relevant pre-recruitment checks, such as disclosure and barring (DBS) checks and character references had been undertaken. All the staff we reviewed did not have references to show how the provider had checked potential staff's suitability.
- The registered manager had not kept records to demonstrate they had carried out employment interviews to determine people's suitability. This meant the systems for establishing staff's suitability were not robust to protect people from unsuitable staff.

This was a failure to operate safe recruitment procedures to check staff suitability. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of the inspection there were adequate numbers of staff to support people in a timely manner. We saw staff responding to people promptly .

Preventing and controlling infection

- People were protected from the risks associated with infections and staff followed infection control and prevention guidance, however some improvements were required in some areas.
- The home was clean and tidy and staff had maintained high standards of hygiene We observed staff using personal protective equipment when assisting people with personal care. The home had an infection control policy and staff had training in this area. However, the registered manager had not carried out regular infection control audits to monitor practices in the home.
- We found waste bins were not foot pedal operated. We spoke with the registered manager and immediate action was taken to purchase appropriate pedal bins.

Learning lessons when things go wrong

- The registered manager recorded accidents and incidents, staff had taken appropriate action to support people when required and referrals had been made. Accident and incidents were reviewed, however they

had not been analysed to identify themes, trends and patterns. Following the inspection, the registered manager reviewed the systems and gave us assurances that accidents and incidents will be audited to monitor for trends and patterns.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Staff had received safeguarding training and were able to identify types of abuse and knew how to raise concerns.
- The home had a safeguarding policy and procedure in place, however the policy was not up to date in line with local and national guidance. Following feedback we received a response from the nominated individual to advise that the recently updated policy had not been uploaded onto the system within the service. They informed us moving forward they would be obtaining a new system to ensure all policies and procedures, including safeguarding were up to date with current guidance. This meant at the time of inspection the policy was not readily available to staff.

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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Peoples' consent had been sought before care and support was provided. There was some evidence of mental capacity assessments having been completed in care records, however they did not specify clearly what decisions the assessment related to.
- The provider had procedures in relation to DoLS applications. However, these were not being consistently followed, as applications had not always been made for those who were being deprived of their liberty for their own safety.

This was a failure to ensure care and treatment was provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home carried out pre-admission assessments which were used to form a plan of care. Staff reviewed and update the care plans regularly. Staff knew people's needs well

- Staff were aware of people's choices and preferences and people confirmed this.

Staff support: induction, training, skills and experience

- Staff confirmed, and records indicated that there was an induction programme and training was ongoing to support staff in their roles.
- Supervision and appraisals were undertaken by the management team
- People felt the staff had the right skills to support their needs.

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

- People were supported to eat a nutritionally balanced diet. Staff were aware of anyone with specific dietary needs and this was supported. People enjoyed the meals provided and gave positive feedback. One relative said, "they encourage [person] to eat more they are very patient."
 - People were offered choices at meal times and people said, "we can always have a different option if we don't like what's on the menu."
- We noted the weighing scales had broken and people's weights had not been recorded or alternative ways of monitoring people sought. Following feedback, the registered manager reported the weighing scales had been repaired and people's weights were being monitored.

Staff working with other agencies to provide consistent, effective, timely care

- People and relatives told us they had access to GPs and other health professionals in a timely manner.
- Care files contained information that confirmed relevant professionals had been involved in reviews of people's health care needs. The home had introduced the "red bag" system which supported people who needed to be admitted to hospital.

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

- The home was adapted to meet people's needs. People had access to all areas both indoors and outdoors including a pleasant secure garden area. People's rooms were personalised with their own items and belongings. The home was nicely decorated and well maintained.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed people who used the service had access to prompt and relevant reviews from professionals and staff followed the guidance provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us the staff were caring. One person told us "The staff are absolutely lovely, all of them." Another person said, "The carers are loyal, sensitive, caring and humorous." And another said, "They are first class, I couldn't wish for better care."
- We observed kind and respectful interactions between staff and people. People received good care. The staff knew people well and were able to support people's needs. One relative said, "There is nothing the staff wouldn't do for my [relative]."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and were involved in making choices about their day to day decisions. Care plans were personalised and highlighted people's routines, such as when they liked to get up or go to bed and people's preferences, likes and dislikes were recorded.
- Care plans were reviewed on a regular basis however, we did not always see people's involvement in reviews of their care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and independence was promoted. Staff were aware of how to promote people's privacy and dignity and we saw privacy and dignity was maintained during personal interactions.
- People said the staff promoted independence and care plans reflected this.
- Documentation was stored securely so that confidentiality was maintained in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records had information about people's individual needs and preferences, however we found that sometimes important information was missing. Individual risk assessments were in place; however, these were not always updated if the person's needs had changed, such as following discharge from hospital. The service had both computerised care records and paper copies. The paper copies which staff had access to had not always been updated with the most current information. We fed this back to the registered manager and the provider immediately purchased another computer for the staff to use, which would ensure care plans and risk assessments were updated in a timely way.
- This risk was mitigated as people's current needs were updated to staff at daily handovers and staff were aware of people's need.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home supported the communication needs of people such as providing large print material. People had care plans around how best to support their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Meaningful activities were taking place within the home; the service employed an activities coordinator. Following feedback from a questionnaire, the home was looking at organising day trips for people.
- The home had good links to the community, though the local school and church and mobile library services.
- Family and visitors had open access to the home and many people we spoke with said how welcoming the home was.

Improving care quality in response to complaints or concerns

- People were aware of how they could raise a concern or complaint if they needed to. People told us the registered manager and owner were very accessible and listened to concerns. People felt if they did raise a concern it would be dealt with appropriately.

- While the complaints policy was not readily available on display, a suggestion box was provided for people to raise concerns. No complaints had been received.

End of life care and support

- At the time of the inspection no one was receiving end of life care. However, end of life care records were not robust. The registered manager advised us that work with the nurse practitioner was to take place to support advanced care planning for people. We did see people had "do not attempt cardiorespiratory resuscitation" documentation in place. On the second day of inspection we saw advanced care plans for people.
- Staff had received training on end of life care.

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 now 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.

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

- The registered manager was not always aware of the failings in the home due to a lack of robust audits and quality assurance.
- The policies and procedures were not up to date with current legislation and best practice. Guidance. Following the inspection, we received assurance by the provider that the policies and procedures were going to be updated with a new system to ensure they supported best practice and current legislation.

Continuous learning and improving care

- The home had some checks in place, but these were not sufficiently robust to have identified shortfalls that we found during the inspection, in the areas of safe care and treatment, managing medicines safely and ensuring safe recruitment

This was a failure to ensure good governance was taking place in the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The home had not been consistently well led. We identified four breaches of regulation. The management team commenced immediate action to address the shortfalls.
- We received positive feedback from staff about the registered manager and the support they provided.
- The home was organised and there was a clear staffing structure. Staff were allocated areas of responsibility and were accountable in different areas of care provision.

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 promoted openness and transparency throughout the staff team. Notifications had been submitted to the Care Quality Commission and safeguarding concerns had been shared with the local authority.
- Relevant certificates and the ratings from the last inspection were on display in the home.

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

- Records we saw showed staff meetings were being held and residents' questionnaires and feedback were acted upon. For example, the home will be looking into arranging day trips for people.
- People and relatives spoke of the registered manager being approachable and accessible. One person said, "If I see something that's not quite right, I'll mention it to the registered manager and it's done." Another person said, "If I've got a query they'll [registered manager] sit down and talk about it."

Working in partnership with others

- Evidence we looked at demonstrated that the home worked in partnership with the wider professional team. Records noted involvement of GPs, opticians, podiatrists and district nurses.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to seek required authorisations when people were unable to consent to their care requirements. Regulation 11 (1) (2) HSCA RA Regulations 2014 Need for consent
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that environmental risks were identified and managed robustly The provider had failed to manage medicines safely. Regulation 12 1,2 (a) (b) (g) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 1,2 (a) (b)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to operate a safe recruitment procedure to check staff suitability.

Regulation 19 (2)