

Fidual Holdings Limited

Loveys Lodge

Inspection report

14 Beresford Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Loveys Lodge is a residential care home providing personal care to up to four younger people who live with a learning disability or autistic spectrum disorder. The service was supporting four people at the time of our visit.

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

Action had been taken to comply with government guidelines in relation to COVID-19; staff used personal protective equipment, such as masks, gloves and aprons. Checks to reduce the transmission of infection from staff and visitors had been introduced. This action had been taken following an infection prevention and control thematic inspection by the Care Quality Commission.

Actions to reduce risks in the event of a fire had not been fully explored and this put people at increased risk.

Systems to monitor how well the service was running were not carried out well enough to assess the quality provided. Changes were made where issues had been identified, but this was in isolation and lessons were not identified for other systems in the service. Relatives and staff were asked their view of the service, but no critical analysis resulted from this.

People and relatives were happy with the service and the staff that provided their care.

Relatives felt their family members were safe living at the service and staff knew how to report possible harm.

The provider obtained key recruitment checks before new staff started work. There were not always enough staff to cover all contingencies. We have made a recommendation about how to decide staffing levels.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail.

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 (report published 06/07/2018).

Why we inspected

The inspection was prompted in part due to concerns identified during an Infection Prevention and Control thematic review of the service. A decision was made for us to inspect and examine those risks and we undertook a focused inspection to review the key questions of safe and well-led.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loveys Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to monitoring and assessing the quality of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Loveys 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 carried out by one inspector.

Service and service type

Loveys 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 unannounced. We contacted the service one hour before the inspection visit. This was because we needed to know the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before inspection

We reviewed information we had received about the service since the last inspection, which included notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 one person who used the service, and two staff members, including the registered manager. We spent time observing interactions between people and staff, and how people spent their time.

After the inspection

We spoke with three staff members and two relatives by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, care records, medicine records, staff recruitment information and quality assurance information.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff completed individual risk assessments in relation to people's environment. These included those for fire safety and equipment, and staff told us they were aware of any difficulties in supporting people in the event of a fire. They carried out checks of fire alarms each week but did not practice fire drills due to the distress it caused some people living at the service. The fire risk assessment identified there was a low risk of fire occurring, and this may cause moderate harm. It also determined this was a tolerable risk to life from fire and no major additional controls were required. However, alternatives apart from leaving people who did not wish to move were not explored in risk assessments.

The assessments in place in regard to fire safety did not adequately assess alternative actions to reduce the risks to people and did not adequately recognise the significant risk involved. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff assessed risks to people's health and welfare in areas such as, behaviour that challenges. They followed actions to reduce risks and these assessments, as well as care plans, provided guidance about how to support people during these times.

Preventing and controlling infection

- We carried out an infection prevention and control thematic inspection in October 2020 and found that staff were not complying with government guidance. We provided the registered manager with guidance where they were not acting accordingly. Since that inspection the registered manager had taken action to address our concerns. They had obtained advice from the infection prevention and control team and changed guidance for staff in how to reduce the risk of transmission of infection.
- The action provided assurance that the provider was preventing visitors from catching and spreading infections and staff were meeting social distancing rules.
- Staff had completed training in how to reduce the risk of infection and they mostly followed good practice guidance. They used personal protective equipment (PPE) to help prevent the spread of infection, and we saw that staff wore the required PPE. However, one staff member told us they did not wear a mask when close to one person as the person pulled the mask off. This staff member was not wearing their mask correctly. Additional staff training in infection control and PPE had been scheduled following our visit.

Staffing and recruitment

- The staff team at the home was small, with only seven staff including the registered manager to cover all

shifts. This included waking and sleeping night staff and required all staff to work 48 hours a week. However, there were no additional staff to cover sick leave or annual leave. Two staff members told us that agency staff had previously been used at times of staff shortage, but this had not happened during the COVID-19 pandemic. The third staff member said staff covered each other's shifts, however the provider relied on this, but it meant staff worked longer than recommended in government guidance.

- A relative and staff told us there were enough staff to care for people. One relative said, "There are always two staff during the day." They went on to tell us their family member was quite calm, and this indicated staff had enough time to support the person. However, the second relative was concerned there may not always be enough staff to manage behaviour that challenged.
- There were two staff available at most times of the day, although there were occasions when one staff member had to work alone. We contacted the service before our visit to the service to speak with the registered manager, to find they had not arrived, and the staff member was working alone.

We recommend the provider consider current guidance to ensure adequate staffing levels at all times and take action to update their practice accordingly.

- The registered manager confirmed that safety checks were carried out on staff to try to make sure they were suitable to work with the people they supported. They provided information to show this had happened for a newer staff member.

Learning lessons when things go wrong

- The registered manager told us they had learnt an important lesson in relation to our recent IPC inspection. They had taken action to address our concerns and relayed important information and guidance to staff. However, they said they had not been able to identify any other incidents where lessons could be learnt. This showed there was not a culture of learning or considering where improvements and changes could be made.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their family members were safe at the home. They told us they could tell when their family members were not happy, and they felt their loved ones were happy living there.
- The provider had effective safeguarding systems in place. Staff told us they had received safeguarding training and they understood what to do to protect people from harm, and how to report concerns. Records showed that there were few referrals made to the local authority safeguarding team.

Using medicines safely

- Staff had received training in how to safely give medicines, they maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or as required. One relative told us, "Never had any issues with missed medicines or errors."
- Medicines were stored securely, and action taken to make sure they were kept in the correct conditions. Staff continued to make sure medicines were secure by only administering these to one person at a time.

Is the service well-led?

Our findings

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

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Continuous learning and improving the service was not part of the provider's auditing process. The registered manager told us they had a quality assurance policy in place and they always looked at ways to improve the service. However, when we asked for further information, they were only able to tell us how completing the health and safety audit had identified issues in the service. They had taken action to improve these.
- The registered manager told us what the quality assurance policy aspired to but failed to identify how this should be accomplished or how the quality was to be assessed and monitored. We found concerns in relation to assessing fire safety risks, which the registered manager had not identified and these increased risks to people.

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 did not always act on their duty of candour responsibilities. They told us there had been no incidents of possible harm between people. However, a serious injury to one person that occurred during this inspection had still not been notified to us. They sent us information about some events, such as when Deprivation of Liberty Safeguards authorisations had been approved.

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

- The registered manager told us surveys were sent to people's relatives each year. Relatives told us they completed these surveys but never received any feedback. We asked the registered manager what the surveys had shown and whether any actions were taken to improve the service as a result. The registered manager told us all responses to questions were 'yes'. We were not able to ascertain whether relatives were happy or not with the service from this response.
- The registered manager told us staff completed questionnaires but again provided no information about staff responses. Staff told us they could discuss issues with each other, or they would speak with the registered manager.

There were ineffective processes in place to monitor and improve the quality of the service provided and this

placed people at greater risk to their safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff contacted them to keep them up to date with what had been happening with their family member.
- The service displayed their inspection rating in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they liked working at the home, one staff member said, "We're more like a family group." Another staff member told us, "Teamwork and friendliness is good. There is nothing I don't like about working there." A relative told us, "I think it's quite homely, it's a different mix of people with differing needs."
- Staff were positive about the skills and abilities of the registered manager. One staff member told us the registered manager was, "Very approachable, very supportive and I go straight to her with any concerns." Another staff member said, "[Registered manager] is friendly and she understands about working with other people."

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority and the Clinical Commissioning Group. The registered manager had taken on board advice and guidance from these organisations following our recent infection prevention and control thematic inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The assessments in place in regard to fire safety did not adequately assess alternative actions to reduce the risks to people and did not adequately recognise the significant risk involved.</p> <p>Regulation 12(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ineffective processes in place to monitor and improve the quality of the service provided and this placed people at greater risk to their safety.</p> <p>Regulation 17 (2) (a)</p>