

Premierbell Limited

# Homer Lodge Care Centre

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Homer Lodge Care Centre is registered to provide accommodation and personal care for up to 47 people. At the time of our inspection there were 29 people using the service. People were accommodated over three floors.

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

There were organisational governance processes in place to monitor the quality of the service. However, these were not always operated robustly as they did not identify concerns found on inspection.

Risks were not always managed. Accident and incidents were not always identified or recorded posing additional risks to people.

Staff did not always have up to date training to ensure they could carry out their role safely and effectively. Systems in place to monitor training were inconsistent, meaning gaps were not identified and training was not always completed in a timely way.

Care plans detailed how to support the person to ensure their assessed needs could be met. We found some care plans required further work to ensure they contained current up to date information to meet people's needs. The provider was in the process of changing to an electronic care planning system.

Safe recruitment systems and processes were in place, with relevant background checks completed. People told us they felt safe. People and staff provided positive feedback on the management of the service.

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.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 18 June 2021). The service remains rated requires improvement.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about quality of care, staff training and

competencies and governance. A decision was made for us to inspect and examine those risks.

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

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homer Lodge Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, staffing and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Homer 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by two inspectors

#### Service and service type

Homer Lodge Care Centre is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Homer Lodge Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, nurse, senior care workers, care workers and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six 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 provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- Risk was not always managed safely.
- A person tried to leave the service unsupervised on at least four occasions. The person's condition meant they would not be able to maintain their own safety without supervision. At the time of the inspection no care plans or risk assessments had been developed to support staff in relation to the person trying to leave the service unsupported. This placed the person at risk of injury and harm
- The care home is over three floors with multiple stairwells. We found not all stairwells were secure meaning people could access the stairwells and were at risk of injury whilst using the stairs. People who could not ensure their own safety resided in the home spanning across all three floors. No mitigation of risk had been identified by the registered manager or provider.
- We reviewed care plans and found conflicting information regarding healthcare needs. For example, documentation around a person's medical condition was inaccurate and may lead to confusion about the care required.

### Using medicines safely

- People did not always receive their prescribed medicines and they were not always managed safely.
- Systems in place for managing medicines errors needed to be improved. We found where the registered manager had identified errors, they had failed to demonstrate effective action to prevent reoccurrence.
- We found a person who required weekly medicines, on one occasion had not received this within the allocated seven days. This medicine was given two days later. When we addressed this with the manager, it was found the staff member had forgotten to administer the medicines. This could potentially have a negative effect upon the person's health and wellbeing.

### Learning lessons when things go wrong

- Systems were in place to manage incidents. However, these had not always been effective. We found during the inspection incidents which had taken place and had not always been identified by staff or the registered manager, therefore appropriate action had not been taken to prevent reoccurrence.
- As described above, incidents of exiting the building were not always recorded appropriately. Staff had written episodes of exiting the building into daily notes, meaning staff had failed to identify this as an incident and no action was taken to mitigate further potential risk to people.

The provider failed to ensure medicines management and risks to people were identified, assessed and managed appropriately. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager and provider took action to address the above identified concerns.

#### 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.

#### Visiting in care homes

- The service facilitated visiting in line with national guidelines.

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

- People were safeguarded from the risk of abuse.
- Records showed the registered manager understood their responsibilities to record and report any incidents of a safeguarding nature. The registered manager had informed the appropriate professional bodies when an incident occurred and took appropriate action.
- Staff demonstrated their knowledge of when they would report an incident of a safeguarding nature. For example, one staff member told us, "I would report any safeguarding issues to the manager, I haven't seen anything that would cause me concern."

#### Staffing and recruitment

- There were enough staff to meet the needs of people at the service.
- Records showed there were safe recruitment processes in place that ensured people were supported by suitable staff. A number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the staff concerned did not have criminal convictions.
- We received mixed feedback from people about staffing levels in the service. However, we observed staff had time to meet people's needs and records were consistent with this. One person told us they felt at times the home did not appear to have enough staff. Another person said, "They are a bit short staffed, so we don't go out of the grounds. Don't expect miracles when they are short staffed."



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure systems identified sufficient training and competencies were in place for staff to meet people's needs.
- Training records identified gaps in staff's training. For example, at the time of the inspection 12 staff had expired safeguarding training. Records showed it had been issued to five staff between the months of March and May 2022 but had not been completed. This meant people were at risk due to staff not having sufficient training to identify a safeguarding concern.
- We could not be assured staff had adequate moving and handling training. We found 11 staff had expired training, with only theory training issued. We received no evidence this had been completed. The registered manager informed us they would monitor staff's practical competencies, however there was no documented evidence this had taken place. This meant people were at risk from unsafe moving and handling practices.
- Evidence showed some staff had been issued with their online training up to three months previously and this was not completed. The registered manager did not have sufficient systems in place to ensure staff had the adequate competencies to meet people's needs and complete training in a timely way.

The provider failed to ensure sufficient training and competencies were in place for staff to meet people's needs. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found some areas of the home in need of redecoration and furniture was worn or stained and in need of replacement. For example, In the lounge area we found many chairs to be stained and worn this not only compromised the effectiveness of the cleaning but also compromised the comfort for people.
- People had access to large communal areas, to engage and interact with activities and people, or had the option of staying in their bedrooms if they chose to. The home also had a small outdoor communal area for people to access and utilise as they wished.

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

- Systems were in place to assess people's individual needs. People, their relatives and staff were involved during the assessment process and the information was used to develop care plans and risk assessments.
- The provider had moved to electronic care planning systems. At the time of the inspection they were in the process of changing to the new system, and most care plans had been transferred. However, some written

care plans were still in use. This meant staff would need to look in different storage areas for care files when supporting people.

- Records showed people's needs were assessed and reviewed to ensure these were met. For example, people's preferences regarding end of life wishes were recorded clearly. One person had made choices on the level of medical intervention they wanted. This was detailed in the care plan, including who to contact and what support they needed.

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

- People were supported effectively to maintain a balanced diet.
- We reviewed care plans and found people's specific support needs to maintain a balanced diet were detailed in their care plan. For example, care plans had clear guidelines on how people should be supported with their diet. Staff demonstrated good understanding and knowledge of people's dietary requirements and liaised with kitchen staff to ensure these were met.
- Likes and dislikes were clearly detailed in care plans alongside dietary requirements. People told us they liked the food. For example, one person said, "The food is good, and hot when it's brought to me." Another person said, "The food is quite alright. We have three courses - soup and main meal and sweet. I am given a choice and can say what I want. There is always loads of food."

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

- Joint working with external professionals was effective. This meant people had access to timely healthcare when needed. External professionals we spoke to told us they had developed a good working relationship with the manager and people's needs were met.
- Healthcare professionals told us weekly meetings were taking place and felt communication had improved. If they raised any issues, it would then be taken on board and action taken. For example, when identified the staff made referrals to the GP for people at the request of the healthcare professionals in a timely and professional manner.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity had been considered when delivering care.
- The care home had a positive culture of offering choices to people. One person told us, "You are left to your own devices, they don't force you to do anything. They always ask you."
- Records showed people's capacity had been assessed and care plans put in place to support this. We also saw where people were deprived of their liberty the legal authorisation had been sought.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

- We found a range of audits in place to monitor the quality and safety of the home. However, some of the audits systems in place had failed to identify the concerns we found as detailed in safe. This meant the registered manager had not always been able to implement and embed the improvements needed. For example, ensuring people with exit seeking behaviour had appropriate safety measures in place.
- Audits and governance processes in place in regard to medicines were not always effective. This was evidenced by the failure to identify issues raised at this inspection. Where the registered manager had identified errors had occurred, no interim action had been put into place to prevent reoccurrence.
- Audit checks had failed to identify gaps in staff's training, with no clear plan to ensure this was completed. Further work was needed to develop and embed systems and processes for quality monitoring. During the inspection, the registered manager and provider were responsive to feedback and told us about the actions they had taken to resolve the issues identified.

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; Continuous learning and improving care

- Systems were in place to monitor the quality of the service. However, effective analysis of incidents was not in place. The registered manager had not identified a person was displaying exit seeking behaviour and consequently failed to put in place effective measures to mitigate further risk.
- Additionally, staff had failed to identify further incidents and report and record these correctly. This meant the provider had not developed robust systems to inform staff of the correct procedures to document incidents, furthermore the registered manager had failed to analysis incidents sufficiently. This meant actions were not in place to prevent reoccurrence which placed people at risk of harm.

The provider's failure to develop and sustain systems to monitor and mitigate risks, placed people at risk of avoidable harm and was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.

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 were positive about their experience of using the service. For example, one person told us, "I love it here, wouldn't go anywhere else. I can't speak highly enough." Another person told us, "Not sure who the manager is, but I can speak to any staff about any issues I have."
- We found a positive staff culture had been developed and embedded by the registered manager and provider. One member of staff told us, "We are like a big family here. [The registered manager] is like a mother, if you have any problems they will always help."
- Staff also told us they felt supported in their roles and were complimentary of the registered manager. One staff member told us, "The manager is checking us all the time. She always watches what we are doing to help us improve."

Working in partnership with others

- Effective collaborative working with external healthcare professionals had improved. As described in 'Effective' changes to ways of working had supported a more effective and joint way of working. Consequently, we saw improvements in the quality of care provided and responsive attitudes from the registered manager and staff to meet people's changing needs.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure sufficient training and competencies were in place for staff to meet peoples needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	A failure to ensure risks to people were identified, assessed and managed appropriately.

### The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to develop and sustain systems to monitor and mitigate risks, placed people at risk of avoidable harm

### The enforcement action we took:

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