

R Beeharry

Fitzroy Lodge

Inspection report

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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

Fitzroy Lodge is a residential care home providing accommodation and personal care for up to 24 people in one adapted building. The service provides support for people living with a range of health care needs, including people living with dementia. There were 22 people living at the home at the time of our inspection

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

People were not always protected from avoidable harm; medicine administration was not consistently managed safely in accordance with the provider's policy. Although the service had not experienced an outbreak, infection prevention and control (IPC) guidelines were not always followed to protect people from the COVID-19 pandemic. Recruitment processes were not in line with the provider's policy and best practice.

The provider did not always understand their legal obligation to send notifications to CQC of alleged safeguarding incidents within the service as they are required to do.

Staff received safeguarding training and demonstrated their responsibilities in relation to reporting concerns internally or to the local authority. People told us they felt safe, one person said, "I feel safe, when I was at my flat, I had lots of falls, I wasn't eating properly, it wasn't great but it is now."

People were supported by caring staff, one staff member told us, "I like talking to the residents as I'm going around, I pay a lot attention to them. We look at photos and talk about their histories." When asked what they enjoyed the most about working at Fitzroy Lodge, one staff member said, "It's the residents, they are all different."

People were supported to make decisions and were asked for feedback on the service. One person told us, "Staff are brilliant. The staff know how many sugars people have, if they like their tea milky etc. but always ask too." One person described how they enjoyed being taken to the seafront by staff for a coffee.

Quality assurance systems and processes were in place and where internal audits highlighted areas for improvement, action plans had been created.

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

Rating at last inspection

The last rating for this service was good (published 21 July 2018).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of infection prevention and control practices, care provision and the previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to look at the concerns raised and review the previous ratings.

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.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing, good governance and notifying of other incidents at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 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 ●

Fitzroy 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

The inspection team consisted of one inspector.

Service and service type

Fitzroy 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 who was in the process of applying to be registered with the Care Quality Commission. When the manager is registered, they and the provider will be legally responsible for how the home 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 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 three people who used the service about their experience of the care provided. We spoke with four members of staff including the provider and manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication 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 audits, 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. We spoke with one professional who regularly visits the service, three relatives of the people who use the service and three staff members.

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.

Using medicines safely

- People did not always receive their medicines safely. Medication Administration Records (MAR) charts had been signed before medicines were administered. The National Institute for Health and Care Excellence (NICE): Managing medicines in care homes 2014 states staff should, 'make the record only when the resident has taken their prescribed medicine'. This is to ensure medicines are administered to the correct person at the correct time.
- Medicines had been dispensed and were left loose in unlabelled pots inside the medicines trolley. This increased the risk of the wrong person being given the wrong medicines.
- People who needed certain medicines on an 'as required' (PRN) basis had PRN protocols in place. The protocols did not provide enough detail to guide staff. For example, the maximum doses to take in a day and minimum time between doses. When to review the medicine and how long the person should expect to take it. Without detailed PRN protocols there was a risk people would not receive their PRN medicines consistently.
- Medicines were not always stored safely. One person's medicines had become misplaced, the medicines were found during inspection, the manager advised a recent audit had identified the need for a larger medicines trolley to reorganise the medicines. The provider confirmed the trolley had been received shortly after inspection.

Preventing and controlling infection

- Our inspection was partly prompted by concerns regarding infection prevention and control practices. The service had not experienced a COVID-19 outbreak at the time of inspection.
- People who were admitted from hospital were not supported to isolate in accordance with current guidance. The manager described ways of reducing the risk of spreading infection by regular testing. This decision not been risk assessed on an individual basis and there was no rationale about how the decision was made.
- Some staff were wearing their PPE incorrectly, for example, wearing their masks under their chin or hanging from one ear. The management team were made aware.

We found people had not always been kept safe from avoidable harm. Unsafe medicine practices and infection prevention and control practices placed people at risk of potential harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager responded to concerns in respect of medicine practices after the inspection. We

were given assurances around immediate additional medicines training and competency assessments for staff, a new electronic medication administration record system and new storage facilities.

The provider and manager responded to concerns during and after the inspection in respect of infection prevention and control. We were given assurances that in future, risk assessments would be undertaken for people unable to isolate from hospital. Further assurances were given including staff undertaking further training and a meeting with staff regarding PPE use. We have signposted the provider to resources to develop their approach.

- We observed, where people had allergies to medicines, these were recorded on their individual medicine profiles.
- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were requested to undertake testing for COVID-19 prior to entering the building and were requested to wear PPE.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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. People received visits inside and outside of the service, the provider had built a visiting conservatory in the garden. Where people were unable to visit, the staff arranged alternative arrangements such as video and phone calls.

Staffing and recruitment

- Staff were not always recruited safely. The provider's recruitment policy outlined safe recruitment practices; the policy had not been followed.
- The provider had not fully assured themselves of staff's suitability of employment. Recruitment files did not contain a full employment history and gaps of employment were not explored. This posed a potential risk the provider could not always be confident of staff suitability to work with people or the reasons for long gaps in employment.
- Checks on staff suitability to work in a care setting, such as with the Disclosure and Barring Service (criminal record checks) had been undertaken. Where information was disclosed, the provider had not considered potential risks and was unable to assure themselves on staff suitability to work with people.

Staff were not always recruited safely. This placed people at potential risk of harm. This was a breach of regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager responded to concerns after the inspection. They provided assurances around risk assessments and additional checks for positive DBS disclosures and confirmed learning would be taken forward for future. The manager sent us a sample of their new employment history form which included an opportunity to explore a full employment history and gaps in employment.

- There were enough staff to meet people's needs. We reviewed the rota and staffing levels and found

people were supported by staff who knew them well. We observed staff caring for people in a relaxed and friendly manner. One relative told us, "I have no worries, I know [family member] is safe, they look after them, they have a giggle, they are always joyous which is great, it's like the residents are their relatives too."

- Staff told us there were enough staff on duty to meet people's needs. One staff member told us, "I think it's alright. When there are more residents, we would need more staff, but the manager would add more staff." A visiting professional told us, "The home is well staffed with caring staff."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at the home. One person said, "I feel safe because of the staff, everyone is fantastic. I would speak to [manager] if I was unhappy."

- Staff received safeguarding training and were aware of policies and procedures. One staff member told us, "There is a big file in the office full of policies, I read them when I started."

- Staff understood the different types of abuse and how to recognise signs. Staff were aware of who to report to outside of the service should this be required. One staff member told us, "If I witnessed abuse, I would tell the manager straight away, I would write a report of what happened. If needed I would report to the safeguarding team."

- A staff member produced some flash cards for the staff to keep with them, the cards included signs of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- Asides from the findings regarding infection prevention and control, risks were assessed and managed safely.

- Risks in relation to health needs were assessed and care plans were in place to guide staff on how to support people safely. For example, one person had a detailed care plan in place for swallowing difficulties. The speech and language therapy (SaLT) team had assessed the person and advised of food consistency which would prevent the risk of choking. We observed the food served to the person was the correct consistency and the staff member helping the person was assisting with meals as per the person's assessed needs.

- Kitchen staff were aware of people's dietary requirements. They told us, "In the kitchen we have instructions, for example, we have a resident who needs a soft diet, I have to make sure the food is soft." They further described other dietary requirements for example, offering healthy foods and low sugar options to people living with diabetes. We observed people receiving their specialist diets.

- People were consulted with decisions relating to their care and risks were assessed appropriately. One person was supported to access the community by care staff on a regular basis. They told us, "I can tell the staff what I want, especially [staff member], they take me in the wheelchair into town."

- A range of environmental risks assessments and safety checks were completed. For example, servicing of equipment was up to date. Following training and a review of the fire risk assessments, new fire evacuation sledges had been purchased. The provider had a comprehensive business contingency plan in place in the event of any emergencies.

Learning lessons when things go wrong

- The service learned lessons when things went wrong, the manager responded to incidents in a timely manner and kept a log to identify trends.

- Where there had been incidents of falls, people were assessed for equipment to assist them and prevent reoccurrence. We saw examples of sensor mats being placed following falls, additional safety checks made by staff and referrals to appropriate professionals such as the falls team.

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.

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

- The provider was not always clear of their responsibilities in respect of regulatory requirements. Quality assurances systems were not always effective. Neither the provider nor the manager had identified the concerns in relation to medicines and recruitment.
- Following a review of safeguarding records, we found several examples where the provider had failed to notify CQC of events in the service. The provider's safeguarding policy was clear about when to send notifications, but this had not been followed. Inspectors had identified this during a previous inspection.
- The provider and manager had not always followed their own policies in respect of recruitment which posed a risk of employing unsuitable staff.
- The provider had not ensured staff were following policies around medicine administration which left people at risk from receiving their medicines in error.
- The provider had not ensured staff followed policies around IPC measures which left people and staff at greater risk of infection.
- Staff confirmed they had received recent medicine training and their competency to administer medicines assessed by the manager. The competency assessment forms did not set out any criterion of which areas had been checked so the provider could not be assured staff fully understood safe medicine practices.

Managers and staff were not always clear about their roles and understanding regulatory requirements. This placed people at risk of potential harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always send statutory notifications to CQC. This was a breach of Regulation 18 (Notification of other incidents) CQC (Registration) Regulations 2009.

The manager and provider responded to the concerns we raised during and after the inspection. They provided assurances in respect of following their own policies and ongoing monitoring of staff practices. The manager provided evidence of revised medicine competency forms which included a check list of assessed criteria.

The manager responded to the concerns we raised during and after the inspection and submitted notifications to CQC in retrospect.

- The service had been without a registered manager since March 2021. The provider had proactively appointed a new manager in February 2021 prior to the registered manager leaving. The manager had submitted their registration application to CQC.
- The provider and manager were visible in the service, people confirmed they could openly speak with them. One person told us, "[Management are absolutely brilliant, they are caring and kind and you feel like they are your mate too, but professional and can put the 'in charge' hat on when needed."
- Relatives confirmed they could approach the management team and were confident issues would be dealt with quickly. One relative told us, "To raise concerns I would speak to the manager, if needed I would go to the owners. I have been given a procedure if I need it." And, "I have spoken to the owners a couple of times with a little issue, it was dealt with on the same day and swiftly rectified."
- At the last inspection, we identified people were not engaged with activities. The provider had arranged person centred activities for people. We observed people engaging with staff, playing games and colouring. Some people enjoyed helping around the service, we saw one person laying the table for lunch, another person told us they enjoyed helping in the laundry.

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 engaged and were encouraged to give their views on the service. Management had not formally distributed surveys, but people confirmed they could give feedback at any time. One person told us, "I can say my likes and dislikes and are offered alternatives. I feel comfortable to say what I like."
- People were encouraged to be involved in decisions; the staff used different communication methods such as photographs of menu options. We saw evidence of meetings held with people to give their comments and suggestions, for example, around meal choices. One relative told us, "They are very 'user friendly' they deal with any problems."
- The service promoted a positive and inclusive culture for people. We observed people being given choices and asked for their opinions. One person described how due to the COVID-19 pandemic they were unable to go to church. The service had arranged an electronic device for the person to join services online.
- We observed surveys were freely available to visitors, the provider advised they collated feedback on an ongoing basis rather than annually. The surveys were analysed once received and addressed any actions required, we saw positive feedback from the surveys.
- Staff received supervision and attended meetings, staff confirmed they were comfortable to approach the registered manager about any matter and felt listened to. One staff member told us, "I have supervision with [manager], we talk about how I am, training I might need, how the residents are."
- The manager displayed a passion for the service and the people living there. They told us, "I think if you can get through the shift with making the residents laugh, I am proud of that. The staff have a good rapport with the residents. If they can smile and laugh a couple of times a day you are doing something right."

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

- Management understood their responsibilities under the duty of candour. They described their obligation to be open and honest with people and provide an apology if something were to go wrong.

Continuous learning and improving care

- The manager supported the staff to achieve qualifications and kept their own knowledge up to date.
- Following feedback from people, the manager was in the process of helping them personalise their bedrooms further, this included framing photographs and pictures.
- The provider had an ongoing action plan of improvements following audits. We saw evidence of this, for

example, an audit of the kitchen identified the need for some new equipment which had been recently purchased.

- The management team learned from incidents and accidents and spoke of how ongoing learning helped their understanding to prevent similar events reoccurring.

Working in partnership with others

- The manager and staffing team worked with other agencies to promote good outcomes for people. The manager described a good working relationship with a variety of professionals including the falls team, GP surgery and district nurses.
- The manager gave examples of good partnership working with the district nursing team. A person was admitted from hospital with unstable diabetes. The service worked with the person and the district nurse team to agree a healthy diet to the person's taste. The person's diabetes improved, their medicines was decreased, other conditions associated with their diabetes improved greatly.
- A visiting professional told us, "They contact me at the right time. They also deal with what they can and recognise their boundaries."
- The manager was supported by the provider and staffing team. They told us, "[Team lead] takes on some responsibilities. [The providers] are always on the end of the phone or ten minutes away if needed, they come to the service three to four times per week."

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 provider had failed to ensure care and treatment was provided in a safe way. There was a failure to ensure the proper safe and management of medicines. There was a failure to assess the risk of preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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 had failed to ensure systems and processes were established and operated effectively to ensure compliance. The provider had not ensured that policies and procedures designed to keep people safe had been followed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure Persons employed for the purposes of carrying on a regulated activity were robustly recruited. This was a breach of regulation 19 (Fit and proper</p>

persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.