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West Melton Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

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

West Melton Lodge is a care home providing accommodation for up to 32 people. Most people were aged 65 and over. At the time of the inspection there were 13 people using the service.

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

The provider did not ensure the home was meeting the criteria for a good service. This showed that governance systems in place to monitor the home, were not effective.

Risks associated with people's care had been identified, however information and guidance as to how to minimise risks, was not always available.

We completed a tour of the home with the registered manager and found some areas in need of repair. Some areas were in need of repair or refurbishment, which meant some areas could not be cleaned effectively.

The home had some dementia friendly signage, but this could be improved upon. People living in the bottom half of the building near to the conservatory had limited access to the main unit. However, following the first day of our inspection the provider acted to ensure people would have access to all communal areas of the home.

A dependency tool was in place to determine the amount of staff required. This did not take into consideration the layout of the building. Staff could be deployed more effectively to ensure all people living at the home had access to staff when needed.

People's needs were assessed, and care plans were devised to meet people's needs. However, some care plans were confusing, containing conflicting information.

Accidents were monitored to minimise reoccurring incidents. Appropriate actions had been taken.

People were safeguarded from the risk of abuse. Staff we spoke with knew how to recognise abuse and would report any concerns to the registered manager. People were supported to take their medicines as prescribed.

There was evidence that people were referred to healthcare professionals as and when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people and found they were kind and caring in their approach. People spoke highly of the staff stating they were like family to them. However, one person's carpet had a strong malodour and required replacing. This compromised the person's dignity. Appropriate action had been taken when we completed our second day of inspection.

Care plans did not always reflect people's current needs and had historical information in them which presented confusion. Complaints were recorded, and appropriate actions taken. People had end of life care plans which ensured people's wishes were maintained.

The service had younger adults living there. The provider did not have this service user band on their CQC registration. The registered manager took action to address this.

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

Rating at last inspection and update

The last rating for this service was requires improvement. (19 December 2018). At this inspection the service remained requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 ●

West Melton 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one inspector.

West Melton Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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.

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. 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 nine people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the operations director, registered manager, senior care workers, care workers and the cook. 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 two people's care records and multiple medication records. We looked at two 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. We spoke with two 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- The registered manager kept a record of safeguarding incidents and the outcomes.
- Staff told us they received safeguarding training and felt they would be able to recognise if abuse was occurring.
- People we spoke with said, "I feel safe because there's people looking after me," and "I'm well protected. I wouldn't be here if I wasn't."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and risk assessments were in place. However, these contained limited information and did not always guide staff in how to minimise the risk occurring. Following day one of our inspection the registered manager took action to address these concerns.
- People had personal emergency evacuation plans [PEEPS] in place to instruct staff in how to assist people to evacuate the building in an emergency.

Staffing and recruitment

- The registered manager completed a dependency tool to determine the number of staff required to meet people's needs. However, this did not take into consideration the layout of the building. Therefore, there were times when staff were not deployed effectively.
- Our observations showed that people living in one section of the home were sometimes left without staff presence. This was in the process of being addressed when we concluded our inspection on the second day.
- One person we spoke with said, "There's enough staff, I do wait for my buzzer to be answered sometimes, it depends what they're [staff] busy with." A relative said, "No, there's not always enough staff about. At sometimes of the day there's no one knocking about."

Using medicines safely

- Medicines were managed in a safe way and administered as they had been prescribed.
- Temperatures were taken of the medicine room and fridge, but there was no record of temperatures for the medicines trolley kept in the main lounge. The registered manager addressed this during our visit.

Preventing and controlling infection

- We completed a tour of the home with the registered manager and found some areas which were worn

and unable to be cleaned effectively.

- On the second day of inspection we saw the registered manager had taken actions to deal with the main issues. There was an action plan in place to address the outstanding concerns.
- One person's bedroom carpet required replacing as it had a very strong malodour. On the second day of inspection we saw this had been replaced.

Learning lessons when things go wrong

- The registered manager kept a record of accidents and incidents which occurred in the home. This was analysed to ensure future incidents were kept to a minimum.
- Appropriate actions had been taken when people experienced falls. For example, sensor mats were used when appropriate, to alert staff when people were mobile.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At our last inspection we identified that some bedrooms were located at a lower level and meant that two sets of steps had to be used to gain access to communal areas. On the first day of this inspection we saw that a ramp had been installed at one set of steps, but the second ramp was still required. When we visited the service for a second day, to conclude our inspection, we found the provider had taken appropriate actions to resolve this issue. Following our inspection, we received confirmation that this work had been completed.
- Some dementia friendly signage was available throughout the home; however, this could be improved on.

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

- People needs were assessed, however, care records we looked at contained conflicting information. This made it difficult to determine what people's current needs were.
- We spoke with the registered manager and were told that this would be addressed, and care records would be made clearer.

Staff support: induction, training, skills and experience

- The registered manager kept a record of training staff had received and knew when staff required training to be refreshed.
- The training record showed that care staff had received training in line with the providers recommendations.
- People we spoke with felt staff were trained to carry out their role. One person said, "The staff are trained well enough."
- Catering staff told us they had not received any training on meeting people's dietary needs and would rely on information given to them by people. This showed a gap in training for catering staff.

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

- People were supported to maintain a balanced diet. People who required support to eat and drink received this.
- We observed breakfast and lunch being served on the first day of our inspection and saw people were offered choices.
- We spoke with the catering staff who knew some people had specific diets, such as gluten free and a dislike of eggs. However, there were no additional information available in the kitchen to alert other staff,

and/or temporary catering staff.

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

- We looked at care records and found evidence that people had been referred to appropriate professionals when required.
- People we spoke with told us they received healthcare support as required. One person said, "Oh yes, I presume they'd [staff] get me a doctor. I don't know because I've never needed one."

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.

- We found the service to be working in line with the principles of the MCA. Where decisions had been made for people who lacked capacity, this had been done in the person's best interests.
- Staff we spoke with had received training and were knowledgeable about MCA.

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

- We observed staff interacting with people and found they were kind and caring.
- People we spoke with told us they were happy with the care they received. One person said, "Yes, they're caring. They [staff] look after me alright. They [staff] listen to me."

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

- People were supported to make decisions about their care and support. During our observations we saw staff offering choices and respecting people's views.
- Care tasks were explained so that people could feel part of their care.
- People commented about how staff were like family to them. One person said, "They're [staff] are not just my friends, they're my family."

Respecting and promoting people's privacy, dignity and independence

- We saw staff respecting people's dignity by knocking on toilet and bedroom doors.
- People's care records contained a 'My life story book,' where appropriate. This gave information about the person and how staff can respond to people's needs and wishes.
- A daily routine guide was also in place, which gave details about people's preferences such as getting up, likes supper before bed, likes to mix with other people and may join in with activities.

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

- People living at the service did not always receive person-centred care which ensured they had control over their lives.
- Some people living on a lower ground level did not have access to the main facilities of the home. This area was sometimes left without staff and people were left sat in their rooms without much stimulation. When we visited to conclude our inspection, we saw the provider had taken appropriate actions to ensure this issue was resolved.
- We looked at a selection of care records and found these were contradictory in places, and not always containing the information required to support people's current needs.
- The registered manager took action and on the second day of our inspection had made some changes.

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

- The provider employed an activity co-ordinator. However, on the two days of our inspection we saw minimal activities taking place.
- On the afternoon of the first day of inspection a singer visited the home and sang for the residents, although only a couple of people joined in.
- People we spoke with told us they joined in and enjoyed games such as dominos and bingo.

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.

- Information was available throughout the home, although some information was out of date and no longer relevant.
- The menu was written on a chalk board which was difficult to read. Some people may have benefited from the use of a picture menu.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people felt able to raise concerns.
- Complaints were recorded, and appropriate actions taken.

End of life care and support

- People had end of life care plans which ensured people's wishes were maintained.
- Staff we spoke with explained what support they provided to people at this stage of life. They also saw the importance of supporting their families.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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 had not ensured the service had met the criteria of a good rating. This was evident in the tracked history of ratings for this service. Since 2016, the service had been rated inadequate on two occasions and requires improvement on three occasions. The service is rated requires improvement for a fourth time.
- Since our last inspection there had been a new registered manager appointed. This person had held this position since February 2019.
- The registered manager told us that, since their appointment they had prioritised areas of the building which required attention. This included decorating the lounge in main unit, work to improve bedrooms and plans were in place to fit a ramp which would provide easy access for all people to access the main communal areas.
- An action plan was in place to address issues within the home. We were informed that the registered manager and provider were in the process of completing this. However, on the first day of our inspection the provider had failed to act on the finding of the previous inspection. On the second day of our inspection we saw a ramp had been fitted to provide access for people to use communal areas of the home. Further work was required to complete the ramp. Following our inspection, we received confirmation that the ramp was safe to use.
- The registered manager was supported by an operations manager and a team of senior carer workers were in place.
- The registered manager recognised and acknowledged there was a lot of maintenance work which required completion and had an action plan in place to address these issues.

Continuous learning and improving care

- The registered manager completed a range of audits to identify where improvements were required. However, some audits had not identified the concerns we found on inspection. For example, the outcome of a care plan audit was that the file was overall very good. However, we found areas which were not consistent and gave confusing and conflicting information. We also found that audits had not identified the poor condition of the laundry floor.
- Systems in place to monitor the service were not robust and did not always identify and address issues. We identified some concerns around staffing, training for catering staff and activities provided. These issues had not been previously addressed.
- The operations manager carried out a quality assurance visit on a frequent basis. The outcome of this was

discussed with the registered manager.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was working towards providing an environment where the culture was positive, open and inclusive. However, some processes required embedding in to practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal duty to act on their duty of candour when required.

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

- The home involved people and their relatives in asking them to complete various surveys, such as a visitor's survey, staff satisfaction and food and menu. There was also a professional visitor survey available for healthcare professionals to raise comments. All results from these surveys were positive.
- Staff meetings took place four times a year and were scheduled up to March 2020.
- Residents and relatives meetings took place four times a year and were also planned up to March 2020. As an outcome of these meetings a 'you said we did' was completed. For example, people said the sun lounge needed decorating and decoration took place to brighten up this area.

Working in partnership with others

- The registered manager took on board any issues which were identified during our inspection. On the second day of our inspection we saw that action had been taken to address issues raised on the first day of our inspection. For example, a carpet had been replaced and a ramp had been installed.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes in place were ineffective.