

Imperial Lodge

Imperial Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Imperial Lodge is a care home which is run by a small private organisation. The provider owns and manages one other care home. One of the owners is also the registered manager for Imperial Lodge. The service provides support to up to 10 people with mental health needs and/or people who have experienced substance misuse. The service aims to help people with recovery and to support people to move on to places where they need less care and support. At the time of our inspection 8 people were using the service.

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

The provider had not always carried out appropriate checks to recruit staff safely, for example, obtaining references from previous employers.

The provider could not demonstrate that new staff received an induction or that staff received regular supervision to be able to support people effectively.

The provider had not ensured there were enough suitably competent and qualified staff to meet the needs of the service. The provider relied on temporary (agency) staff for most shifts. However, there was no evidence agency staff received an induction into the service or training appropriate to the needs of people who used it.

The staff completed online training but had not received specific training in techniques to work with people who had difficulty managing their emotions and anxiety. We did not see any evidence the staff's competencies were assessed to help ensure they had the skills to undertake their roles.

The provider did not always learn lessons when things went wrong. Although a serious incident had taken place recently, we saw no evidence of meetings or reflective sessions with staff in relation to the incident or any previous incidents.

People's medicines were managed safely to help ensure people received their medicines as prescribed and in line with national guidance. However, the staff's competencies to manage medicines were not carried out regularly.

Although the staff undertook some daily safety checks, some checks and audits had not been regular, with most having stopped between June and August 2022.

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.

People's needs were recorded in their care plans and met. Staff knew people's needs and how to meet these

in line with their care plans.

People told us they felt safe when receiving care and relatives agreed with this. The provider had processes in place for the recording and investigation of complaints and incidents and accidents. Risk assessments contained guidelines and plans for staff on how to minimise risks for people using the service.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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.

Rating at last inspection

The last rating for this service was good (published 28 March 2018).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk to people's safety. This inspection examined those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Imperial Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to staffing, recruitment and governance at this inspection.

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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service responsive?</p> <p>The service was responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Imperial 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 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 2 inspectors.

Service and service type

Imperial Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Imperial Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 2 people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, a manager, deputy manager, and support workers.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, records of complaints, quality audits, meeting minutes and improvement plans were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at staff rotas 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 good. At this inspection the rating has changed 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.

Staffing and recruitment

- The provider had not always followed appropriate procedures for recruiting staff. Two members of staff had started working for the service in December, but the registered manager was unable to show us any evidence of recruitment checks, induction or competency checks undertaken for these staff members.
- For a member of staff who started working for the service in 2019, we saw there was an application form, Disclosure and Barring Service (DBS) and identity checks but no other recruitment information, such as references, completed induction and contract. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The records for another member of staff contained one reference only and this was not from the most recent employer. There was a note on their application pack to say that the two references the applicant gave were from the same employer so the provider only sought one. But we saw they had worked for another service more recently so a reference should have been sought from them.

There was no evidence that people had been harmed. However, the provider had not ensured that they established and operated effective recruitment procedures. This placed people at risk of being supported by unsuitable staff. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not assured there were enough suitably competent and qualified staff to meet the needs of the people using the service. The provider had not ensured staff were either appropriately trained, had not assessed their knowledge, skills and competencies, or had not provided newly recruited staff with an induction, supervision or support to be able support people safely.
- Additionally, there were not enough permanent staff to support people to stay safe. The provider relied on agency staff to cover staff vacancies but had not ensured these temporary staff were trained to meet the needs of the people who used the service. There was no information about them.

There was no evidence that people had been harmed. However, the provider had not ensured that they deployed sufficient numbers of suitable qualified, competent and experienced staff to support people who used the service. This placed people at risk of harm. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although there were processes in place to protect people from the risk of avoidable harm, the provider did not always ensure these were implemented consistently. For example, staff were carrying out daily safety checks but the monthly health and safety audits had not been completed since November 2022 and the one prior to this had been carried out in June 2022. This lack of consistency meant risks to people's and staff safety might not always be identified and addressed in a timely manner.
- The staff had not had received training in breakaway techniques. These comprise a set of physical skills to help staff or people separate or breakaway from an aggressor in a safe manner and not involving the use of restraint. The registered manager told us said that they preferred to use de-escalation and proactive support. However, the staff had not had any training, supervision or support to understand how to do this. This meant the provider had not always ensured that staff had the competence, skills and experience to keep people and themselves safe.
- The only staff mental health awareness training had been online training. There was little evidence of staff competency assessments, supervisions or team meetings taking place to discuss how they supported people who may experience mental distress.
- There were processes for staff to record incidents and accidents but the provider had not always ensured these were reviewed to identify lessons.
- There was no evidence of reflection on the serious incident that had occurred so as to identify improvements at the service or support for people and staff.
- There was no evidence of any supervision or reflective practice in staff files for any other incidents or events that may have happened in the past.
- Monthly audits had been irregular and we saw the last audit of incidents and accidents was in August 2022.

The provider did not have effective arrangements to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and staff. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's individual risk assessments were detailed, clear and comprehensive. Risks assessed included non-compliance with medicines, nutrition, risk of misusing drugs, harm or exploitation from others and self-neglect. Each risk was clearly described and risk management plans were in place to reduce risk and keep people safe. Risk assessments contained instructions for staff to follow to keep people safe in their home or out in the community.
- People were also protected from the risk of fire. We saw staff had been found not to follow safe protocols during a fire drill, so the provider had reassessed their competencies in relation to fire safety as a result.
- The environment and communal areas were clean and hazard-free. There were systems for making sure staff knew the whereabouts of people signing in and out of the home, such CCTV in communal areas.

Using medicines safely

- People received their medicines safely and as prescribed. There were procedures for the safe handling of medicines. Staff had received training in these. However, the provider could not always demonstrate they regularly assessed their skills and competencies to manage medicines in a safe way because we only saw one competency assessment completed following the inspection.

We recommend the provider seek relevant guidance in relation to safe medicines management.

- The staff recorded the temperatures of the medicines cabinets and these were within safe ranges.
- People's medicines were recorded on medicines administration record (MAR) charts. These were signed appropriately once medicines had been administered and there were no gaps in staff signatures. We

checked stocks of people's medicines and found these to correspond to the signatures on the MAR charts.

- Some people were prescribed medicines to be taken when required (PRN). Guidance in the form of PRN protocols were in place and person-centred to help staff give these medicines consistently and safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. However, one person told us they did not always feel safe and other people sometimes entered their room. We were not sure whether the person's anxiety had increased following the serious incident that happened recently.
- We discussed this with the registered manager who told us they would spend more time with the person to discuss their fears and try to support them with these.
- The provider had an up to date safeguarding policy and procedure, and staff received training in safeguarding adults.
- The registered manager knew to refer concerns to the local authority as needed and worked with them to investigate safeguarding concerns and put systems in place to keep people safe from avoidable harm.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

People who used the service were able to receive visitors as they wished.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's needs were met through good organisation and delivery.

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

- Although people were supported with activities of their choice, the staff did not always used a person-centred approach.
- One person told us about their passion for music and demonstrated their talent in relation to this. However, two staff members on duty during the inspection did not know about this, so they had not explored this with the person, which was a missed opportunity. We raised this with the registered manager during our feedback.
- People were supported to maintain their independence and gain new skills. They accessed the community and were supported to clean their rooms, cook and menu plan themselves.
- There was evidence some people moved on and gained independent skills.
- The staff told us they supported people to do community-based activities such as shopping in the morning and group activities each afternoon. The registered manager told us, "The residents are reluctant to go out on outings and prefer staying home. The staff take people out for day trips such as the seaside."

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

- People's needs were met in line with their wishes and preferences. People's care plans were detailed and developed from their initial assessments. These were regularly reviewed and updated over time as people's needs changed.
- Following admission, people were supported and monitored to help ensure they settled well. A post-admission assessment report was in place containing details of the person and their specific needs. Staff also completed a living skills review and progress report.
- Care plans detailed the person's strengths and goals and how to support them to achieve these. They also detailed the concerns which may prevent the person from achieving their goals and how to support them with these. For example, to support the person to take their prescribed medicines in order to stay well.
- One person had a tendency to self-neglect and not take part in anything meaningful during the day. Their care plan detailed how staff were to support the person to be involved in a daily routine of activities, including house chores, keeping their room clean and cooking for themselves.
- People were supported to access healthcare professionals and keep healthy. They were supported to attend appointments such as dental checks and optician appointments. One person was trying to give up smoking and was being supported to attend meetings to help them with this. Some people were also supported to attend drug rehabilitation meetings to help them with their recovery from addiction. There was a log of all healthcare appointments, updates and follow ups.

- People had 'Recovery and stay well plans' in place. These detailed their medical condition, prescribed medicines and allergy status. They also included how to recognise signs the person may be becoming unwell, and how to manage this in the best way possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication's needs were recorded in their care plans and met.
- All the people using the service were able to speak English and communicate their needs verbally.
- One person had a hearing impairment and there were systems in place to facilitate their communication needs. For example, a vibrating system to alert them if the fire alarm went off.
- The staff were able to explain and demonstrate how they used a white board to help communicate with the person.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedures and this was available to people and their relatives. There had not been any complaints recorded in the last year. However, the registered manager told us they took all complaints seriously and took prompt action to address these.

End of life care and support

- Each person had an end of life plan in place which was up to date. This detailed the person's personal wishes should they become unwell and at the end of their life. The registered manager told us people were quite happy to discuss these wishes.

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 good. At this inspection the rating has changed 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the provider had processes for monitoring the quality of the service, they had not implemented these effectively because audits and checks had not been carried out for several months. For example, the last monthly infection control audit took place in June 2022 and the last health and safety audit took place in August 2022. A general audit took place in November 2022, but there had not been any in July, September, October, December or January 2023.
- Monitoring systems had not identify that new staff were not always employed safely because recruitment checks were not always carried out to ensure only suitable staff were employed.
- Monitoring systems had not identified and addressed that staff had not always received training, supervision and competency checks to help ensure they had the right skills to support people appropriately.
- The provider's monitoring systems had failed to identify that agency staff who worked at the service had the right training and support to meet the needs of people who used the service.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. 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

- People expressed mixed views about the culture at the service. One person who used the service told us they never saw the registered manager. They expressed they did not really like living at the service and wanted to move on. It seemed that the staff had not always understood the person's interests and how to help them with these. We fed this back to the registered manager who told us they would speak with the person.
- The staff we spoke with told us they had not spent time with the registered manager. One staff member had never met them until the day of the inspection and other staff confirmed they had not had much contact with them. One staff member told us their main support was the senior support worker at the service. The staff said they felt supported by each other and worked well as a team. We fed this back to the registered manager after the inspection.

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 provider told us they understood the importance of being honest and open when mistakes were made, or if incidents happened, and to offer an apology. They said, "If we make a mistake, we inform the relevant people. We learn from this and inform people what we have learnt and how we can do better in the future."

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

- Although the registered manager told us there were regular staff meetings taking place, there was no evidence of taking place these since July 2022. The minutes of previous meetings showed a range of subjects was discussed such as dress code, training, health and safety and cleaning tasks.
- People who used the service were engaged in their care and support, and regularly consulted and listened to by staff. Following their admission, we saw there were regular monitoring of progress sessions to review how their placements were going, if they were happy and areas that required support or improvement. Areas assessed included mental health, physical health, medicines, social activities and nutrition.
- There were weekly plans in place developed with each person, so they could look forward to what was happening and be involved. This helped people focus on specific tasks or events and look forward to these.
- The staff undertook regular keyworking sessions with people who used the service. These were comprehensive and included what the person had been doing, any concerns, targets and action plans. There were also one to one sessions with each person where they had the opportunity to discuss their needs, any worries they may have and anything they wanted. These were recorded and we saw appropriate action was taken and people were listened to.

Working in partnership with others

- The registered manager worked well with the healthcare and social care professionals involved in the care of the people who used the service. This included the community mental health team.
- The registered manager told us that the needs of all the people using the service had been reviewed by the local authority recently, to help ensure their needs were being met.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure that persons employed had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p> <p>The registered person had not ensured that recruitment procedures were established and operated effectively.</p> <p>Regulation 19 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure there were sufficient numbers of qualified, competent, skilled and experienced persons deployed to meet people's needs.</p> <p>Regulation 18 (1)</p>

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 17 HSCA RA Regulations 2014 Good governance The provider did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1)

The enforcement action we took:

Warning notice