

Derby Lodge (Preston) Limited

# Derby 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

Derby lodge is a residential care home providing personal care for up to 23 people living with a learning disability or autistic spectrum disorder, physical disability or younger adults. At the time of the inspection 23 people were living at the service.

The service is situated in a residential area of Preston; close to local amenities and public transport links. All bedrooms are of single occupancy, six have ensuite facilities. Six other bedrooms also had a lounge, kitchenette and bathroom. There are two communal lounges, a dining area, games room as well as communal bathrooms and toilets.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large adapted building. It was registered for the support of up to 23 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

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

Medicines were not always being managed safely. Some records had not always been completed appropriately. Systems had been developed for the safe ordering and storage of medicines.

Care files and individual risk assessments were not always reviewed and updated in a timely manner. The registered manager confirmed the actions taken as a result of our findings.

We have made a recommendation about people's risk assessments and care plans are reviewed and in line with current good practice.

Accident records had been completed however the actions taken had not always been recorded on these records. We have made a recommendation about the recording of accidents.

People were happy and felt safe living in the service and raised no concerns in relation to their medicines. Staff were recruited safely and training was ongoing. Infection control measures were in place; we observed and, staff told us plenty of personal protective equipment was available.

All people were complementary about the management team. The registered manager and nominated individual were visible during the site visit, it was clear people knew them well. Audits and monitoring had

been developed with actions recorded, however the medicines audit failed to identify the shortfalls we found at the inspection. There was evidence of the involvement of professionals. Team meetings were being completed as well as daily handover meetings ensuring the staff team were up to date. The service sought feedback from people

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 and update

The last rating for this service was requires improvement (published 4 March 2020). As a result we issued conditions on the providers registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe Care and Treatment and Good Governance. The service has been requires improvement for the last four inspections.

#### Why we inspected

We carried out the last comprehensive inspection of this service on 16 October and 15 November 2019. Breaches of legal requirements were found. As a result of that we issued conditions on the providers registration.

We undertook this focused inspection to check they had followed these conditions and carried out the action plan to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. At this inspection on 21 September 2020, we found not enough improvements had been made and the provider was still in breach of regulation.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

#### Enforcement

We have identified a breach in relation to the safe management of medicines.

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 for 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** ●

# Derby 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

One inspector and a pharmacist inspector undertook the site visit and an Expert by Experience undertook telephone calls to people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors undertook a desktop review of the evidence provided.

#### Service and service type

Derby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to undertake necessary checks to ensure the service was safe to visit and to enable the provider to collate information to support the inspection.

#### What we did before the inspection

We checked the information we held about the service. This included feedback, concerns, information

relating to investigations and notifications the service is required to send to us by law. We also asked for feedback from professionals about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and six relatives over the telephone. We spoke with three staff members over the telephone, we also spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook a tour of the service and observed interactions between staff and people who used the service. We checked the infection control arrangements and looked at some records.

Following our site visit we reviewed a range of records. This included care records and the management of people's risk, staff recruitment and training and records relating to the operation and management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had failed to ensure the safe management of medicines. This was an ongoing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's medicines were not always administered safely. For example, systems for making sure enough time was left between repeated doses of medicines with a minimum dose interval were not robust. Records did not show the actual time when these medicines were administered. Records for the application of creams were not completed by the person who applied them. Arrangements were not consistently in place to ensure that special label instruction such as 'before food' were followed.
- Quantities of remaining medicines did not always match the records of doses administered to the person. We could not be assured medicines were administered as prescribed.
- The administration of controlled drugs requiring a register entry was not always recorded on people's medicine administration records.
- The medicines audits completed at the home had not identified the findings in our report.

The provider did not ensure the proper and safe use of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to ensure medicines were ordered, received and disposed of appropriately. Medicines including controlled drugs and those needing refrigeration were stored securely.
- People wishing to self-administer medicines were, where possible supported to do so.
- None of the people or relatives we spoke with raised any concerns in relation to their medications. One person told us, "I am on a lot of medication and I know exactly what it is for. I am given it by the staff and always on time."

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

- Risks were, on the whole, assessed and managed. Lessons were learned.
- A number of individual risks assessments had been completed, which identified people's individual risks



and how to support them safely. However, we asked the registered manager to ensure they completed a risk assessment to support one person's individual need, and two people's individual risks were reviewed to ensure they reflected their current needs.

- Individual personal evacuation plans had been completed. We asked the registered manager to review these to ensure they were up to date and reflected people's current needs and risks.

We recommend the provider consider current guidance on ensuring people's individual risks are assessed and up to date to reflect their current need and take action to update their practice accordingly.

- A system was in place to record accidents and incidents. However, information relating to the actions taken had not always been recorded on the accident report. The registered manager confirmed the actions which had been taken as a response to accidents was recorded on the accident audit record.

We recommend the provider consider current guidance on ensuring detailed records are developed to demonstrate the actions taken in relation to accidents and take action to update their practice accordingly.

- Environmental risk assessments were in place and relevant servicing and checks had been completed. Where actions were required as part of the service the nominated individual confirmed these had been taken.
- Records in relation to the analysis of falls included actions taken and lessons learned which would support the management of any future risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- We saw people appeared happy and comfortable in the company of the staff team. One person said, "I feel safe because the staff are always about." Staff understood the procedure to take if they suspected abuse. One said, "I would speak to the person and would report it to the manager, I would call the number for the Care Quality Commission and local authority."
- Systems had been developed to record, investigate and act on any allegations of abuse.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient to meet people's needs.
- Records confirmed safe recruitment practices had been followed, and checks had been completed including proof of identity and references from previous employers. Staff confirmed they had been recruited safely.
- People told us there was enough staff in the service. One said, "Yes, always enough staff, the staff have been there for a long time, very low turnover of staff. I know them all by name."
- All the staff we spoke with confirmed there was enough staff to undertake their role. Duty rotas had been completed and, the registered manager provided a copy of the dependency assessment tool they were planning to introduce to ensure enough staff were in place in the service.

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 (personal protective equipment) 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.
- People and relatives confirmed the service had increased infection prevention measures. One told us, "All the staff wear PPE, they are wearing masks, aprons, gloves and they always wash their hands between dealing with each resident [people who used the service]. There are plenty of hand sanitisers everywhere, we are encouraged to use them as we move around the home, the lifts, tables, chairs and everything." Staff told us there was enough supplies of PPE in the service and information and guidance was provided to them.

# 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 has 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.

At our last inspection the provider had failed to ensure systems and processes identified failings in the service; and take appropriate actions to make improvements from the previous inspections. The provider failed to ensure audits undertaken were robust to identify the issues found at the inspection and enable actions to be taken to protect people from associated risks. This was an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. We could not improve the rating for Well-led from requires improvement because there was still an ongoing breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Key question safe remains requires improvement.

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

- The service had been requires improvement at the last four inspections and ongoing concerns were identified in relation to the safe management of medicines.
- Medication audits had been completed, however these were not robust enough and failed to identify the issues found at the inspection and, enable actions to be taken.
- Further audits had been completed which included the dates these had been completed and by whom, and the findings from these.
- Where care plans had been completed these had not always been reviewed to check people's current need. The registered manager took action to review one person's care file on the day of the inspection.

We recommend the provider considers current guidance in ensuring people's care plans are reviewed to reflect their current needs in a timely manner and take action to update their practice accordingly.

- The registered manager and the staff team were clear about their roles and responsibilities.
- All of the staff we spoke with were complementary about the registered manager and nominated individual. One said, "[Name of registered manager] is brilliant and, [nominated individual] is brilliant, you can get anything you need. You can go to them with anything."
- People were complimentary about the management in the service. One said. "[name of registered manager] is the manager and she is very good and if I need to speak to her I can. I go to residents' meetings and I feel they do listen to us. I feel very satisfied at the moment."

- A relative told us, "[Registered manager] is visible and ready to chat. We have sat in on the resident's meetings and the staff do seem to listen and take notes, I am sure they will act upon suggestions."
- Both the registered manager and nominated individual were visible during the inspection. It was clear good relationships had been developed between them, people who used the service and the staff team.

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 acted when things went wrong and understood their responsibilities.
- Policies and guidance was available to ensure the service was open and transparent when dealing with concerns or complaints. All people and relatives we spoke with raised no concerns. One told us, "We have never had to make a complaint. We are 100% happy with the care [name of person] receives. I have no worries about anything at the home or for any other residents who live there."
- The staff team understood their roles and responsibilities.

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

- A person centred, and open culture, which supported good outcomes for people had been developed.
- A range of information and guidance was on display in the service to support staff knowledge and the delivery of care to people. Certificate's confirming the services registration and the ratings from the last inspection were on display.
- All of the staff team supported the inspection process and information requested was provided promptly.

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

- People and staff were engaged and involved.
- People told us the service had developed ways to support visits by relatives during the pandemic. One told us, "When we were allowed to visit, it was appointment only with a one way in and out. They had plastic shields set up in the lounge and it was well protected and sanitised. You were not allowed to hug or touch your loved one but that was for their protection. As we left the entire area was then sanitised for the next visitors."
- Staff told us team meetings were taking place and daily meetings were held. They said information, guidance and updates were provided during these.
- We saw evidence that feedback about the service provided to people had been sought. The results of these were positive.

Continuous learning and improving care

- Continuous learning and improving care was considered.
- A range of policies, procedures and guidance was on display and available for staff to follow to support safe delivery of care. These included recently updated guidance about how to deal with the current pandemic.
- Staff received training that was relevant to their role.

Working in partnership with others

- The service worked in partnership with others.
- Records we looked at confirmed professionals had been involved in the care of people. The management told us professionals visited the home and access to reviews was supported by online electronic devices where this was required.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe use of medicines.  Regulation 12 (2) (g). Safe care and treatment