

# The Fremantle Trust

# Carey Lodge

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Carey Lodge is a residential care home providing personal care and support for up to 75 older people some of whom are living with dementia. At the time of the inspection 68 people lived at the home. People's accommodation is located in five separate areas referred to as 'houses', located over three floors. Each house has individual bedrooms, a communal dining and lounge areas. The houses which catered for people living with dementia were decorated to minimise distress and provide interactive opportunities to people.

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

People were not routinely and consistently protected from risks associated with their medical conditions. Staff were not always aware of people's medical conditions and had not assessed or mitigated potential risk. We found staff who were supporting people with a diagnosis of Diabetes did not always have additional information available to them on how to maintain their safety.

We found people's records held contradictory, out of date and sometimes inaccurate information. For instance, one person's file contained contradictions about their type of Epilepsy. One record we looked at referred to another person's name in it.

We found people's care records were not always completed in full. For instance, we found not all fall risk assessments were completed in full to reflect the risk posed to them, as some sections had been left blank.

Since the last inspection the service has a newly appointed registered manager. The provider had been supporting the service to make the required improvements. However, we found the quality assurance processes both at location and provider level required further improvement. For instance, audits completed did not always identify gaps, inaccuracies or out of date information in people's records.

Since the last inspection people received a better service in respect of the support they needed with their prescribed medicines. We found some improvements were required to ensure staff had readily available information on why, when and how to administer medicines for occasional use. We have made a recommendation about this in the report.

People told us they felt safe living at the home and protected from the risk of infection. Comments included "I think Carey Lodge has managed the virus very well during this period. The staff all wear masks and gloves. They take my temperature every day and I have swabs every month", "I have been tested four times and I feel they're on top of the infections" and "They are very strict on the viruses and they're all wearing masks".

People told us they felt staff supported them in a positive way. Comments included "I talk to my carers if I have a problem. I was very down in the dumps this morning and I had a good chat with the carers and they really cheered me up", "They come at set times with my pill, in the morning, lunch time and night-time and

they wait until I have taken them. They are usually pretty good", "I think this a good place and they'll listen to you. When I came in here, I sat down with the chef and said exactly how I liked my food and now I get the food that I want" and "I am happy with the way I'm being looked after here. It is clean and the food is good. If I need anything, I just ask the staff. I see more people here than I did at home and I am happy with the home".

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 24 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however, the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

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

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We had identified concerns about the management of risk, prescribed medicines, records relating to people's needs and quality systems to drive improvements in the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. 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 continued breaches in relation to safe care and treatment and good governance at this inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Carey Lodge

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had previous concerns about management and assessment of risk and how people were supported with prescribed medicines. We also checked if the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good governance. We had previous concerns about accurate and complete records and ineffective quality systems to drive improvements.

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 one inspector who visited the home and an Expert by Experience who made telephone calls to people who lived at the home and their 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.

#### Service and service type

Carey 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.

#### 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. 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.

#### During the inspection

We spoke with nine people who used the service and 12 relatives about their experience of the care provided. We spoke with nine members of staff including, the registered manager, deputy manager assistant manager, an operational manager, care workers and the kitchen staff. 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 six people's care records and multiple medication records.

We gave the registered manager and provider opportunities to share with us what action had been taken to drive improvements in the service. We encouraged them to ensure people, relatives and visiting professionals knew how to provide feedback to us and provided contact details to pass on.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional information to be sent to us, this included people's care plans, records relating to the management of the service and evidence of quality assurance. We contacted a further 13 staff to seek feedback from them. We contacted six health and social care professionals who had knowledge of the service. We received feedback from one relative.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served regarding concerns we had about the management of risk and support people had with their medicines. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a 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 were not always supported by staff to manage and reduce the risks posed to them as result of their medical condition. This was because staff were not always aware of people's medical condition or guidance was lacking or contradictory.
- At the last inspection we highlighted concerns about the management of people who had a diagnosis of diabetes. The provider had completed an action plan and had stated they identified three people who had a diagnosis of diabetes and all three had a risk assessment in place. However, we found staff did not know one of the three had diabetes and we found no risk assessment was in place or guidance for staff on how to support them. We identified a further two people who had a diagnosis of diabetes, we found no risk assessment was in place to advise staff on how they should be supported.
- We found ongoing improvements were required for the management, risk assessment and care planning for people diagnosed with Epilepsy. We noted one person had two documents relating to their diagnosis. The documents contradicted each other. Within the same person's care plan a document was found regarding the assessment for staff who had a diagnosis of Epilepsy. We have provided this feedback to the registered manager and provider.
- People were not always supported by staff who had up to date information available to them regarding the risk of them falling. We found care plans and risk assessments regarding people's mobility were not always completed in full or contained inaccurate information. For instance, one person's care plan stated "two members of staff to use proper manual handling techniques" with no additional guidance, the care plan also referred to another person's name.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they thought they were safe and cared for in a positive way. Comments included, "I think this a good place and they'll listen to you. When I came in here, I sat down with the chef and said exactly how I liked my food and now I get the food that I want", "I am happy with the way I am being looked after here. It is clean and the food is good. If I need anything, I just ask the staff. I see more people here than I did at home and I am happy with the home" and "It is a clean place and at the moment we have very good staff. I think it's one of the best homes around here". One relative told us "I've never had any worries or concerns about her care. She has seizures and they call the paramedics straight away and take her to hospital". Another relative said "They do keep me in touch; they informed me when she had a fall in the dining room and how it happened. I feel she's safe with them and she says the staff are so kind to her".
- Since the last inspection we found people were better protected from risks associated with eating and drinking, malnutrition and skin integrity. We noted risk assessments were in place and staff had knowledge of people's needs. People were referred to external healthcare professionals in a timely manner when additional needs were identified.
- Where the service had recorded a person was diabetic and had reviewed their care needs. We found information about additional checks required to maintain their health. For instance, eye screening and foot care.
- The service had obtained additional information regarding people's health needs. For instance, we found nationally recognised NHS guidance was available for staff. This supported them to understand about people's medical conditions. One member of staff we spoke with was able to communicate one person's health to us. Other staff we spoke with told us how and when they would contact external support for people.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to people's prescribed medicines. We found systems were not in place to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some improvements had been made. However, we have identified further improvements are required. We have made a recommendation about the records relating to people who are prescribed as required medicines.

- People were not routinely and robustly supported by staff who had readily available information on when they should administer as required medicines. This was because either information had been removed or had not been written.
- We found two people were prescribed more than one as required medicine. We looked at their records and found no additional guidance for staff on why, when and how these should be administered. We discussed this with the deputy manager who stated these documents had previously been in place. They immediately responded and arranged for these documents to be re-written. The deputy manager and other staff had good knowledge on the two people concerned.

We recommend the provider consider current guidance on records and guidance recommended for people who are prescribed medicines for occasional use.

- People were supported by staff who had received training in the safe administration of medicines. People and their relatives told us they had no concerns with how they received their medicines. Comments included, "I have no concerns about medications.", "The tablets come around with meal trolleys at seven in the morning. I have painkillers when I need them. I buzz (press the call bell) if I need anything and they come straight away. They have always got me the pills when I have needed them", "I get my drugs regularly. I have my thyroid before six in the morning with decaffeinated tea. I have no problem with that" and "They come at set times with my pill, in the morning, lunch-time and night-time and they wait until I have taken them. They are usually pretty good".
- We found where additional guidance for staff was available on why, when and how to administer as required medicines, this was up to date, accurate and provided clear guidance for staff.
- People who were prescribed medicine in the form of a transdermal patch were supported with this safely. We noted body charts were in place. We did identify a few gaps in the records. However, the deputy manager had already identified this and had planned to take action to ensure improvements were made.
- Senior staff carried out regular checks on medication records, stock and procedures. We looked at stock records for medicines, including those which required additional storage requirements due to the risk of abuse. We found records were accurate and up to date. The area where medicines were stored were clean and tidy.

### Preventing and controlling infection

- People spoke positively about how the provider, registered manager and staff had supported them since the outbreak of Coronavirus. Comments included "I think Carey Lodge has managed the virus very well during this period. The staff all wear masks and gloves. They take my temperature every day and I have swabs every month", "I have been tested four times and I feel they're on top of the infections", "They are very strict on the viruses and they're all wearing masks" and "I feel safe here. Everyone's been tested and they all wear masks". One relative told us "We are particularly impressed by the way they have handled the situation caused by the pandemic, which is stressful for us all. I call my mother every day and for some weeks we have been able to visit, either in the garden or in an adjoining building. At all times staff behave in a professional manner with regard to personal protective equipment (PPE) and I am pleased to hear residents are tested every month".
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served regarding concerns we had about quality assurance processes, the management and accuracy of records relating to people's care. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider failed to evaluate and improve their practice in respect of the monitoring they had completed to drive forward improvements. We found records were not routinely kept up to date and accurate. This was a breach of regulation 17 (Good Governance) 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 17.

- People's records did not always reflect their current needs. We found care plans contained conflicting information about people and some people's records had not been completed in full.
- We found one person's care plan referred to another person. Another person's care plan detailed two known names for them. Their registered birth name and their chosen name. These were used concurrently within the same document. It was only recorded on one document the person wished staff to address them by their chosen name rather than their birth name. The documents without this distinction were confusing to the reader.
- We found two people's falls risk assessment had not always been completed in full. We found sections which required a score were left blank. This had the potential for the assessment to not accurately reflect the risk posed to people.
- We found quality processes in place did not always drive improvement as audits completed did not always identify gaps in recording, inaccurate or out of date information. There was a lack of processes in place to ensure actions identified in audits were completed. We found a senior member of staff had audited two people's care plans in September 2020. Both audits identified updates were required. However, we found they had not been completed. We noted both had been identified by the registered manager following our inspection as "requires updating".
- Two other records had been audited by a senior member of staff in October 2020. Both audits identified the need for updates to be made. We looked at a care plan tracker completed by the registered manager on

4 November 2020, which stated the documents identified were in place. We asked the registered manager to send us the identified documents. We found one was dated 15 June 2018 and the other was dated 2 February 2020. The care plan tracker had not identified these documents needed updating. We have provided this feedback to the registered manager.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that governance of the service was effectively managed. This placed people at risk of receiving unsafe or ineffective care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt supported by the staff. Comments included "I talk to my carers if I have a problem. I was very down in the dumps this morning and I had a good chat with the carers and they really cheered me up".
- Since our last inspection there has been a change of management. People, relatives and staff were very pleased with the new registered manager. I've spoken to the new manager; she's very nice, "We have a newsletter which tells us what's going on. There's been a new manager. I've met her and she's quite nice; she's changed a few things".
- Relatives told us communication had improved since the new registered manager had been in post. Comments included "Things have changed with the new manager; there is more communication, more regular communication. I'm now phoned on a regular basis to give me an update", "Communications during Covid has been very good", "I had issues with the previous manager who wasn't on top of the job. If you raised something with her she listened and seemed to take it on board, but nothing happened" and "They ring me up regularly and they're very good at keeping me informed. I know about the management changes".
- Relatives told us how well they perceived the arrangements for them to visit and keep in contact with their family member. Comments included "I feel both my aunt and father have been safely looked after by Carey Lodge. They have very clear procedures for managing visits and they have done extremely well in enabling visits", "Safety wise they are absolutely on the money. They really keep an eye on us when we visit", "I have been visiting every other week. I think they have organised it very well so that all the relatives get a chance to visit" and "Infection control seems very good, we all have to wear PPE and sanitise our hands when we visit. They have tried really hard with arranging visits for families".
- We found staff worked well as a team. We acknowledged a shift in culture within the home. The atmosphere was calm and professional. We received positive feedback from relatives about how caring staff were and how well they thought their family member was being supported. One relative told us "The staff seem to me to be happier and working more as a team, people (staff) seem to be more willing to do things and there is a better atmosphere about the place, a more comfortable atmosphere".