

R Beeharry

Fitzroy Lodge

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Fitzroy Lodge is a residential care home providing accommodation and personal care for up to 24 people in one adapted building. The service provides support for people living with a range of health care needs, including people living with dementia. There were no people living at the home on the day of our inspection.

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

There were no people living at the home at the time of the inspection. We found that the provider was undertaking extensive redevelopment and improvements to the décor and safety systems within the home. Due to the scope of the work being completed, the premises were, at the time of the inspection, not fit to operate and safely provide care and support to people. Risks posed by the environmental changes had not fully been considered when the home had supported a person. This put the person at risk. Redecoration and redevelopment did not allow effective and essential cleaning to be completed throughout or ensure that the whole environment was of a hygienic standard to safely support people.

The provider was taking action to make essential changes to the environment to allow people who may be admitted to receive safe support.

The provider had recruited a new manager to the home. They were being supported in their role by the provider and an independent care consultant to improve and develop quality assurance systems.

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

Rating at last inspection

The last rating for this service was inadequate. (published 22 February 2022)

This service has been in Special Measures since 22 February 2022. As we carried out a targeted inspection, we only looked at part of the key questions within the safe, effective and well-led domains. The ratings of the key questions have not been changed and the service remains in special measures.

Why we inspected

At the last inspection, we found a high number of serious concerns and raised safeguarding alerts for people with the local authority, while the police also undertook an investigation. Due to the high level of safeguarding concerns, the local authority undertook urgent and immediate reviews of people's care. During the inspection, CQC issued an urgent notice of decision (NOD) to suspend the service. As a result, a decision was taken, in conjunction with the local authority and the provider, to move all people out of the home

Although the suspension on the service ended on 21 February 2022, CQC has since received information from the provider that they had admitted a person to the home following the lifting off the suspension.

Immediately prior to our visit to the home, the service confirmed that the person who had been admitted for a period of respite was no longer at the home.

Due to serious concerns raised at the last inspection about the safe management of the environment, together with whistleblowing concerns received by CQC, we made a decision to undertake this targeted inspection to check on the suitability of the premises and whether the provider was fit to operate. We checked that the person's needs had been assessed prior to their admission, and that they had received safe support during their stay. We also checked whether staff had been recruited appropriately and that they had the skills to support people.

CQC use targeted inspections to follow up on Warning Notices or to check 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fitzroy Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 and will take further action if needed.

Follow up

The overall rating for this service remains 'Inadequate' and the service remains in 'special measures'. The rating of home has not been changed, as we have only looked at part of the key questions we had specific concerns about. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Fitzroy Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on concerns we had about the suitability of the premises to safely accommodate people and whether the provider was fit to operate.

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 undertaken by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager registered with the CQC although they were no longer employed in their post. The provider had employed another manager who, at the time of the inspection, was applying to be registered with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. Prior to the inspection we were unsure whether anybody was being supported at the home and we wanted to be sure there would be staff at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

At the time of the inspection, there were no people living at the home. We spoke to three members of staff, the provider, the manager and the environmental compliance manager. We made extensive observations of the environment of the home and the redevelopment work being completed. We looked at the care plans and risk assessments of the person who had previously been admitted for respite care. We looked at the recruitment files of three members of staff, including the manager. We reviewed the providers action plan for the home.

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 as inadequate. There were concerns raised at the last inspection about the safety management of the environment and the suitability of the premises. Some environmental risks to people's safety had not been assessed and actions had not been taken to mitigate them.

At this inspection, the rating of this key question has not been changed, as we have only looked at part of the safe key question we had specific concerns about. The purpose of this inspection was to check if the provider had made appropriate improvements to the environment that would allow people to be safely supported. We also looked to see whether existing staff had been safely and appropriately recruited. We will assess all the key questions at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At the last inspection there was a failure to manage the risks to people and there 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.

- At the last inspection, assessments of people's needs were not comprehensive, provided conflicted information and associated risks to people's health was not always assessed.
- Following the last inspection, all people at the home were moved to other homes due to the high level of serious concerns we found. We reviewed care plans and risk assessments that had been completed for the individual who had been resident in the home for a period of respite.
- Not all risks to the person had been considered and assessed. There was considerable construction work that was underway at the home, and the provider had failed to fully assess the potential impact of the building work on the person's safety. This had potentially put the person at risk of harm.
- At the last inspection environmental risks had not been safely managed. Products considered hazardous to people's health (CoSHH) had not been appropriately stored. People at the home were living with dementia and may not have been aware of what the products were. Portable heaters placed in people's rooms had not been risk assessed and were identified as a potential fire risk. Some fixtures and décor were found to be unsafe, unhygienic and increased the risk of harm to people and increased the risks of infection. One shower fixture was not secure to the wall, while a nail was protruding in the shower area.
- Since the last inspection, the provider had initiated extensive plans of redecoration of the home, which were at varying stages of development. The provider had employed an environmental compliance manager to oversee and manage the work being carried out. We found that, at the time of the inspection, and despite the initial improvements made to the environment, the home was not fit to operate and safely support people. The provider stated that they would not be admitting any further people to the home, for

permanent or respite admissions, until the initial phase of decoration (ground floor) had been fully completed.

- The home required a number of safety and environmental improvements to ensure that people could live and move safely around the service without restriction. A significant portion of the flooring on the ground floor had been replaced but had not been fully completed. On the upper floors, most flooring had been removed pending replacement, meaning that many floorboards were exposed. Some temporary replacement carpeting had also been pulled back so that electrical wiring replacement could be completed. Access to the upper floors through two stairwells remained open despite a stair gate in place at one access point. This meant that people would not be able to safely move around the home without risk of harm.
- At the time of the inspection there were a number of areas that posed a serious risk to people's safety. A storage area on the second floor was in the process of being cleared of combustible items following a recent fire inspection by the local authority. The provider had been advised that they could not accommodate people on that floor until work had been completed. At the time of the inspection there were no fire evacuation plans in place to support people to safely exit the home in an emergency.
- At the last inspection, we identified concerns around the state of decoration in a ground floor bathroom. The issue identified with regards to the poorly secured shower head remained unresolved, but the provider stated that they planned to refurbish the bathroom throughout. Another ground floor bathroom required upgrading but the provider stated that this was currently functional.
- The provider was in the process of upgrading the fire alarm system for the home. At the time we inspected a new fire system panel had been installed at the entrance to the home. There was also the existing fire system on the same floor that could alert staff to fire safety issues on the second and third floor of the home. The new system would eventually provide staff with a system to monitor the home as a whole, although work was still required to ensure the home had a coordinated and unified fire safety system. The compliance manager also confirmed that a fire door was required in the corridor area on the ground floor going into the dining room.
- The home can potentially accommodate up to 24 people. At the time of the inspection, only 4 rooms had been fully refurbished, although the rooms did not have locks on the doors which meant that people's privacy could not be assured while their belongings could not be fully and safely secure.
- Risks to people's safety living in the current environment had not been considered or assessed. We looked at the records of the person who had recently been admitted on a short period of respite. Whilst risks to their personal health and social care needs had been completed, there were no risk assessments that considered the dangers and risks associated with the redevelopment of the home. This would have placed the person at risk of harm.

There was a failure to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way; there was a failure to assess the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had made, and was in the progress of making, improvements to the environment. For example, new sensor lights had been installed on the ground floor that would assist people to safely move around communal areas. At the last inspection we found an unlocked cupboard containing products considered hazardous to health (CoSHH) open. At this inspection the provider had ensured that the cupboard was now securely locked and only accessible by staff. Flooring that had been replaced at the time of the inspection was of good quality and supportive of people with mobility issues.

Preventing and controlling infection

At the last inspection the provider failed to have safe systems in place for infection prevention and control and there 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.

At this inspection there were no people living at the home and no care on site staff actively working.

- The extensive building work and renovation being undertaken in the home did not allow effective and essential cleaning to be completed throughout or ensure that the whole environment was of a hygienic standard to safely support people. As detailed in the same domain, renovation work was still to be completed in many downstairs rooms, communal areas and kitchen, while the upper floors of the home were in the early stages of redevelopment.

The provider could not be assured that the environment was of sufficient standard at the time of the inspection to adequately prevent and control the spread of infections. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management staff and contractors were observed wearing personal protective equipment (PPE) during the inspection. There was sufficient PPE and the provider has access to ongoing supplies.
- We discussed with the manager and provider what systems were in place that could safely support future admissions and ongoing support. The provider informed us of arrangements to facilitate visitors.
- The current staff team had been fully vaccinated, and the provider had a testing regime in place that would test staff and people according to the relevant guidance. Staff had completed infection prevention control (IPC) training.

Staffing and recruitment

At the last inspection staff were not always recruited safely, this was a breach of regulation 19 (fit and proper persons) 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 19.

- At the time of the inspection there were no people currently living at the home and no care staff on site. The provider informed us that the staff team consisted of themselves, the manager and two active care staff. Two further care staff members were in the early stages of recruitment. We looked at the records of the manager and two active care staff.
- Recruitment information was not always recorded in full to explain gaps in people's employment. One staff member's application showed a two-year gap in employment, but records did not highlight the reasons for this. The provider was able to evidence the gap but had not recorded this.
- The manager's application form had not been completed fully and their c.v. had been used by the provider to assess their employment history. This also showed a significant gap in recent employment. The provider and the manager confirmed that they had had discussions at the interview stage, but no details or information had been recorded. The provider and manager informed us about the reasons behind the gap in the employment. This information, and the recording of it, would have been important in evidencing the

providers decision on the fitness of the manager to undertake their position.

- The failures in the recruitment process and recording had also been identified in an external audit prior to the inspection. Despite this, necessary changes had not been actioned by the provider.

The failure to have adequate systems to check the suitability of staff put people at risk and is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, there was a lack of sufficient, suitable staff to ensure people's needs were met. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider remained in breach of regulation 18. The provider had recruited two care staff, however, as there had been no permanent residents at the home for some months, the full effectiveness of staffing and deployment could not be adequately assessed. Therefore, we were unable to assess this breach and the provider remained in breach of regulation 18.

- Other areas of recruitment had been completed in line with recruitment policy. Health and safety information had been recorded, while interview notes showed the candidates responses and scoring. References had been obtained while training courses had been undertaken as part of the staff members induction period.
- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 our last inspection we rated this key question as inadequate. There were concerns raised at the last inspection that included staff training and to safely and effectively ensure that the decoration of the home improved peoples quality of life and wellbeing.

At this inspection, the rating of this key question has not been changed, as we have only looked at part of the effective key question we had specific concerns about. At the time of the inspection, there was no one living at the service. Since the lifting of the providers suspension, CQC were informed that one person had previously been admitted for a short period of respite. We checked to see that the person had been admitted to the home effectively, that their needs had been met by suitably trained and recruited staff, and that the environment was suitable and safe.

Staff support: induction, training, skills and experience

At the last inspection, staff had not received consistent support, training and induction to ensure they had the skills to be effective in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider remained in breach of regulation 18 the provider had initiated induction and training for two care staff, however, as there had been no permanent residents at the home for some months, the full effectiveness of the training program and the assessment of staff competency could not be adequately assessed. Therefore, we were unable to assess this breach and the provider remained in breach of regulation 18.

- Staff had received training to allow them to carry out their roles. Two care staff members had completed an induction that included training in courses such as safeguarding, moving and handling, health and safety and medicines.

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

- At the time of the inspection, the decoration and layout of the premises did not meet people's support needs or provide a suitable environment to allow staff to provide safe care.
- As detailed in the safe domain, people's rooms, bathrooms, communal areas and the home's kitchen were in the process of being refurbished and redecoration. Only four rooms in the home had so far been adapted for people to safely and comfortably live.
- Improvements and changes with the fire alarm system and electrical supply were still in progress and therefore did not permit people safely living in all areas of the home.
- The provider had made improvements that would meet people's basic needs. Maintenance work and upgrades had been made to the central heating system that would facilitate hot water in people's rooms.

New flooring had been put in place in parts of the ground floor.

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 as inadequate. There were widespread concerns and significant shortfalls concerns raised at the last inspection in the oversight and governance of the home. At this inspection we checked what the providers improvement plans were, their intent for the home and what management support was in place to facilitate the future provision of care.

At this inspection, the rating of this key question has not been changed, as we have only looked at part of the well-led key question we had specific concerns about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care

At the last inspection we found that systems and processes were not always operated effectively to ensure compliance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had taken initial steps to identify and begin to address shortfalls in governance processes, although they remained in breach of regulation 17.

- At the last inspection, we found that quality systems and audits had had not always been effective in identifying shortfalls found. Following the last inspection, the provider had completed an action plan which stated that a system of regular audits would be introduced. As there had been no permanent residents at the home for some months at the time of the inspection, the full effectiveness of quality assurance systems could not be adequately assessed.
- However, some issues that had been identified since the last inspection had failed to be actioned. For example, following the last inspection, the provider had employed an independent care consultant to support the provider and manager with governance and oversight. They had completed a monitoring visit in April 2022 to check key aspects of care being provided to the one respite resident. The consultant had identified that regulations had not been complied with and that there were gaps in the recruitment of two staff members that had not been included within their files. Actions for the provider recommended that these details be included for the purpose of future inspections. At this inspection this had still not been actioned. This demonstrated a lack of oversight and management of the recruitment process.
- The provider had failed to fully consider the environmental risks to admitting and supporting people during the phase of the reconstruction of the home. The providers action plan had stated that the home would not be admitting any new residents until the improvements had been carried out and changes had been completed. However, the provider had taken the decision to admit one person following a review of fire standards by the fire service. As detailed within the safe domain, potential risks had not been considered or assessed by the provider to the person accessing other parts of the home, which could have potentially

caused harm. We discussed the admission policy with the provider who stated that no further people would be admitted to the service until the first phase of building work had been completed.

- At the time of the inspection, there was a manager registered with CQC although they were no longer working at the home. A new manager had recently been recruited. They had experience in managing a community care setting but not residential service. The manager told us that they were looking forward to the challenge of managing the home should new people be admitted in the future.
- At the last inspection, there was a lack of openness and transparency that meant that staff had not been engaging effectively with other agencies.
- At this inspection, the provider had sought external guidance and support to look to address the shortfalls and failings CQC had identified. For example, the provider had recruited an independent care consultant to support the provider and manager with governance and oversight. Their role was to oversee the action plan that was completed following the last inspection in November 2021, and to support the manager with the development of quality assurance systems and policies and procedures.
- The provider was working with the local authorities Fire and Rescue Service to ensure that the development and work being undertaken was safe and compliant with regulations. The development and improvement work on the home was being overseen by an environmental compliance manager. They had experience of development and understood the regulations required within residential care home settings and told us what improvements and standards would be required for each area being improved.

The provider failed to have effective systems in place to monitor the quality and safety of the service. This is a continued breach of regulation 17 (Good governance)

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way; there was a failure to assess the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p>

The enforcement action we took:

Refer to MRR and Enforcement record for actions taken following MRM.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have effective systems in place to monitor the quality and safety of the service.</p>

The enforcement action we took:

Refer to MRR and Enforcement record for actions taken following MRM.

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 failure to have adequate systems to check the suitability of staff put people at risk.</p>

The enforcement action we took:

Refer to MRR and Enforcement record for actions taken following MRM.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had recruited two care staff, however, as there had been no permanent residents at the home for some months, the full effectiveness of staffing and deployment could not</p>

be adequately assessed. Therefore, we were unable to assess this breach and the provider remained in breach of regulation 18.

The enforcement action we took:

Refer to MRR and Enforcement record for actions taken following MRM.