

J.E.M. Care Limited

Tollington Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this unannounced comprehensive inspection on 6 September 2018. We last inspected Tollington Lodge Rest Home in November 2015 and we had rated the service good. At this inspection we found the service had deteriorated and was rated as requires improvement.

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

Tollington 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 is registered to provide accommodation for up to 25 people requiring assistance with personal care. During our inspection there were 24 people living in the home.

Accommodation is offered over two floors and consists of single bedrooms, most of the bedrooms have washing facilities and a toilet. The dining room is centrally located on the ground floor and people can sit in one of two lounges. People can access and use the front garden, there is seating available and the ground is flat, making it accessible.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always administered safely or in line with the service's procedures. This meant that people were at risk from not receiving the correct dose of medicine. The date that creams and ointments were opened was not always recorded on the container. This meant that people may have creams or ointments applied that had gone out-of-date.

People's privacy was not always respected. We observed some staff entering the rooms of people without knocking on the door. We saw other staff that did knock before entering the room. People were not always treated with dignity and respect when they were being moved in wheelchairs.

There was a programme of quality audits in place and these were managed by the registered manager. There was a further 'audit of audits' in place and these were completed by the provider. However, these did not always identify potential risks. For example, only one radiator in the service had a radiator cover and no control measures, for example guarding the heated areas, or risk assessments were in place relating to the risk to people from hot surfaces.

Equipment was not always safe for people to use. For example, one adjustable bed posed an entrapment risk due to poorly fitting bed rails and another had bedrails that were unsafe.

People spoke positively about the registered manager and provider, saying they were approachable and they could complain if necessary.

Staff could describe the different types and indicators of abuse, including the actions that they would take if they thought abuse had occurred.

The service responded to changes in people's needs and worked with healthcare professionals to achieve good outcomes.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of this report.

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.

Risks were not consistently well managed, this meant that people were at risk from harm.

Medicines were not always administered safely.

The service's approach to staff recruitment was not consistent to ensure appropriate staff were employed.

Storage of materials potentially hazardous to health were not stored securely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Consent to care was not always given in line with legislation and guidance.

Staff received the training they needed for their role.

People's experience regarding food and drink was variable.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff members did not always support people with dignity and respect.

We saw examples of caring and friendly interactions with people.

The service actively considered equality, diversity and human Rights.

Requires Improvement ●

Is the service responsive?

The service was responsive to the needs of people.

Good ●

People's feedback regarding the availability of activities was variable, but a range of activities were provided.

Complaints were managed and people were informed of the outcomes.

The service undertook questionnaires to gain the views of people.

The service worked with health care professionals when required and this resulted in positive outcomes for people.

Is the service well-led?

The service was not consistently well-led.

Quality assurance processes were not always effective.

People and staff spoke positively about the provider and the registered manager.

Staff members worked as part of a team and were enthusiastic about the service and the people they cared for.

Requires Improvement ●

Tollington Lodge Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information, we held about the service, including notifications that the provider had submitted. A notification is sent to the care quality commission when specific events occur.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We also received feedback from a number of health care professionals who visit the service.

We spoke with 11 people using the service and three relatives. We spoke with one health care professional who was visiting the service and one over the telephone while at the service. We spoke with the provider, registered manager, one senior care worker and three care staff.

We reviewed various records, including: audits, the audit of audits, questionnaires completed by people using the service, policies and procedures, medication records, fire evacuation plans, three care plans, three staff recruitment and training files and five supervision documents. We reviewed correspondence and records from external companies responsible for checking the safety of equipment, water quality and boiler

safety.

Some people at the service were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. As part of our observations 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.

Is the service safe?

Our findings

People were not protected from some health and safety risks. Only one radiator in the service had a radiator cover. This included all radiators in areas where people could fall unobserved. This meant that if a person fell against a radiator and was unable to stand or move away, they were at risk of a burn. We asked the provider if there was a risk assessment in place and were told that no risk assessment had been undertaken. During our inspection the provider and registered manager assessed the radiators and contacted us after the inspection to inform us that radiator covers would be introduced to reduce the risks to people. At the time of the inspection none of the radiators were switched on.

Equipment that people required was not consistently safe for use. For example, we saw a raised toilet seat with one leg being propped up by a book. Two adjustable beds had bedrails fitted that were unsafe and posed an entrapment risk. Both had gaps between the rails and the mattress and one was unstable. The registered manager told us that one person did not use the rails. The registered manager acted to rectify this during the inspection.

Medicines were not always administered safely or in line with the service's procedure. When administering medicines, staff members should observe the person swallowing each individual medicine, this ensures that people are receiving the correct dosage. We observed two people having their medicines given to them in small pots, one person dropped a tablet on the floor and this went unnoticed by the staff member who had returned to the medicines cabinet. The error was identified by another staff member, the person was offered a replacement tablet. We highlighted this to the registered manager. The provider contacted us after the inspection about the actions they had taken.

When creams were opened, the date was not recorded on the container in line with relevant guidance. When a cream or an ointment is opened, this affects the expiry date, which can be reduced. When the date is not recorded it is possible that the creams or ointments being applied are out-of-date and so should not be used.

Minimum and maximum medicines fridge temperatures were being recorded daily. However, for the two weeks prior to our inspection the maximum temperature was recorded as 10 degrees Celsius every day. The safe storage range is 2-8 degrees Celsius. The fridge was used to store medicines, including insulin. No action had been taken to check the safe storage of medicines in the fridge.

We saw three cupboards that had been left unlocked. The cupboards contained various items, including cleaning products, paint, decorating materials and odour digester. This meant that people could access potentially dangerous chemicals and storage was not in line with the relevant legislation. The provider and the registered manager told us that one of the locks on one of the cupboards was broken. Arrangements had been made to have the lock replaced. Instructions to store chemicals in an alternative cupboard had not been followed. The provider contacted us after our inspection to inform us that the lock had since been replaced and that potentially dangerous chemicals and materials had been removed from the cupboards.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines, not requiring refrigeration, were stored safely and securely. Protocols for people who had medicines prescribed to be given 'when necessary' were in place to guide staff. Staff recorded the administration of medicines and creams accurately.

The service did not always follow thorough recruitment procedures. Staff recruitment files did not always include a reference from the most recent care employer as required and the decision-making process was not recorded. However, two alternative references had been obtained. For example, two records did not include details about failed attempts to obtain references, the reasons that references were unobtainable, associated risk assessments and actions. There was a lack of assurance that the provider's recruitment policy had been followed to ensure safe recruitment of staff.

When people applied to work at the service, checks were undertaken with the Disclosure and Barring Service, this service provides details of a person's criminal record and if they are suitable to work with vulnerable people

People were not consistently protected from the spread of infection. During our inspection we saw a quilt being dried over the radiator in the communal bathroom. The quilt was damaged, and the filling of the quilt was exposed. We observed a staff member collecting dirty washing, including used towels, without wearing gloves or an apron. This meant that people were at risk from cross-contamination. Suitable handwashing facilities were available, and staff had access to gloves and aprons as required.

People did not consistently feel safe, comments from people included, "I fell over a little while ago, once I fall I can't get back up independently.I didn't have the bell near me so I had to wait, I didn't feel comfortable and I was a bit worried about it" and, "I don't really like living here. One of the problems is the bell isn't answered very promptly, which is frustrating". However, other comments from people included, "I think the best thing about living here is the security, my family feel I am safe and not in any danger which is important to me. There is always someone checking I am okay and safe." There were some risk assessments in place. For example, one care plan included a risk assessment for diabetes.

The registered manager assessed staffing levels. A staffing dependency tool was not used. However, the registered manager reviewed the needs of people when changes occurred and would increase the number of staff in accordance with this. Overall the service maintained safe levels of staffing and staff told us they felt there were enough staff. The worked staffing rota indicated that there was one occasion during the two weeks prior to our inspection when only one member of staff as opposed to two had worked throughout the night, however the provider contacted us after the inspection and told us that the registered manager had worked on that occasion to ensure that safe staffing levels were maintained.

There were policies and procedures in place to keep people safe from harm and we spoke with staff who were familiar with the types and signs of abuse and who told us confidently what actions they would take if abuse was witnessed or suspected. One person said that indicators of abuse included, "Changes in mood, behaviour. Small changes, physical marks" and another staff member said, "I know residents, I would report any concerns, bruises, cuts and unexplained marks."

The registered manager was aware of the actions that they would take and where people would be moved in the event of a serious incident that stopped the service from working and being able to house people safely. However, these actions were not documented, although people had personal evacuation plans and a

'grab file' of information was available should the emergency services be called. Equipment was serviced regularly, and the service had recently invested in updating one of the lifts.

The registered manager was responsible for overseeing the accident and incident audit. The audit did result in corrective actions being taken. For example, it was identified that one person was falling with increased frequency. The registered manager arranged to have a sensor mat put into the person's room to alert staff when they needed assistance.

The service had not received any recent whistleblowing concerns and there was a whistleblowing policy in place reassuring staff that they, "Should not hesitate to whistle blow."

Is the service effective?

Our findings

At our last inspection we found that the service was not undertaking best interest decisions in line with the Mental Capacity Act 2005 (MCA). We brought this to the attention of the provider and registered manager at the time, who told us that they would review the processes to ensure that actions were undertaken in line with the MCA. However, there was still some inconsistency regarding the records and the service's approach in practice. For example, care plans that we reviewed did not include details of mental capacity assessments or best interest decisions where needed. One person had been deemed as lacking capacity to make certain decisions however had signed to demonstrate that they consented to a range of care arrangements. The provider contacted us after the inspection to inform us that actions had been taken to arrange visits from an advocate and family members so that best interests' decisions could be considered and made regarding people using the service.

Staff we spoke with could describe the principles of the MCA confidently and accurately. One staff member said, "Never assume someone lacks capacity, it's their right to make a wrong decision" and another person said, "Never assume people don't have capacity and everyone has the right to make a bad decision". Each of the staff members we spoke with told us that the registered manager would sit with them during supervision, speak about the MCA and rehearse the key principles.

People's experiences in relation to eating and drinking were variable. The food we observed being served looked fresh and appetising, although some people did experience a delay receiving their meal. For example, one person said, "Dinner time here is a nightmare, I have to wait for everyone to finish eating before they will bring out the desserts. They always bring out the hot desserts first, but I like ice cream so end up sitting and waiting for a long time" and, "There aren't enough dessert spoons, I seem to have to use a soup spoon most of the time which is uncomfortable." Another person said, "I enjoy the food" and we observed one person asking a staff member to, "Pay my compliments to the chef."

During lunch, we observed staff wore fresh aprons and covered their hair during the preparation and serving of food. The service has a five-star rating from the Food Standards Agency.

The service used the Malnutrition Universal Screening Tool (MUST) to assess and manage a person's risk of malnutrition. People's fluid and food intake was measured where appropriate and people were weighed frequently to ensure that action could be taken if required.

Staff members received a basic induction when first employed by the service. Staff received training in key areas, including moving and handling people, infection control, and nutrition and hydration. Supervision sessions were used to revisit training and to refresh staff' knowledge about what they had learned. Staff spoke positively about the training support they received from the registered manager, one staff member said, "Training was adapted to suit my needs."

The service worked in partnership with healthcare professionals to achieve positive outcomes for people. For example, the occupational therapist visited when required and district nurses visited the service daily.

Comments from professionals included, "I have seen a significant change in people for the good" and, "I think this is a lovely home, nice friendly staff."

During our inspection the service was in the process of updating and re-decorating the environment. People were consulted on and involved with decisions about how the service should be decorated. For example, during one meeting a person said, "I prefer neutral colours, not bright" and another person responded, "I agree, much the same as now, only freshened up."

People could personalise their rooms, we saw pictures and ornaments on display, one person said, "Some of my garden ornaments from home are in the garden, just outside of my window so it is nice for me to see them and it helps it feel more homely" and another person said, "I was able to bring my personal belongings that I wanted. They remind me of the past and is something to talk about, everything has a story."

Is the service caring?

Our findings

Staff members did not always move people who were using wheelchairs with dignity and respect. On multiple occasions, we observed people being moved and repositioned in their wheelchairs without any communication with or consent from, the person using the wheelchair. For example, one staff member approached and moved a person after they had finished eating lunch, the person sat in the wheelchair asked, "Where are we going?" The member of care staff responded, "To the lounge."

We observed one staff member using their own foot to reposition a person's feet, without any explanation. We highlighted this to the registered manager.

We observed some staff members walking into peoples' rooms without first knocking on the door and waiting to be invited in. This meant that people's privacy was not always being respected.

Interactions between staff and people were variable. For example, people said, "Yes, I would say the carers are friendly and approachable here, one or two will give you a good morning, though they don't all do that", "Carers are friendly here, generally they are polite to you. I have a hearing impairment, so it can be difficult to communicate" and, "The carers don't really have enough time to stop and talk with me, they could do with some more carers I think. It would help quite a lot, perhaps just one extra so they are not as rushed."

We observed some kind and caring interactions, for example one staff member who wanted to sit down and eat their lunch asked people at the table, "Do you mind if I join you." However, we also saw a staff member observing a person struggling to eat their food and ask, "Do you want some sausage?" The person indicated they would, the staff member gave the person a piece of sausage on the end of a fork and walked off, leaving the remaining food on the plate. One person's response in a questionnaire conducted by the provider read, "It's not always the fault of the staff if I don't always get the care I need, it's the time constraints."

Relatives of people using the service could maintain important relationships with people living in the home. For example, one relative told us, "I can bring the dog in for my husband to spend time with, which is lovely and he enjoys it." One person said, "My daughter can come and visit when she wants to, we usually spend quiet time in my room together." The registered manager told us that they encouraged people to visit and there were occasions when tea parties were held.

The service had recently stopped holding meetings for people. The registered manager told us the meetings were not effective and had caused anxiety and disruption between people. Instead, the service undertook smaller meetings, based on the individual needs of people. For example, some people were spoken with on a one to one basis, others in groups of varying sizes.

During our inspection we saw there was a 'suggestions' box located in the reception area. The registered manager explained that people could use the suggestion box at any time to put forward ideas for changes or improvements, the ideas could be submitted anonymously or people could include their details in case the service needed to follow-up information.

Handover notes for staff were comprehensive and included details about actions that staff had taken, how people had been assisted and detailed the level of support that had been provided. Reminders for staff were included. For example, one handover record included details about the most effective way to communicate with a person, it said, "Talk calmly and quietly, not too much information".

People's information was stored confidentially in a locked cupboard. The service had considered the affect that the General Data Protection Regulation would have on people, including key principles, people's right to access information and changes required to the management of records to ensure compliance.

The service actively considered equality, diversity and human rights, for example people's religion and beliefs were recorded in their care plans and the service had arranged visits from local religious organisations when required. The Equality and Diversity policy communicated that, "Tollington Lodge Rest Home celebrates differences."

Is the service responsive?

Our findings

The service remained responsive.

The registered manager told us that there were activities available to people, including art sessions that were led by an external artist, quizzes, festive themed activities at different times of the year, and ground fireworks were displayed on fireworks night so that people could view them from the warmth of the service. We observed a session by 'Alive!' during which people held a ballet slipper and watched ballet on the television. However, people's experiences of activity provision were variable. Comments from people included, "I spend most of my time in my room, there doesn't seem to be much going on here. In the past I would've spent the time in the lounge for the whole afternoon, but there doesn't seem to be much going on now" and, "I quite like painting, there is a lady that visits us here and we do some painting which I really do enjoy". The artwork produced by people using the service was displayed on the walls.

The complaints procedure was displayed in the service and complaints were responded to. For example, one person told us, "I know how to make a complaint, my bed wasn't being changed regularly so I spoke up and now it is changed at the weekend." Another person said, "The [registered] manager explained the process of moving in which was really helpful and I would be happy to raise any issues I might have." The formal complaints that we reviewed had been resolved and the outcomes recorded.

People told us that they could approach the registered manager and provider when issues occurred and that these would be resolved. Comments from people included, "If I wasn't happy with anything I would just speak to [registered manager's name] about it and I know she would sort it" and "I think [registered manager's name] is nice, if I wasn't happy with anything I could go and speak to them about it."

People were offered the opportunity to complete various questionnaires. One questionnaire entitled, 'What would you like to see on your menu?' asked people what food choices they would like to see made available. People suggested that they would like to eat sausage sandwiches for breakfast. During our inspection we observed people eating sausage sandwiches for breakfast. One person told us, "I have a care plan and I have been asked if I am happy with my care, [registered manager's name] brought around a questionnaire about my teeth, I have just finished filling in a lot of questions about the service." Questionnaires were stored in the reception area and so were accessible to be completed and submitted at any time.

People told us that the service was responsive to their needs. For example, comments from people included, "The GP doesn't visit here, though when my left leg was swollen the carers arranged for the GP to come in and have a look", and, "If I am having a day the staff usually notice, so will stop and talk to me to ask me if I am okay." One healthcare professional said, "They are very reactive as a home, if they have concerns they respond appropriately."

Care plans contained sufficient detail to guide staff to provide the care that people needed. People received a pre-assessment prior to entering the service and a re-assessment once they had chosen to move in. This

included the 'This is Me' document and information about their end of life preferences. The care plans included risk assessments, medical information and associated plans, information about the person and details of the person's life history. When required, the care plan included further plans associated with specific illnesses and how they should be managed. For example, a person with diabetes required personalised eye care related to their diabetes, this provided information about attending diabetic eye screening appointments.

Is the service well-led?

Our findings

Audits were not fully effective in identifying shortfalls and where improvements were needed. There was a programme of quality audits in place and these were operated by the registered manager. However, these were not consistently managed in a way that resulted in corrective actions being taken. The shortfalls found at this inspection had not been identified through the audit process. These included health and safety risks relating to the lack of control measures in place to ensure people were not at risk of harm from hot surfaces' ill-fitting bedrails and medicines and chemicals storage. A monthly care-plan audit that reviewed and documented errors or omissions was undertaken. However, it had not been identified that care plans did not always include appropriate mental capacity assessments or best interest decisions. The provider carried out an 'audit of audits' each month. This checked that the registered manager had carried out the required audits, however there was no evidence that these sampled the accuracy or quality of these audits and had not identified the shortfalls found at this inspection.

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

Corrective actions were undertaken by the registered manager when audits had identified problems. For example, we saw that when a staff member had failed to accurately record information regarding food and drink, this was followed up in a supervision session between the registered manager and the staff member.

Staff, people and health care professionals spoke positively about the registered manager. Comments from people included, "I think [registered manager's name] is very friendly and approachable, she is fantastic – always there if you need help or have a question." A healthcare professional said, "The [registered] manager is approachable." Staff said they felt well supported, comments included, "[registered manager and deputy manager's names] are supportive, we all get along quite well" and "[registered manager's name] is amazing!"

There was a positive team culture among staff and we observed staff members communicating with each other effectively and respectfully. Comments from staff included, "We are such a team, I can ask anything", and "If one of us is having a bad day, we pick that person up. I see it more as a family."

The service had procedures and action plans in place to help them learn lessons and make improvements when things went wrong. For example, the service had reviewed fire safety following renewed published guidance.

The service had built a relationship with the local Church that meant people could visit and attend coffee mornings if they wished. The service was also involved with the 'making pals project' which encouraged

relationships between people.

Monthly newsletters were produced and available to people and relatives. Information was varied and included updates on the decoration of the service, details about events that would be occurring and reminders for people to drink plenty in hot weather.

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 Risks from hot surfaces, cupboards left unlocked that contained chemicals, medicines not stored correctly and risks from bed rails.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not effective.