

Chapel Lodge Care Limited

The Lodge

Inspection report

Hayfield Road
Chapel en le Frith
High Peak
Derbyshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing personal and nursing care to up to 36 people. The service provides support to adults and people living with dementia. At the time of our inspection there were 27 people using the service.

The care home accommodates people in one adapted building across three floors. There are communal living areas, bathrooms and a dining space. The home also has a garden with several seating areas.

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

Risks to people were assessed, and measures were taken to mitigate risks to ensure people received care and support in a consistent and safe way. Staffing rotas evidenced there were enough staff deployed to provide people with the care and support they required; the provider had reviewed and increased staffing levels following our previous inspection.

Medicines were safely managed and administered by trained nurses and senior care staff, staff received regular observations of their practice. Staff were recruited safely, and people were protected from the risk of abuse.

There was a positive, person centred approach to the planning and delivery of people's care. Staff knew the people they were supporting well and understood how to support people in line with their preferences and wishes. The provider and manager had quality assurance systems in place which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place to improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 February 2022). 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We also received concerns in relation to the safety of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Good

The service was safe.

Details are in our safe findings below.

Is the service well-led? Good

The service was well-led.

Details are in our well-led findings below.

The Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a concern we had about the staffing levels in the service. We also received concerns in relation to the safety of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 and an 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.

Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lodge is a care home with nursing care. 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 registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine members of staff including the Area manager, nurses, senior care assistants, domestic staff, care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff on duty or deployed effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had a dependency tool in place which was used to inform staffing levels. The dependency tool had been updated following our last inspection to take into consideration the layout of the building and as a result staffing levels had been increased. The registered manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- Staffing rotas evidenced there were enough staff deployed to provide people with the care and support they required.
- We received mixed opinions from relatives about the staffing levels in the service. One relative told us "There is not enough staff on a daily basis" and another told us "I think they had staffing problems, but all seems ok now."
- The majority of staff we spoke to told us they felt there was enough staff deployed. One staff member told us "This has improved a lot since our last inspection, there is definitely more staff on shift now."
- During the inspection, we observed several activities taking place. We saw people had the opportunity to participate in activities in a group or one to one basis with a staff member. We also observed that when people used their call bells, staff responded promptly.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, the registered manager ensured people's weights were regularly monitored, where people had been identified as losing weight actions had been taken to address the risk this presented.
- Where risks to people had been identified such as in relation to their nutrition, hydration and skin integrity this was regularly monitored. We reviewed the monitoring charts people had in place and found these had been continuously completed and were reviewed by senior staff daily.
- Guidance had been sought from external health care professionals where people required additional support or risks such as choking had been identified. The guidance external professionals provided had been included in people's care plans and risk assessments which staff followed. For example, one person had been assessed as requiring assistance at mealtimes, we observed staff to be following this guidance.
- Environmental risks were safely managed, regular checks were carried out on the safety of the environment and equipment in use.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Accidents and incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. One person told us "I never feel like a nuisance, I feel safe, the staff can't do enough to help you." A relative told us "[person] is definitely safe and well treated."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Using medicines safely

- Medicine was administered by trained nurses and senior care staff. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- Audits of medicine administration records were conducted regularly by the management team and appropriate actions had been taken to address issues in shortfalls they identified.
- Stock levels of medicines corresponded with the records in place, records also evidenced that staff regularly checked the stock levels to reduce the risk of errors.
- There was clear guidance for staff for safe administration of 'as required medicines' (PRN). This meant

people received these medicines when they needed them.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely, we observed some staff not to be wearing their masks correctly through our inspection, the area manager immediately addressed this.
- 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 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.

Visiting in care homes

- The registered manager ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- The nominated individual, area manager and registered manager had made improvements since our last inspection in the areas we had identified and continued to work to action plans they had in place.
- The registered manager shared the outcomes of audits with the staff team, to ensure appropriate actions were taken to ensure people's safety. For example, a quality audit had identified improvements were required to the detail of recording's in people's care notes. A training session was planned to provide staff with support in this area.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive, person centred approach to the planning and delivery of people's care. Staff knew the people they were supporting well and understood how to support people in line with their preferences and wishes.
- Relatives and staff spoke positively about the management team. A relative told us "The manager is very approachable." Staff told us the service was a good place to work and they felt any concerns they raised would be actioned by the registered manager.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Improvements had been made to systems and processes in place which monitored identified risks such as weight loss and risks to people's skin. We reviewed these systems and found that staff had taken appropriate action when there was a cause for concern.
- The provider understood their responsibilities under the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.
- The provider had plans in place to improve the environment of the service, this included renewing the flooring and decorating people's bedrooms.
- Staff told us about the improvements they had noticed at the service. One staff member told us "There has been a lot of positive changes, the menus have improved, the home is being decorated, staffing has increased, the residents have more activities, we have more time to interact."

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

- The provider and manager had quality assurance systems in place which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place to improve the quality of the service.
- Risks were regularly assessed and reviewed, the registered manager and staff had a good understanding of how to protect people from harm.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard.

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

characteristics

- The provider gathered regular feedback about the quality of the service through questionnaire's and meetings with people and their relatives. We reviewed the minutes of the last meeting and could see that people had the opportunity to feedback and ask questions to the management team on matters that were important to them.
- Staff told us they attended regular staff meetings where important information was shared and issues were discussed. They felt listened to and any concerns were promptly addressed.
- The service had a supervision schedule in place to ensure staff had a regular one to one meeting. Staff told us they felt supported by the registered manager and their colleagues.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.