

# Reed Care Homes Limited

# Nayland Lodge

## Inspection report

44 - 46 Nayland Road  
Mile End  
Colchester  
Essex  
CO4 5EN

Tel: 01206853070

Date of inspection visit:  
09 March 2021  
17 March 2021

Date of publication:  
13 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Nayland Lodge is a residential care home providing care and support to people who have a mental health disorder. Nayland Lodge accommodates up to eight people in one adapted building and there were eight people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help or prompting with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There was a lack of consistency in how well the service was managed and led with no stable management for over three years. This had impacted on the provider's ability to influence the service positively, support the delivery of person-centred care, and drive improvement.

The provider was open and transparent with us; they recognised serious issues had not been picked up and a failure in their systems to provide effective oversight and governance. They have started to be responsive, listen to staff and know what they need to do to improve.

People had not been supported to take an active role in their care and support and general blanket restrictions had been put in place and imposed without an assessment of individual's needs. The provider had taken action to lift blanket restrictions and to consult and support people to make choices and promote independence.

People's care records held on the home's electronic system were in parts brief. Improvement was needed to ensure care records showed how the service was fully supporting people and how they were responding to the risks people faced.

At the time of our visit the service was at the end of an outbreak of Covid-19. The service was working closely with the local authority, Public Health England and the Clinical Commissioning Group (CCG) infection control team to ensure their infection prevention and control (IPC) practice was safe and people's needs were being met. Recommendations for improvement had been addressed by the provider. There was plentiful supply of personal protective equipment (PPE) and staff had received training in IPC. National guidance was being followed on the use of PPE and care home visiting.

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 20 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We also received concerns in relation to restrictive practice. The provider has taken some action to address restrictive practice, but further improvement is needed.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the well led section of this report.

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

#### 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 continue to monitor information we receive about the service until we 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?**

This service was not always safe.

**Requires Improvement** ●

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

The service is not always well-led.

**Requires Improvement** ●

# Nayland Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Nayland 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 currently does not have a manager registered with the Care Quality Commission and there are no active applications with the Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, Service Development and Contracts Manager, interim manager and care workers. We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five professionals who regularly visit the service.

# 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. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we found the providers health and safety assessment had failed to identify high risk ligature points and a lack of appropriate window restrictors on some windows to prevent falling. Safeguarding concerns were not always reported to the local authority and robust investigation had not always taken place to establish what went wrong. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Prior to this inspection, we received information of concern in relation to people not being supported to take an active role in their care and support. Risk assessments were not personalised, and people were subject to blanket approaches which did not support them to make choices or promote independence.
  - We found all kitchen cupboards were locked with a padlock and not readily accessible to people. Staff told us the padlocks had been put in place to prevent a person who was overweight from accessing them which meant everybody was prevented from freely accessing these. Staff told us people could have food as and when they wanted if they asked for it. We saw there was plenty of fresh fruit freely available.
  - After our inspection all the padlocks were removed from the cupboards. When we returned, we found the provider and senior management had introduced new arrangements to support people in making choices in relation to accessing food, menus and mealtimes. Staff told us there was positive feedback from people and no-one was eating excessively. Whilst the provider took action in response to our feedback, this had not been identified as a concern prior to our inspection
  - Health and safety checks of the building were completed, and action had been taken to effectively manage risks to people's safety. This included addressing ligature points and the installation of window restrictors.
  - The provider had suitable safeguarding arrangements in place. People told us they felt safe and liked living at Nayland Lodge. A relative told us they were very happy with the care and support their family member received at Nayland Lodge and the move to this home had given them enormous relief.
  - Incident investigations were undertaken to establish failings. Where they were found, actions were taken to drive improvement and prevent re-occurrence. Lessons learned from each case were shared across the providers services. The provider continued to liaise with all professionals on outstanding safeguarding matters which were not yet concluded.

- Lessons were learned, and action taken to make improvements, On one occasion when a staff member was in the room where the medicines were stored a person forced themselves in to get their medicines. A stable door had been put in place to reduce the risk of this occurring again.

#### Staffing and recruitment

- On the day of inspection, there were enough staff to respond to people's needs and provide support as required.
- The provider was currently reviewing staffing numbers, shift duration and deployment to make them more flexible to people's needs.
- At our last inspection, we checked that staff were recruited safely and suitable to work with vulnerable people. No issues had been identified at that inspection and we have received no information since to indicate a change to the processes in place.

#### Using medicines safely

- There were no issues in relation to medicines found at the last inspection, therefore we did not look at this area fully. Medicine audits have continued to be carried out by staff and they have not identified any issues or errors.
- Staff confirmed medicines were only administered by staff who had received training and a competence assessment. Medicines were administered to people wherever they requested to receive them; staff took their prescribed medicines to them and did not sign their medicine administration record until they had seen the person take their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE 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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 our last inspection, we found the provider had failed to provide effective oversight of the service which impacted on the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider continued to be in breach of Regulation 17.

- The service had not had a manager registered with the Commission for over three years and there are no active applications with the Commission. The provider's lack of oversight and failure to recruit effectively into the manager role had meant the service had repeatedly not been well-led, improvement had not been promoted, and the culture did not support the delivery of person-centred care.
- A healthcare professional told us, "Nayland Lodge is poorly managed and poorly run. There have been about three or four managers in as many years. One minute they are there and then they are gone, we are not informed of changes in management which makes working relationships difficult."
- A healthcare professional told us they believed a negative culture had been orchestrated by inconsistent management with limited knowledge and no understanding of the needs of people who used the service. They said, "It has changed from a recovery focused service, it is disabling not enabling, they make arbitrary decisions and are not rational." Another healthcare professional told us, "The staff are caring and try to do the right thing but are unsupported; there is also no support given to people using the service to help them understand change."

We found no evidence that people had been harmed however, inconsistent management and a lack of oversight and governance processes placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was currently recruiting a new manager. They had recognised lessons were to be learned in appointing a suitable candidate for the management role. For the interim they had appointed a manager with the right skills, but they were unable to take up the position permanently. The provider said this would give them time to recruit and ensure they appointed a person who had the experience and capacity to deliver the aims and objectives of the service.
- The interim manager told us when they started, they found staff did not fully understand their roles and

they did not feel supported. Staff told us they were now experiencing a real difference for the better in how the service was being led. One staff member told us the new interim manager was, "A breath of fresh air" and "I can see a positive pathway ahead for improvement."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and a senior manager told us how they had responded to whistle blowing. The provider was involving staff in how to address issues they had raised and to pro-actively address the culture of the service. A staff member told us how they felt more supported and how the service was starting to be more open and transparent. They said they were "being listened to."

- The interim manager confirmed there was a previously poor culture and said, "I have introduced empathy, compassion and dignity into our work, we are all now working in the same way and the right way." Staff told us they were happy with the changes. A staff member said, "[Interim manager] has a lot of empathy and understands the residents very well."

- New systems were being introduced to demonstrate how people were being supported throughout each day. The interim manager told us, "Paperwork was poor and there was nothing to evidence the work staff were doing," A staff member told us, "Systems and documentation is being put in place to protect people and staff."

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 17 HSCA RA Regulations 2014 Good governance  Ineffective oversight and governance processes and inconsistent management arrangements placed people at risk of harm. 17 (2)(a)(b)