

Cepen Lodge Limited

Cepen Lodge

Inspection report

West Cepen Way
Chippenham
Wiltshire
SN14 6UZ

Tel: 01249707280

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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

Cepen Lodge is a residential care home providing accommodation and personal care for up to 63 older people. People live across three floors and the first floor is designated for people living with a diagnosis of dementia. At the time of this inspection 53 people were living at Cepen Lodge.

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

Since the last inspection the service did not have a manager for several months. During this period quality monitoring records and risk management reviews could not be located or had not been completed. We could not fully review how the service was previously monitoring the quality of the care provided and measures taken to keep people safe.

A new manager has started at the service along with a new deputy manager. Improvements had been identified by the new manager and we saw new processes were in place to address these. Under the new management team ongoing monitoring of the quality of the service and risk management reviews were being completed.

Governance systems that had been implemented needed further time to be embedded and sustained to ensure areas for improvement were identified and addressed by the new management team.

People's medicines were not always managed safely, and people were at risk of not receiving their prescribed medicines. People told us they felt safe living at the care home. Environmental risks had been assessed and managed. Staff had been recruited safely.

Improvements had been made to the culture of the service. Staff felt supported and the new manager was approachable. The manager was not known to all people and relatives but where people knew who the manager was, feedback about them was generally positive. The service worked in partnership with a range of healthcare professionals and other organisations.

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 Good (published 5 May 2020).

Why we inspected

We received concerns in relation to the management of medicines, low staffing levels and people's support plans. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 changed from Good to 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 safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cepen Lodge on our website at 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 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Cepen 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

This inspection was carried out by one inspector, a member of the medicines team 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

Cepen 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 did not have a manager registered with the Care Quality Commission at the time of this inspection. There was a manager in place and their application to be registered was in progress. This means that 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eleven relatives about their experience of the care provided. We spoke with ten members of staff including the manager, deputy manager, senior care workers, care workers and cleaning staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two 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.

Using medicines safely

- Medicines were not always managed safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines. However, records showed temperatures in the medicines refrigerator had been outside the recommended range. There was no documented action taken to provide assurance that medicines were always stored correctly.
- On some occasions when a dose of medicine was prescribed with a variable dose, staff had not always recorded the amount that had been given.
- Not all 'when required' prescribed medicines had the appropriate protocols and information in place.
- Staff received training and were checked to make sure they gave medicines safely before they were authorised to administer.
- The new management team had started to implement improvements to the services medicine practices. Recent audits had been completed which identified the issues mentioned above. However, these had not been actioned in full at the time of inspection.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare had not always been regularly reviewed. Care plans for two people did not have their risks reviewed during August and September 2021. We were told the reason for this was due to a change in management and staff leaving at the time.
- The manager had implemented a new system to conduct reviews and provide staff with protected time to complete this for everyone in the service. Staff told us the new system was an improvement. We saw evidence of regular reviews being completed since the new system was in place.
- Environmental safety was maintained through the maintenance and monitoring of systems and equipment.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- The manager used a dependency tool to calculate the amount of care staff needed to safely cover shifts in the service. The manager told us that if they felt an increase in staff cover was needed the provider would provide the extra staff.

- Staff told us their experience of staffing was variable. However, they had seen improvements with the support of regular agency workers. One staff member said, "We're just managing and getting on with it." Another staff member told us, "We've got a job to do but it's been difficult with the lack of staff."
- People told us that they were happy with the support they received. We saw that people had support when they needed and there were enough staff to respond in a timely way. One person said, "Staff are doing well. I get what I need, even at night." Another person told us, "They [care staff] are very kind."
- Staff were recruited safely with pre-employment checks to ensure only suitable people were employed. One file for a person employed by the head office recruitment team was not complete. However, this was rectified by the end of the inspection with documentation added to the file.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe receiving support from the service. One person told us, "I feel very safe, always someone at hand."
- Processes were in place for the recording of accidents or incidents. The manager had provided training to staff improving the quality of information recorded and actions taken. However, records before August 2021 could not be located. This meant it was not clear how the service was managing incidents previously.
- Staff received safeguarding training and were confident reporting safeguarding concerns.
- Systems were in place to keep people safe from harm. Staff meetings and handovers took place regularly. These were used to pass on information and update concerns.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- We saw learning from events had been shared with staff during training and meetings.
- The manager had identified improvements where required. There was a plan in place and the manager had prioritised what needed to be completed.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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

- The new manager had recently been appointed by the provider to manage the service and drive improvements. The new manager had been at the service for a month prior to the inspection and had submitted an application to become the registered manager.
- Records were not always fully completed or accurate prior to the new manager starting. Some people's support plans hadn't been reviewed on a regular basis or in response to an incident previously. However, a new system had been implemented by the manager where we saw regular quality reviews were now taking place. We found no evidence that people had been harmed.
- Governance and audit systems were completed by the current manager. However, some historical records and audits could not be located to show how the service monitored the quality of the service previously.
- New governance systems had recently been introduced to measure quality performance. Although these systems had not been embedded long enough to demonstrate a sustained improvement.
- Staff felt confident in the newly implemented systems and the management team were approachable and willing to listen. One staff member said, "We've been promised a manager for a while. [Manager] likes things to be done properly and he's very thorough wanting things done the right way." Another staff member said, "I feel [manager] listens to me and hears my ideas."

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

- Relatives gave mixed responses about having the opportunity to engage with the service. We saw evidence the manager had scheduled regular meetings for 2021/2022. We will monitor the success of these meetings in the next inspection.
- Relatives did not always know there had been a change in management at Cepen Lodge or who the manager was. One relative said, "I was not aware of the change of manager." Another relative said, "We met the manager and sorted out [person] affairs and we're happy with the outcome ."
- People and relatives told us they would like more opportunity for feedback.
- Staff told us improvements had been made with communication within the service. One staff member told us, "[Manager] has given us a planner of meetings so there is regularly contact between all departments fortnightly."

- The equality and diversity policy was in place. The culture at the service respected and promoted diversity. One person told us how the service respected their preference for a female carer when receiving personal care.

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

- The manager had worked alongside staff to develop a positive culture. This had helped improve staff morale.
- The staff team told us previously the lack of consistent management had impacted the quality of care provided. However, the new management team were focused on bringing around positive change and improvements were being implemented.
- One staff member told us, "I think [manager] is doing well and getting things sorted." Other staff members said, "The new deputy manager is hands on and helped with prioritising what needs to happen" and "I feel things are getting better. The new manager is trying to put things into place."
- People told us that they were happy living at the home. A relative told us, "[Person] told me staff are extremely caring and check in on her all the time."

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

- Throughout the inspection the manager was honest and open with us. Where they saw improvements were needed, they took prompt action.
- Statutory notifications had been submitted in line with legal requirements. Notifications are events that the manager is required to inform us of by law.

Continuous learning and improving care; Working in partnership with others

- The management team had identified records needed to be improved and had started to plan for this. They had also carried out a review of the service, identifying where other improvements were needed and had created an action plan to address these issues.
- The service worked in partnership with others. They supported people to access healthcare services and liaised with these professionals. One health professional told us, "Staff are now providing more detailed information during telephone triages. This is essential to tailor advice accurately to meet resident needs."