

Sure Care (UK) Limited

# Derwent Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Derwent Lodge Nursing Home is a care home registered to provide personal and nursing care to up to 46 people. At the time of our inspection there were 34 people living at the home.

People's experience of using this service:

People told us they felt safe living at the home. However, medicines were not administered, stored or recorded safely and in line with the relevant national guidance and best practice. The safety and security of the premises of the home was not maintained. Staff were not always safely recruited by the home and we received consistent feedback from people living at the home and their relatives that there was not enough staff and they sometimes waited long periods of time for assistance.

The home did not always act in line with principles of The Mental Capacity Act 2005. This meant there was risk inappropriate decisions could be made on a person's behalf if they lacked capacity to make the decision for themselves.

People were supported to have enough to eat and drink and the feedback about the food and drink at the home was generally positive.

The atmosphere and appearance of the home was comfortable, homely and clean but additional environmental adaptations could be made to better support people living with dementia.

People and their relatives gave us positive feedback about the staff at the home. Staff respected people's privacy and treated them with dignity and respect.

People's care plans were informative, regularly reviewed and reflected their needs.

People and their relatives told us they felt comfortable raising any concerns if necessary and we saw that complaints were managed appropriately by the manager.

There was a positive and caring culture at the home led by the manager and we saw some examples of good leadership and governance. However, the home did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. This was also the second consecutive time we have rated the service as requires improvement.

During this inspection we identified continued breaches of Regulations 11, 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also an additional breach of Regulation 19.

Rating at last inspection:

At the last inspection the service was rated requires improvement (13 February 2018).

During the last inspection we found breaches of Regulations 11, 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Derwent Lodge Nursing Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector, a medicines inspector, an assistant inspector and two experts 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:

Derwent Lodge Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 our inspection. However, the current manager was in the process of registering with CQC. The role of registered manager 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we checked the information that we held about the service. This included statutory

notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained feedback from the local authority.

During the inspection we looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to give us their views 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.

We spoke with nine people living at the home, six people's relatives and several staff who held various roles at the home, including the registered provider, manager, nurse, carers, activities coordinator and kitchen staff. We looked at a range of documentation including four people's care records, medication storage and records, four staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were not safe and were at risk of avoidable harm. Some regulations were not met.

### Using medicines safely

- People were at risk of harm because medicines were not administered, stored or recorded safely and in line with the relevant national guidance and best practice.
- Some examples of this included poor and inaccurate record keeping practice, unsafe storage and administration of thickener and failure to administer people's medicines at the prescribed times.

The unsafe management of medicines at the home meant people were at risk of harm. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The premises of the home were not kept safe. This is because people living at the home had unrestricted access to some potentially hazardous parts of the premises, such as the laundry room, kitchen, maintenance room and staircase.
- The security of the building was not maintained and access in and out of the premises could not be reliably monitored. For example, we found a fire escape door at the end of a communal corridor with no locking mechanism and no alarm so people could potentially leave the home through this door unnoticed. This door led to the car park and then the public road.
- Fire safety at the home was not always well-managed. We found several fire doors in the home had been wedged open preventing them from closing and working properly in the event of a fire. A potential fire escape door had also been blocked by a collection of unused wheelchairs.

The failure to maintain the safety and security of the premises placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was well-maintained and it had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained.
- People had personalised risk assessments in place to help staff safely manage any risks associated with people's care.

### Staffing and recruitment

- Staff were not always safely recruited by the home, which placed people at risk of receiving care from staff who were unsuitable or unsafe to do so.
- Some of the staff files we reviewed lacked a full detailed employment history with dates of employment and some staff references also lacked clarity about what their professional relationship to the applicant was and had not been verified by staff at the home.

The registered provider had not always ensured that staff of good character and with suitable competence, skills and experience were employed. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection there appeared to be an adequate number of staff on duty, as call bells were responded to promptly, staff were visible throughout the home and the manager used a dependency tool to assist planning staffing to meet people's needs. However, we were concerned that the morning medication round did not finish until 11:45am.
- We also received consistent feedback from people and their relatives that there were not enough staff at the home and people had to wait long periods of time for assistance.
- Some of the staff we spoke with also said there was not always enough staff, particularly in the mornings.

We recommend that the registered provider reviews and improves staffing levels at the home to address these concerns.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "It is safe because of the way it is run."
- We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available in various places throughout the home.
- Records showed that staff at the home took appropriate action when any such concerns arose.

Preventing and controlling infection

- The home was clean and free from unpleasant odours.
- Personal protective equipment (PPE) was available to staff throughout the home and we saw staff wearing this when required.

Learning lessons when things go wrong

- We saw that accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred.
- Records showed that appropriate action had been taken in response to any accidents and incidents that had occurred.
- This information was also regularly reviewed to help identify any emerging patterns or trends that needed addressing.

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The home did not always act in line with principles of the MCA. This meant there was risk inappropriate decisions could be made on a person's behalf if they lacked capacity to make the decision for themselves.
- Examples of this included, a family member of one person who lacked capacity had signed their consent to care and treatment but the home did not have evidence this person had the legal authority to do so, known as power of attorney.
- One person was receiving their medication covertly. However, the best interest decision to support this lacked detail about what medicines were to be given covertly and how. This was not in line with best practice.

The home had not always acted in line with the MCA. This was a continued breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were effectively assessed before they were supported by the home. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role at the home and staff received ongoing training relevant to their roles.

- Staff were supported with regular supervisions and annual appraisals with the manager. This provided staff and the manager with a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff told us that they felt well-supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- Records showed that people were supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff.
- We also saw that people at risk of malnutrition had appropriate care plans in place and had their weight monitored monthly, or more frequently if necessary.
- Feedback about the food was generally positive, as most people felt they got enough to eat and drink and could choose what they had. One person said, "Good Food. They make lovely cakes here. Oh they are gorgeous."
- However, on the day of our inspection people were served their lunch very slowly and some had to wait a long time between courses.

Supporting people to live healthier lives, access healthcare services and support

- We found the home worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. Staff promptly sought support when required and assisted people to access other healthcare services when necessary.
- We saw that staff monitored changes to people's needs and made referrals to appropriate healthcare professionals in a timely manner, such as dietitians, speech and language therapists, tissue viability services.

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

- People had been supported to personalise their rooms with their own pictures, items and furniture.
- The atmosphere and appearance of the home was homely and people looked comfortable and relaxed. For example, the dining room was attractively and invitingly dressed.
- Some of the people living at the home were living with dementia. However, there were very few adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as signage and large, easy-read noticeboards and clocks.

We recommend that the registered provider reviews and improves the home's environmental adaptations to support people living with dementia.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave us positive feedback about the staff at the home.
- We observed many caring and friendly interaction between staff and people living at the home throughout our inspection.
- Most staff knew the people they were supporting well. One relative commented, "The Staff are absolutely lovely. I really, really think they know [Relative] well and [Relative] has taken to them."
- The home's care planning process considered people's specific needs, such as people's personal histories and any religious and cultural preferences. The home also assisted people to keep up with their religious preferences.

Supporting people to express their views and be involved in making decisions about their care

- Records showed that people and their relatives were involved in making decisions about their care.
- People's relatives were welcome to visit the home and spend time with their relatives.
- People told us they were supported to make choices about their daily routines and how they spent their time. One person also commented, "I chose and bought the paper and paint for my room and the [maintenance person] decorated it. [Maintenance person] has done a marvellous job."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated them with dignity and respect. Examples of this included staff knocking on people's doors and asking if they could enter before doing so and placing 'do not disturb' signs on people's doors when supporting them to get washed and dressed.
- People living at the home had been supported by staff to maintain their appearance and wore suitable clothing for the weather.
- We found that people's confidential information, such as care plans, was stored securely and only people who required access could do so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plans we looked at were detailed and informative, regularly reviewed and reflected the needs of the people living at the home. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs.
- There was also clear information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. This meant the home was acting in line with the Accessible Information Standard.
- People who chose to take part in the activities at the home gave us positive feedback about them. There was a good range of activities on offer to people living at the home. This included some creative ideas, such as pet therapy and visits from a local school choir.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure in place.
- People and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible.
- People and their relatives told us they felt comfortable raising any concerns if necessary.
- We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. This included recording people's wishes regarding resuscitation.
- Staff were supported with relevant training to meet these needs when necessary and the home had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

## 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

Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- There was a positive and caring culture at the home led by the manager and we saw some examples of good leadership and governance. However, some of the serious concerns we found during our inspection had not been identified by the home's quality assurance processes.
- This was the second consecutive time we have rated the service as requires improvement.
- During this inspection we identified several breaches of the Regulations, some of which were continued from our last inspection. The repeated rating of requires improvement and the failure to address the previously identified breaches does not demonstrate good governance.

The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided, which place people at risk of harm. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The manager was focused on leading a positive and caring culture at the home. This included responding effectively when external feedback indicated improvements had been required.
- The manager had also sought ways to learn and improve the home. For example, they regularly attended the local registered managers network to build relationships with other care providers in their area and gather ideas about service improvement and best practice.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the home. The manager had notified the CQC of all significant events which had occurred in line with their legal obligations.
- The registered provider was also meeting its legal obligation to clearly display its most recent CQC rating at the home and on its website.

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

- The home had various methods of gathering feedback about the home. These included residents' and relatives' meetings and annual feedback questionnaires.
- The home was transparent about feedback it received and we saw evidence feedback was analysed and acted upon. For example, a 'You said, we did' board had been installed in the main foyer area to show people and visitors what changes had been made.

- The manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

#### Working in partnership with others

- The manager had engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- The manager had also developed good local community links to help support people's social, spiritual and cultural needs.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The home did not always act in line with principles of the MCA. This meant there was risk inappropriate decisions could be made on a person's behalf if they lacked capacity to make the decision for themselves.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The unsafe management of medicines at the home meant people were at risk of harm.  The failure to maintain the safety and security of the premises placed people at risk of harm.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided, which place people at risk of harm.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The registered provider had not always ensured staff were safely recruited. This placed people at risk of receiving care from staff who were
Treatment of disease, disorder or injury	

unsuitable or unsafe to do so.