

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Derwent Lodge Nursing Home provides accommodation and personal and nursing care for up to 46 people. At the time of the inspection 33 people were living in the home, some of whom were living with dementia.

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

Risks to people were not always assessed and mitigated robustly, as although risk assessments had been completed, they were not always updated when people's needs changed. Repositioning records did not all reflect that people received support as planned and pressure relieving air mattresses were not all set at the correct setting for people. Care plans were detailed regarding people's medical conditions, but other plans were not always updated when people's needs changed.

Most people told us staff were very busy at times and they had to be patient and sometimes had to wait for care. Staff told us that although they were busy at times, especially mealtimes, they felt there were enough staff to meet people's needs. Staff rotas showed staffing levels were not always maintained at the usual level the registered manager described during the inspection, although agency staff were used when possible. We made a recommendation about this.

Although a range of audits were completed to monitor the quality and safety of the service, they required further development to ensure they effectively identified all improvements required. New systems in place had led to improvements within the service, such as medication stock checks, recording of thickening agents and care plans regarding people's medical conditions.

Medicines were managed safely; they were stored securely and administered as prescribed. There were protocols in place to guide staff when to administer medicines prescribed on an 'as required' (PRN), but these required further person-centred detail to ensure staff knew when to administer them. Medicines were administered by staff that had undertaken training and had their competency assessed.

People told us they felt safe living in Derwent Lodge Nursing Home. Procedures were in place to ensure safeguarding concerns were managed appropriately and records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety. Effective infection prevention and control measures were in place, and the home appeared clean and well maintained.

Referrals were made to other professionals when required for their specialist advice and support, to ensure people's needs were met.

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. 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.

People and their relatives told us they felt the service was well managed and they were always informed of incidents and kept updated regarding any changes in their family members' well being. Staff told us they were well supported and enjoyed their jobs. Systems were in place to gather feedback from people, staff, and relatives.

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 9 May 2022). At that inspection breaches in relation to Regulations 12 and 17, regarding medicines management, risk management and the governance of the service were identified.

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 in relation to medicines management and the governance of the service and the provider was no longer in breach of Regulation 17. However, further improvements were required in relation to the assessment of risk and the provider remained in breach of Regulation 12.

This service has been in Special Measures since 1 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider 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.

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 remains requires improvement. This is based on the findings at this inspection.

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 have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified a breach in relation to the management of risk at this inspection. We also made a recommendation regarding staffing. Please see the Safe key question for further information.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 ●

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. 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.

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 undertaken by 2 inspectors 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

Derwent Lodge Nursing Home 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. Derwent Lodge Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 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 the registered manager, regional manager and 6 other members of the staff team. We spoke with 10 people who used the service and 4 relatives, about their experience of the care provided.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 3 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.



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 inadequate. At this inspection the rating has changed to requires improvement. 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

At the last inspection we found that risk was not always assessed and mitigated safely, and the provider was in 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 that some improvements had been made, but further improvements were required, and the provider was still in breach of regulation 12.

- Risks to people were not always assessed and mitigated effectively.
- Although risk assessments had been completed, they were not always updated when people's needs changed. For example, one person's skin integrity risk assessment incorrectly reflected the person had a catheter, which was no longer in place.
- Identified risks were not always mitigated effectively. For instance, repositioning records did not all reflect that people received this support as frequently as care plans advised. Some records did not evidence that this support was provided safely by the required number of staff members.
- When people required pressure relieving air mattresses to support their skin integrity, we found they were not all set at the correct setting, despite the record of checks in place.
- Most care plans were detailed and included person-centred information regarding people's needs and preferences. However, not all were updated in a timely way to reflect changes in people's needs, such as how their medicines should be administered.
- We found the environment posed potential risks to people, as staff belongings were left accessible to people and a cupboard with prescribed thickening agent in, was observed to be unlocked.

We found no evidence people had been harmed. However, not ensuring risks were assessed and managed safely is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans provided detailed information regarding people's medical conditions, such as diabetes. They provided clear information on the condition, how it affected the person, what support they required and what actions staff should take if there were any concerns regarding their diabetes.
- Personal emergency evacuation plans were in place to provide guidance on what support people would need in the event of an emergency.
- Regular internal and external checks were made on the building and equipment to ensure they remained safe.

Staffing and recruitment

- Feedback regarding staffing levels was mixed. Some people felt there were enough staff, however, most people told us they often had to wait for care. Comments included, "They are always very good, but they are always very busy", "Well not really [enough staff] they are just so busy" and "Well you do have to be patient."
- Staff told us that although they were busy at times, especially mealtimes, they felt there were enough staff to meet people's needs. Staff told us people did not usually have to wait more than a couple of minutes for support.
- Staff rotas showed staffing levels were not always maintained at the usual level the registered manager described during the inspection.

We recommend the provider keeps staffing levels under review to ensure there are enough staff deployed to meet people's needs.

- A dependency tool was used to help determine required staffing levels, and this showed there were more staff on duty than required.
- When possible, agency staff were used to help maintain staffing levels.

Using medicines safely

At the last inspection we found that medicines were not always managed safely, and the provider was in 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 that sufficient improvements had been made and the provider was no longer in breach of Regulation 12 in relation to medicines management.

- Medicines were stored securely within trolleys in a locked clinic room, with the temperature monitored appropriately.
- There were protocols in place to guide staff when to administer medicines prescribed 'as required' (PRN). However, they did not all provide sufficient person-centred information to ensure people would receive them consistently and when needed. The registered manager took action to address this during the inspection.
- When people required their medicines at specific times to ensure their effectiveness, records showed they received them at those times.
- Medicines were administered by staff that had undertaken training and had their competency assessed.
- We checked the stock balance of several medicines during the inspection, and they were all correct.

Preventing and controlling infection

- Infection prevention and control measures were in place, and these were reflected within the provider's policies.
- The home was clean and cleaning schedules were in place to help maintain this, however they were not completed every day. People told us, "Yes the home is always very clean", "Oh yes I was just saying yesterday it's always lovely and clean" and "Oh yes there is never any smells."
- People were admitted into the home safely procedures were in place to minimise the spread of infection within the home.
- There were adequate supplies of personal protective equipment (PPE) available for use when required.

Visiting in care homes

- There were no restrictions on visiting. People's friends and relatives were supported to visit in line with government 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 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.

Learning lessons when things go wrong

- Records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety.
- The registered manager worked hard to ensure lessons were learnt from incidents and measures were taken to help prevent further accidents.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately.
- A safeguarding policy was in place; staff had completed relevant training and knew how to raise any safeguarding concerns.
- People and their relatives told us they felt the home was safe. Their comments included, "Oh yes I feel safe here", "I'm not frightened of anyone" and "I would describe it as evangelical the difference the home has made to our relative's life and our lives. The way they care for him so well is the most wonderful thing."



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 remained 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; Continuous learning and improving care

At the last inspection we found that systems in place to monitor the quality and safety of the service were not effective, and the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that some improvements had been made and the provider was no longer in breach of Regulation 17, although further improvements were still required.

- Although a range of audits were completed to monitor the quality and safety of the service, they required further development to ensure they effectively identified all improvements required, such as PRN protocols and completeness of care records. Systems also need to be improved to ensure people receive care that was planned for them and that records reflect the care provided.
- The registered manager had implemented new systems that had led to improvements within the service, such as medication stock checks, recording of thickening agents and care plans regarding people's medical conditions.
- The registered manager was aware of the responsibilities of their role and had notified CQC of events and incidents providers are required to inform us about.
- A range of policies and procedures were in place to help guide staff in their roles.

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

- People and their relatives told us they felt the service was well managed. Their comments included, "Oh absolutely yes we've honestly got no complaints and I recommend the home to people all the time", "The care, the management, the leadership it truly has made us happy to see our relative so well looked after", "I can't sing their praises high enough" and "The leadership is fantastic and the manageress, her door is always open."
- Staff told us they were well supported and enjoyed their jobs. They said, "Yes, I like to care and [people] are like my family. There is nothing I do not like in my work", "It is good, there is good teamwork. I can feedback to the manager if I have any concerns" and "It is a nice home, lovely to work in."
- Feedback regarding care was mainly positive. People told us staff were "Really good", and "Kind".

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 registered manager understood and acted on the duty of candour, they were open and honest with people, their family members and relevant others about things that had gone wrong.
- People's relatives told us they were always informed of any incidents and kept updated regarding any changes in their family member's well-being. Comments included, "Yes they are always updating us" and "They report any changes in [relatives] care immediately."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support.
- Systems were in place to gather feedback from people, staff and relatives.
- People were involved in different aspects of the service, such as activities. We observed one person was quiz master during the inspection, as they enjoyed this.
- Staff told us, "There are meetings every month, but if you can't attend you can write down anything and it gets raised, things have changed and things have improved" and "We sometimes have meetings where we can raise things."

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 to people were not always assessed and mitigated effectively.