

Hamilton Care Limited

The Lodge

Inspection report

Westbourne Road
Scarborough
North Yorkshire
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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

The Lodge is a residential care home providing personal care to older people. The service can accommodate up to 38 people. At the time of this inspection, 34 people lived at the service.

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

Risks to people were not always recorded or available within the service to provide staff with sufficient guidance. Medicines were not always administered and recorded appropriately.

Further governance systems were now in place and used to monitor the quality and safety of the service, but they were not yet fully embedded and did not highlight all areas of concern found at this inspection. Timely action had not always been taken to address shortfalls found.

People told us they felt safe living at the service and relatives were happy with the support being provided. Staff described a positive culture within the service and a staff team who were dedicated to their roles.

Safe recruitment processes were in place and followed. A safe number of staff were on duty and deployed effectively to ensure people's needs were met.

The provider had taken action to respond to the Infection Prevention and Control (IPC) concerns found at the last inspection, and improvements had been made. Government guidance in relation to COVID 19 was now being followed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 May 2021). 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 the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 1 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they assessed and recorded risks, staff deployment and governance.

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 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. This included checking the provider was meeting COVID-19 vaccination 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 has not changed. This is based on the findings at 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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches of regulation in relation to risk and medicine management and governance systems at this inspection.

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 ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 conducted by two inspectors. An Expert by Experience made calls to people and relatives following the site visit, to ask their views on the service provided. 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 without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 other professionals who work with the service. We also reviewed the provider actions plan they submitted following the last inspection to show what improvements they would make. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing staff interactions with people. We spoke with six members of staff including the registered manager who is also the provider and nominated individual, head of care, chef, domestic assistant and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

After the inspection

Following the inspection site visit we also contacted four people who used the service and three relatives to ask their views on the service provided. We continued to seek clarification from the provider to validate evidence found. We looked at equipment services, staff rotas and quality assurance records remotely.



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. The rating for this key question has remained 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; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks relating to the health and safety of service users. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people had not always been assessed, monitored and recorded sufficiently. We found examples where risk assessments were either not available within the service or had not been updated to reflect people's current needs.
- Where risk assessments were in place, these did not always contain sufficient information with regards to control measures that were in place to reduce the risk to people. For example, access to the stairs and pressure areas management.
- The registered manager explained risk assessments were in the process of being developed and was able to provide evidence to support this following the site visit.

Failure to fully assess the risks relating to the health and safety of service users was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Equipment and safety checks had been completed on a regular basis. These were recorded and action had been taken when shortfalls were found.

Using medicines safely

At our last inspection the provider failed to maintain accurate, complete and contemporaneous records in relation to medicines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found issues with medicine records remained. However, further shortfalls were identified which placed people at the risk of harm.

- Medicine had not been administered and recorded appropriately. We found medicines had been left in

people's bedrooms, but records had been completed to say they had been administered. Some medicines found could not be accounted for.

- Where medicines had been left for a person to take at a later time, this was not recorded. There was a risk that the time required between each dose as per prescriber instructions, was not being followed.
- Where people required topical medicines, such as creams, appropriate records were not in place.

Failure to ensure medicines were administered and recorded appropriately was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, the staff are excellent and look after us all." A relative told us, "[Person's name] had anxiety issues when they first moved here but that has been dealt with and is now well managed with the help from staff."
- Systems and processes were in place to safeguarding people from the risk of abuse. Staff knew what to do if they had any concerns.
- We found examples where concerns had been raised by staff and appropriate action taken to safeguard the person, but these had not always been reported to the local authority. We discussed this with the registered manager who took immediate action to address this.

Staffing and recruitment

At our last inspection the provider failed to ensure there was a sufficient number of staff effectively deployed. 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.

- There was enough staff on duty who had been deployed effectively.
- A dependency tool was now being used to ensure staffing levels were appropriate to meet people's needs.
- Safe recruitment processes were in place and followed. All appropriate pre-employment checks had been completed prior to new staff commencing in their roles.

Preventing and controlling infection

At our last inspection the provider failed to ensure guidance was implemented and followed in relation to the prevention and controlling of the spread of infections. 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 in relation to prevention and controlling the spread of infections.

- 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's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene

practices of the premises. We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider and registered manager ensured government guidance in relation to visiting in care homes was being promoted and followed at all times.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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. The rating for this key question 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 the provider failed to establish and operate effective systems to assess, monitor and improve the service provided. This was a breach of regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvements had been made and the provider was still in breach of regulation 17.

- Governance systems used to monitor the quality and safety of the service were now in place and completed on a regular basis. However, these were not always effective in highlighting shortfalls. For example, the medicine audit failed to identify that people on topical medicines did not have appropriate records in place.
- The registered manager had taken action to address some of the shortfalls found at the last inspection. However, the quality audits had not yet been fully embedded and did not highlight all of the concerns we found during this inspection.
- Where audits had identified concerns, timely action had not always been taken to address the areas of concern.

Failure to establish and operate effective systems to assess, monitor and improve the service was a breach of regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People and relatives spoke positively about the service describing the home as "very welcoming, warm and friendly."
- Staff described a positive culture with a dedicated staff and management team. Comments included, "I can always go to the manager if I have any concerns or problems" and "Staff here work as one big team. The home has a real family feel and the focus is always on people."
- The registered manager understood their responsibility to be open, honest and apologise to people if things went wrong.

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

- The registered manager regularly engaged with people, relatives and staff. Recent satisfaction surveys had been completed which demonstrated overall a high satisfaction with the service provided.
- New ways of communicating with relatives and professionals had been used during the COVID 19 pandemic. The registered manager and staff team had utilised technology to ensure they could continue to engage effectively with others.
- The provider described strong links with other professionals and records showed that staff had acted appropriately to seek support and guidance from professionals when this was required.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess and mitigate risks relating to the health and safety of service users.</p> <p>The provider failed to ensure the proper and safe management of medicines.</p> <p>12(2)(a)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish and operate effective systems to assess, monitor and improve the service.</p> <p>17(1)</p>