

Derby Lodge (Preston) Limited

Derby Lodge

Inspection report

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Preston
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Derby Lodge is a residential care home providing personal care for up to 23 people. The service provides support to adults with a physical disability, learning disability, autism and younger adults. At the time of our inspection there were 23 people using the service.

Derby Lodge is set over two floors with an accessible lift. There is a good size garden and parking facilities for visitors.

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

People living at Derby Lodge were kept safe; staff had good knowledge and skills about people's needs, likes and dislikes. One person said their relative had, "Excellent one to one care", and another said, "The care is marvellous."

There were adequate staffing levels and people were supported to go out and maintain their interests. Some people said they would like to go out more.

People benefited from improvements made to the governance of the service following the last inspection, particularly in relation to management of fire safety. People and their relatives found the managers and staff approachable and responsive.

Other improvements only recently commenced, for example, auditing, was not yet embedded. We will review this at our next inspection.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Derby Lodge is a large residential home with limited opportunities for people to be in control of their day to day lives and develop independence. There was a mixture of younger people and older people, who had different interests. Some people said they would like to be able to do more. However, staff supported people to take part in their interests and hobbies where possible; care plans were person centred and staff could meet people's needs

and preferences. There were six flats available for some people to live more independently.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 September 2021) and there were breaches of regulation. 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 and the provider was no longer in breach of regulations.

At our last inspection we recommended that fire safety measures reflected guidance. At this inspection we found the provider had acted on this recommendation and improvements were made.

Why we inspected

We undertook this focused inspection to check whether 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 of 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 has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Derby 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 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 two inspectors.

Service and service type

Derby 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. Derby 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

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. 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

During the inspection we spoke with five people that used the service and two relatives. We spoke with seven members of staff including the proprietor, registered manager, care staff and kitchen staff. We looked at a range of records including three care plans, medication records and two staff recruitment records. We looked at maintenance and fire safety records, and audits.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance regarding fire safety measures. The provider responded quickly and made improvements.

- The provider delivered training in fire safety procedures and staff understood the fire evacuation plan. Fire drills were completed and recorded. Fire safety equipment, including emergency lighting and alarm tests had been checked regularly.
- A new fire risk assessment was in place and the provider had completed many of the recommendations and had a plan with timescales to complete them all.
- We looked at environmental risk assessments; electricity, gas and equipment service records were up to date.
- There were risk assessments and management plans in people's care records. This included nutrition, moving and handling, medicines and skin integrity. Risk assessments were reviewed and updated regularly.

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.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse.
- The provider delivered safeguarding training and staff could describe what they would do if they had concerns.
- There was an up to date safeguarding policy which staff were aware of and followed.
- Relatives told us they felt that people were kept safe and had confidence in staff and the service.

Staffing and recruitment

- The provider had systems to make sure staffing and recruitment was managed safely.
- We looked at staff recruitment records and found necessary safety checks including Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff with the right skills and experience to meet people's needs safely; although people told us that staff were busy. Relatives said they could always do with more staff.
- Staff told us they received up to date training and thorough inductions.

Using medicines safely

- The registered manager and staff managed medicines safely in-line with the provider's policy.
- Medicines had been given as prescribed. There was clear guidance to support staff decision making in the administration of 'as required' medicines.
- Staff who had responsibility for giving people medicines had been trained and their competencies had been checked.

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 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.
- The provider made sure that visiting arrangements were in line with current guidance.

Learning lessons when things go wrong

- There was a system to record incidents and we saw some historic incidents recorded with actions taken and lessons learned. Staff told us learning was shared via handovers and staff meetings.
- Falls were recorded in an accident and incident book.
- The provider recently began a system for auditing, which included auditing falls and identifying themes and lessons learned.

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 inadequate. At this inspection the rating has changed 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

At our last inspection the provider failed to make sure systems to demonstrate safety were in place. This was a breach of regulation 17 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 17.

- The provider made changes following the last inspection and made sure there were effective systems to manage fire safety and other environmental risks.
- At the last inspection there was a lack of effective systems to manage and complete audits. At this inspection we found routine audits commenced recently and the process was not yet fully embedded. This meant we could not be certain whether concerns or issues were identified and acted upon.
- Managers made notifications to relevant statutory bodies, for example, around safeguarding and incidents.

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

- We found a positive culture amongst the staff and most residents. We observed caring interactions between staff and people, and staff regularly arranged activities to celebrate special occasions.
- Staff were committed to achieving good outcomes for people and people were encouraged to maintain their hobbies and personal interests.
- One person said, "We are supported to do things, but it would be good to go out more." We fed this back to the provider and will review at the next inspection.

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 understood and acted on their duty of candour.
- The registered manager kept relatives up to date with any issues and concerns. One relative said, "They do contact me regularly, I have no worries."

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

characteristics

- The provider engaged with people using the service and staff.
- Staff meetings were completed; however, the minutes had not always been recorded. The registered manager told us meetings would be recorded in the future.
- The service consulted with people via a survey. In the most recent survey, some people were not satisfied with a range of issues including the food, menus, mealtimes, staff attitude and provision of care. We found action had been taken to address issues.

Working in partnership with others; Continuous learning and improving care

- Care records and other documents showed the service worked in partnership with others.
- Examples included GPs, district nurses and social workers. Referrals were made to other services such as the falls prevention service.
- We did not see many examples of continuous learning, however, the recent implementation of an auditing system, and analysis of incidents will provide further opportunities for making improvements to care.