

Cepen Lodge Limited

Cepen Lodge

Inspection report

West Cepen Way
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

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 54 people were living at Cepen Lodge.

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

Medicines were not always managed safely. Concerns were identified around the recording and checking processes. We have made this a recommendation for the provider to review their systems to ensure they remain safe.

Risk assessments were in place but at times more information to record how risks were mitigated was needed. People told us they felt safe and had no concerns. Staff knew how to protect people and raise any concerns.

We saw that when people required support enough staff were available to provide this. Staff told us they felt staffing had decreased since the new provider and the impact of this was felt especially on night shifts.

Everybody we spoke with stated that they would recommend Cepen Lodge to others. People and staff told us the manager was approachable. The manager was in the process of registering with CQC.

The home appeared clean and we observed staff wearing personal protective equipment appropriately (PPE). Staff came to work in their own clothing and changed on site and then again before leaving to reduce any transmission of infection. All staff had to test prior to their working shift. The provider had adapted a room in the home to enable the management of COVID-19 testing for staff, visitors and people in the service. Staff were observed cleaning throughout the home and had access to the necessary cleaning products. Schedules showed deep cleaning of people's rooms and high-risk areas every day to prevent the spread of infection. Gaps identified in the recording of cleaning schedules were raised to the registered manager who assured that these will be reviewed.

People told us they felt the service had done well in managing the risk of COVID-19 from spreading commenting, "It's always been very clean everywhere and they do the PPE brilliantly and wash their hands wear gloves and masks. They are very good" and "They do wash their hands and always wear gloves and masks when showering me, they are very very careful. I think they had a couple of cases of the virus at the beginning, but they've kept us safe all of this time." COVID-19 care plans were in place with a friendly guide encouraging people to socially distance and wear appropriate PPE.

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 December 2017).

Since our last inspection the brand of this provider has changed from Brighterkind to Barchester Healthcare.

Why we inspected

This was a planned inspection based on concerns regarding an incident with catheter care.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has not changed from Good. However, the safe domain has changed from good to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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

Three inspectors attended the site visit for this inspection.

An Expert by Experience conducted phone calls to people and relatives following the site visit. 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that arrangements were in place to maintain infection control procedures during the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the manager and regional director.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 contacted three health and social care 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 Good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- Medicines were not always managed safely. One person's Medicine administration record (MAR) showed they had not received their prescribed medicine on three occasions in March 2021. It was recorded that the person had been asleep. The manager told us following the inspection a monitoring form had been put in place for MAR's and room documentation checks which was signed off by the manager.
- There was a system in place for the recording of prescribed topical medicines, such as creams and lotions. We saw that two TMAR's had not been fully completed. There was one gap of six days, where the application had not been recorded. For another cream there was no recordings completed. One staff member said that they thought that the creams were being applied, but staff were not recording this. Following this inspection, the manager told us action had been taken to review and update all TMAR forms with full details of instructions for application.
- One person was prescribed a transdermal patch for nicotine replacement. We saw the record for where the patch had been applied had been completed up until the 10 March 2021, but not after this time. The time of the application had not been recorded on four occasions. The manager told us following the inspection that staff have updated the patch record as per the MAR with the time for one entry.
- One person had been prescribed a thickener to be administered in all their drinks to help prevent the risk of choking. The amount to be used was not stated on the MAR. Their care plan for nutrition and hydration recorded that two scoops of the thickener should be added to 200ml of fluid, although the brand of thickener was not stated. One staff was able to state that this was the amount they used. Records showed that they had been reviewed by a member of the Speech and Language team (SALT) in December 2019, but the assessment did not mention the use of thickeners. The senior care assistant was informed and said that they would contact the SALT for clarification.
- Medicines requiring extra secure storage were being kept appropriately and their receipt and administration was recorded. We found one medicine had been recorded incorrectly. 39 tablets were counted but the balance in the register was 40. The staff member looked into this error and saw a mistake had been made in the continued balance that had been carried over from another page on 13 March 2021. However, this anomaly had not been noticed until the inspection despite there being a further nine entries in the register all of which had been signed by two people as being correct.
- Following this inspection, the manager wrote to us to update on the actions they had taken to rectify these concerns. This included issuing a warning letter to the staff involved with the error and reflective supervisions had taken place. Further medicine training and a competency assessment would be completed, and the staff involved would not be administering medication until this had been signed off.

We recommend that the provider reviews the systems in place to ensure an accurate and contemporaneous

record of people's medicines is maintained, and regular and routine monitoring is undertaken to identify concerns and take timely actions.

- We observed part of a medicine round and saw staff demonstrated an awareness of the needs of those administered to and their practice was seen to be safe.
- People's relatives told us they had no concerns over the medicine management and that people received medicine as required. Comments included, "The staff are amazing. They keep the medication locked in her room. The person administering the tablets wears a special coloured tabard, so they are not distracted by anybody whilst doing the tablets" and "There have been no problems with medication. They are on the ball for example [Relative] gets tummy aches and they always let me know and take action."

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt very safe living at Cepen Lodge and staff were available to help them. Comments included, "I do feel safe. They know how to help me. I feel safe, protected and not lonely. There is always someone come when I call or press the buzzer", "I feel extremely safe. The place is very good, and the staff are so friendly, lovely and all very helpful" and "I definitely feel safe. I love this place and I don't worry about anything. I've been very happy."
- Staff had received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. Staff told us, "I would raise anything. I would go to the senior and manager. The external safeguarding number is in the staff room" and "Had safeguarding training and would raise anything. We have whistle-blowing procedures and the manager is approachable to raise things to." The manager told us, "I know staff would report anything and openly and it's a strength of Cepen. There are times where staff have challenged professionals if not agreed or felt listened too."
- Relatives had no concerns about people's safety and praised the staff for the support and care shown. Comments included, "I think my relative is very safe. They are always popping in and keep an eye on him", "My relative is very safe. They are very attentive. She wears an alarm button around her neck and is prone to falling so has a pad beside the bed and they are on the scene quickly if she stands on it" and "Nothing has ever made me feel uncomfortable. I have never seen anything other than them being very caring. They are absolutely fantastic. Every single person has been lovely, from the cleaner to the manager. Nothing is too much trouble."
- The manager kept a clear log of any safeguarding concerns raised and subsequent investigations. The folder included a copy of the provider's safeguarding policy and a condensed 'policy on a page' for quick reference.

Assessing risk, safety monitoring and management

- Risks to people had been identified and plans to mitigate the risks put in place. We saw at times there was variation in the detail recorded. For example, a referral for one person to an external professional mentioned about some further physical behaviours, but there was no risk assessment or plan in place to support the person with these behaviours.
- We observed one person who demonstrated a clear dislike to face masks being worn and saw their behaviour could escalate negatively in response to this. Although staff were observed responding and supporting this person confidently, there was nothing recorded in their care plan about this dislike.
- We saw other assessments and care plans had good detail and were personalised. There was a clear flowchart in place for actions to take if someone had fallen. Care records showed people were asked if they were happy with the care received as part of their monthly review. One health and social care professionals told us, "The staff team that I met seemed to know the residents well and to have a good knowledge of their care needs."
- Transfer documents were in place for people should they require care in another setting. We saw these

had not been completed and there may not be time to record all essential information in an emergency situation. The manager told us this would be addressed.

- Records in the property maintenance logbook indicated that regular maintenance and testing had been carried out with regards to hot water checks, general maintenance, Legionella prevention and electrical systems. A review of the fire safety log indicated that checks were undertaken at the required frequency. The fire risk assessment in the file was dated 27th November 2019. The manager said that another had been completed since then and they would update this.

Staffing and recruitment

- During this inspection we observed adequate levels of staff available to support people. Staff were able to spend time with people where needed and call bells were not ringing for prolonged periods of time.
- People felt that staff were responsive to their needs the majority of the time commenting, "They are pretty good if I press the call bell and come quite quickly. I often say to people about how nice they are", "They are very helpful and loving and there is always somebody around if you need them and that makes me feel safe" "I do think they have enough staff. I tend to see the same people and I know them well" and "There used to be plenty of staff but I'm not sure there are quite as many now. I don't usually use my call bell, but I go down to see them if I need anything."
- Staff spoke positively about the staff team but did raise that there had been a drop in staffing numbers since the provider changed. Staff told us, "We used to have six or seven at night but in the last year this has lacked. We have raised this lots of times and told that the provider has a set amount of budget for staffing. We do the best we can but can be stressful, residents don't get the attention they need as we are stretched" and "We did have enough staff before Barchester took over but we have had 2 staff and one senior on a dementia floor and a lot of people need two staff." We have fed this back to the manager to review.
- The manager used a dependency tool which considered the maximum staffing hours, and skill mix required for the numbers of residents and their levels of need and dependency. This was supported by the manager's visual walk arounds to monitor the staffing levels.
- The provider had completed the relevant pre-employment checks to ensure staff were suitable and had the necessary skills. These included Disclosure and Barring Service (DBS) checks, references from previous care roles and their right to work in the UK. The DBS carries out checks which help employers make safer recruitment decisions

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

Learning lessons when things go wrong

- There had been an incident in December 2020 in which a person had experienced an issue with their catheter. There had been a failing to seek timely medical assistance for this person leading to prolonged discomfort. We spoke with the manager about this incident and reviewed the actions that had been taken as a result. We saw that further information needed to be recorded about how staff should check and raise concerns and what a presenting issue may look like. The manager said this would be addressed.
- All staff had completed catheter training; catheter care checks were now more enhanced and recorded.

Staff had been spoken with to learn from this incident and it was the focus of their clinical governance meeting in December. Further actions were also conducted with the staff involved to ensure their practice remains safe.

- Staff we spoke with were clear on the actions they should take if someone had fallen or had an accident and the importance of recording this clearly. The manager told us, "We talk about incidents in our daily meetings, we have falls observation monitoring which the staff do. We discuss this in my walkarounds, and I always listen to what people and staff have to say about the incident."

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A manager was in place who had worked at the home previously in other roles. They were in the process of registering with CQC.
- Everybody we spoke with stated that they would recommend Cepen Lodge to others. People told us, "I would recommend this home. Most of the staff are so kind and I feel safe protected and not lonely" and "I love the company and find I can get on with everyone. I have a pleasant life."
- People praised the manager and the staff for the way the home was led and the positive impact this had on the care received. Comments included, "I'm just so grateful for the patience. All of them are lovely. It's a hard job and I don't think the staff are given enough praise", "There is a new manager and I knew her before she became the manager, she worked in the company. She is nice and easy to talk to. She will come into the restaurant and wave and see that we are all ok" and "The new manager comes around and sits on the bed and sees how we are. If I wanted to speak to her about anything I could."
- Relatives felt the service was well run and the manager was approachable and available if needed. Comments included, "We are happy with everything, my relative is so well settled. All the staff are more than approachable and take any concerns seriously", "The manager, I like very much. She is very helpful friendly and personable, a people person. I feel I could talk to her about any concerns. She is willing to chat and also sometimes she has my relative in her office for coffee and cake which he loves" and "I do feel it's well managed. When my relative moved in I contacted the manager and she seemed pleasant and listened to what she needed."
- All staff spoke positively about working at Cepen Lodge and told us the staff team was a close-knit team focused on good outcomes for people. Staff commented, "I think we are a really good group of staff and that's why we don't leave. The residents are so much fun, and we know them so well. It's a lovely place to work", "The management are really supportive and have helped me" and "This is the best job I've ever had. During this COVID-19 time everybody has just really pulled together. I love working here."
- During our inspection we heard staff engaging with people in respectful ways and offering and supporting choices. The manager told us, "I want us to make sure we give the residents the best and make a difference. To know you have made that impact to someone. Staff need to know it's not about basic care tasks it's about caring for a human being."

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 manager was aware of their responsibilities under the duty of candour.

- The provider had a policy in place for the duty of candour and guidance about how to communicate effectively when events occurred.
- People told us they had not really raised any concerns but knew how to if needed. One person said, "I'd speak up if I wanted to. If I do speak up, they are pretty good and listen to me and answer me."

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

- Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The provider conducted Quality improvement reviews across their care services three times a year. Ahead of this the manager had to complete their own self-assessment of their service and where improvements could be identified.
- Monthly audits focused on a range of events including, safeguarding referrals, incidents and accidents, people's weight loss and falls analysis. From these audits a report would be generated, and any actions recorded to be worked on. We saw that some of the areas for improvement we identified had been raised and discussed by the manager previously in terms of completing accurate records for people and medicine management.
- The manager completed daily walk arounds of the home checking that cleaning schedules had been followed, documentation was completed and how people were. We saw some staff had taken on champion roles in areas including dementia, health and safety and medicines so could support other staff where needed.

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

- People we spoke with felt the staff had facilitated good communication between them and their relatives during the pandemic. Comments included, "I'm able to speak to my relative on a daily basis on the phone which has been good during these times. I am seeing them later today", "My son comes to see me, and we sit behind a screen. It feels safe" and "The staff have supported me in using Skype to contact my Granddaughter during the pandemic."
- Staff had the opportunity to provide feedback through a provider sent survey and staff meetings with the manager. Staff we spoke with felt happy to approach the manager if needed.
- The manager told us a formal feedback survey had not been completed recently with people, but resident meetings were held and walk arounds completed so people could raise things if needed. People told us, "We do have residents' meetings still although we can't go into each other's rooms anymore. I feel I could say anything I wanted and they would listen", "They have had residents meetings but I don't attend as there is nothing I'm unhappy about" and "They've always had regular meetings but not quite so much now. I used to be the one who did the talking and I would speak up for myself and I think they would listen and take me seriously."
- Relatives told us they received communication from the service and had the opportunity to feedback on matters commenting, "They do encourage people to report their views. For example a few weeks ago they asked us to comment on the governments legislation regarding room visits in care homes", "They have had zoom relatives meetings but I work too so haven't attended and don't have any concerns" and "I get emailed regularly from Barchester and phone calls from the staff."

Continuous learning and improving care

- The majority of people and relatives we spoke with could not think of anything that they felt needed improving within the service. Comments included, "I can't honestly think of anything that would improve it here" and "There is nothing that needs improving, they do so well."
- The manager told us they were aware that documentation and the recording of care was a focus area for

the service commenting, "I know staff are doing things, but they need to record it. We have set some things up with staff, so they have allocated corridors, care plans and room folders. Then we can look at why things haven't happened. We can then have a reflective learning around this."

- The manager spoke about being keen to develop staff in the same way that she had progressed and told us, "I want to develop the staff team. I believe in empowering the staff as you are only as good as the team. I like staff to take ownership of things."

Working in partnership with others

- The manager told us they had good working relationships with other healthcare professionals commenting, "I do work on this to maintain good partnership working, to have a good platform to be open and transparent with other professionals."

- The service worked collaboratively with different professionals in order to maximise outcomes for people.