

Ryding Care Services Limited

The Lodge

Inspection report

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Merseyside
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Tel: 01516320900

Date of inspection visit:
28 July 2020

Date of publication:
20 August 2020

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 accommodation and personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 20 people.

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

People and relatives we spoke with all commented on how happy they were with the service being delivered and stated, "it's just like a family."

People's risk assessments and care plans provided more detailed and up to date information for staff about how to safely care for each person. However, we identified that the daily monitoring information regarding care was not always completed.

We found additional improvements had been made in recruitment and governance processes. Regular reviews and audits had been carried out and action plans had been developed and acted on.

The internal and external environment had improved. However, additional improvements were needed. The registered manager was fully aware of this and discussed the plans that were in place.

We also found that improvements had been made in regard to medicines. However, we have made a recommendation that the provider considers current guidance on administering topical medicines and takes action to update their practice.

Accidents, incidents, safeguarding issues and complaints were managed appropriately and monitored by the management. Infection control standards were monitored and managed appropriately.

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 found that people, and if appropriate their families, were consulted about all aspects of their lives. People and families had knowledge of care plans and were involved in decision making.

Rating at last inspection and update: The last rating for this service was inadequate (published 20 November 2019) and there were multiple 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.

This service has been in Special Measures since 20 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall however is still rated as inadequate in the effective domain as this domain was not inspected during this inspection. Therefore, this service is still in Special Measures.

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since we last visited the service. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive Key Questions were not looked at on this occasion.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. 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.

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 overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The 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 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

We gave a short period notice of the inspection because infection control arrangements had to be agreed with the provider prior to our visit to mitigate the risk of any cross contamination or transmission of Covid-19.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the registered manager. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 audit data and training details.



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 inadequate. At this inspection this key question has now improved 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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- People's needs and risks were now clearly identified, and staff had guidance on how to mitigate these risks in the delivery of care. For example, one person had a health condition that was identified through each risk assessment and how this impacted the person's ability to remain independent.
- Care plans contained information regarding people's dietary requirements following input from the dietitian services. Changes to people's support were fully documented and we were able to see where staff reviewed and adapted care to suit people's needs.
- However, we identified daily monitoring records such as pressure area care charts had not always been completed. This was brought to the registered managers attention who assured us that this would be actioned immediately.
- We identified that call bells were available so people were able to call for help when they needed to.
- Accident and incidents continued to be documented along with the action taken by staff to support the person's wellbeing at the time the accident or incident occurred. We saw how this was audited by the registered manager and trends were looked for to ensure risks were identified and actioned.

Using medicines safely

At our last inspection the provider had failed to manage medicines adequately to ensure people received the medicines they needed. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Medicines were managed safely.
- We saw that medicines were securely stored, and the medication administration records corresponded

with the medicines administered to people.

- Risks associated with people administering their own medication had now been assessed.
- Documentation for topical medications (creams) and 'as required' medicines were in place and regular audits were carried out.
- We identified that when creams were opened they did not have a 'date of opening' written on them. This is needed to ensure the topical medications are in date and to continue to be effective. This was discussed with the registered manager who immediately actioned this.

We recommended the provider considers current guidance on administering topical medicines and takes action to update their practice.

Staffing and recruitment

At our last inspection staff recruitment was unsafe as it did not ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and Proper Persons) 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 19.

- Staff files held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had their criminal conviction (DBS) checks renewed since the last inspection.
- During the inspection we saw that there was an appropriate number of staff on duty.

Preventing and controlling infection

- The environment had improved and was visibly clean. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- However, there were ongoing improvements being made to the internal and external environment. The registered manager informed us that although certain improvements had been halted due to the Covid-19 pandemic, these were planned to commence in the near future.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- Furniture had recently been replaced and equipment we saw during the inspection looked clean and well maintained.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.
- People and relatives we spoke with all said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff.

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 inadequate. At this inspection this key question has now improved 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff members who were responsible for managerial tasks had clearly defined roles as shown in their job descriptions.
- We identified that appropriate induction, training and supervision processes were in place to ensure staff were fully aware of their responsibilities within the home. This was supported with ongoing competency checks.
- The registered managers oversight of the home had improved and this was evidenced within discussions held throughout the inspection.
- New processes and documentation in regard to people's care planning and risk assessment had been introduced following the last inspection. These were regularly reviewed and audited.
- We asked for health and safety audit action plans that had been developed to be sent following the inspection. These were sent within a specified time frame and showed that the provider had identified and acted on issues found during the audits.
- Medicines management had improved. We were able to see that medicines were regularly audited, and we found during the inspection, that medicines had been managed safely.

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 and the staff were clear regarding what was expected of them within the home and had shared information with the CQC as required .
- The registered manager was open and transparent about what improvements had been made and what were needed.

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

- People and relatives told us how the staff and registered manager were constantly communicating with them and that they felt they could approach them with anything they wanted or needed.
- The registered manager was responsive to feedback given throughout the inspection and immediately acted on the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.
- Support from other health and social care professionals continued to be sought when required.
- Staff were supported to express their views and contribute to the development of the service at team meetings
- Everyone we spoke with were positive about the care provided and people said they were happy living at the home.