

Paradise Lodge Care Home Limited

Paradise Lodge

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

We looked at whether the people using the service were safe and whether the service was well-led

At our last inspection we raised a number of concerns regarding people's safety. Whilst some improvements had been made, we found the systems in place to keep people safe were not sufficiently robust. The provider and registered manager had improved how they dealt with daily risk, however, there was a lack of investment in the property and in long-term planning for the future. As a result, risk to harm was not fully minimised.

The new registered manager had settled in well. They were registered manager for three services. Whilst the other two services they managed were fairly settled, Paradise Lodge required a manager with sufficient time to address specific areas of issues and concerns at the service.

Some of the processes and records at the service needed streamlining to ensure they were effective. New quality audits had been introduced, however they were not always sufficiently robust and where concerns were found they were not consistently resolved.

The registered manager had significantly enhanced the administration of medicine. Training and guidance about the support each person needed in this area had improved. The registered manager observed staff competency and carried out regular checks to ensure people received their medication as prescribed.

Communication had improved across the service and staff felt supported to speak out about any concerns they had. The provider and registered manager communicated well with families and people. The provider had introduced formal meetings with the registered manager and senior staff which were starting to support improvements at the service.

The provider was focused on recruiting enough staff to meet people's needs. If there were not enough care staff at any time, gaps were filled by the provider or senior staff. Whilst this meant there were enough staff on duty, this practice meant senior staff were not able to carry out planned tasks, which increased pressure on the management of the service.

The quality of risk assessments, and guidance to staff about keeping people safe had improved since our last inspection. However, improvements were needed to ensure a focus on supporting people to stay safe did not result in them being overly restricted. In addition, the risk assessment process had not considered fully the risk of missing or broken window restrictors.

Staff knew what to do if they were concerned for people's safety. The property was clean and homely, however a lack of investment in the property meant risks from the spread of infection were not minimised.

Staff worked well with external professionals to meet people's needs and to address concerns at the service.

There was scope for the registered manager to develop positive networks outside the service for support and to learn and share about best practice.

More information is in detailed findings below.

We identified a continued breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and the environment. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement (report published 16 May 2018)

About the service:

Paradise Lodge is a residential care home that provides personal care and accommodation to up to five people with learning disabilities. At the time of the inspection there were five people living at the service.

Why we inspected:

We carried out this focused inspection to see whether the provider had made the necessary improvements since our last inspection. We had also received concerns regarding the safety and management of the service.

Follow up:

Following this report being published we will continue discussing with the provider their future plans for the service and how they will ensure the rating improves to at least good. We will work with the local authority to monitor progress.

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 consistently 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 ●

Paradise 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and one assistant inspector carried out this inspection.

Service and service type:

Paradise Lodge is a care home. People in care homes receive accommodation and personal 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:

The inspection was unannounced.

What we did:

The registered manager was registered to manage three care homes. We had concerns about the safety and management of two of these services, Chignal House and Paradise Lodge. We therefore carried out the inspection of the two services over two days in the same week. As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

We require the provider to submit a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. At the time of this focused inspection the registered manager was still completing their return.

We spoke with people who lived at the service and observed how they were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with three family members to ask their views on the service their relative received. We also spoke with two health and social care professional who had contact with the service.

We met with the provider who was also the owner, the registered manager, acting deputy manager and two care staff. We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service, including three staff files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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.

At the last inspection in March 2018 we rated safe as inadequate and found the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- People who lived at the service were not protected against the risks associated with the proper and safe management of medicines. Regulation 12 (2) (g).
- People who lived at the service were not protected against risks to their health and safety. This was because risks were not consistently assessed or managed to protect them from harm or the risk of harm occurring. Regulation 12 (2) (a).
- People were not protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. Regulation 13.

At this inspection we found the provider and registered manager had started to address some of our concerns and the service was no longer in breach in relation to the above regulations. However, we remained concerned with the oversight and management of risk and so rated safe as requires improvement.

Assessing risk, safety monitoring and management

- Risks to individuals were not always safely managed. Window restrictors in the upstairs bedrooms were broken or missing. The provider had consulted with external professionals regarding the need for window restrictors however they had not carried out a full risk assessment. A health and safety audit was in place but this did not include checking existing window restrictors. The provider replaced the restrictors on the day of our inspection.
- Despite our concerns regarding the window restrictors, we found people had improved personalised risk assessments in other areas, with clearer guidance to staff on how to minimise risk. Staff were able to explain how they used de-escalation techniques to support people safely.
- The provider and registered manager had not always considered whether decisions made to ensure people's safety were the least restrictive option. The doors from conservatory to the garden were locked, due to risks relating to one person. This meant the other people at the service could only use the garden under supervision. We found the registered manager had not considered alternative measures, nor set a date to review the restriction. After our inspection the registered manager told us they would review this decision to ensure it remained the least restrictive alternative.

Using medicines safely

- Since our last inspection the registered manager had made significant changes to ensure people received their medicines as prescribed.
- Staff had detailed guidance about the support people needed with the medicines. People's allergies were now clearly recorded. A protocol was in place for medication which was administered as and when required

and staff kept a running balance each time these medicines were given.

- The registered manager had sourced a new course for staff which addressed gaps in their knowledge. All staff had received refresher training.
- The registered manager had improved the audits. The registered manager ensured daily checks and monthly audits took place which included stock checks of medicines. The quality and frequency of staff competency checks had also improved.
- Staff were proactive in implementing changes to medicines.

Safeguarding systems and processes

- The registered manager had driven improvements to ensure all senior staff and care staff understood their responsibilities to keep people safe.
- Staff told us that they had received safeguarding training and felt confident raising concerns. A member of staff said, "I would say something straight away. I would tell [Manager]."
- Safeguarding was discussed at staff meetings and the registered manager told us that they had sought additional external safeguarding training for themselves and the staff team.
- Following an incident at the service, the registered manager told us that they had worked closely with the local safeguarding team to improve their knowledge of the safeguarding process.

Staffing levels

- During our visit we observed adequate staffing on site to support the needs of the people living in the service. The provider told us they struggled to recruit and were still working towards a full complement of staff, including more female staff.
- Where there were gaps in staffing, care staff confirmed the provider, registered manager and deputy provided care at the service. Whilst this meant there was enough staff on duty to keep people safe, this had an impact on the management of the service. See the well-led section of this report.
- Relatives told us that staffing had been an issue but that this was improving. A relative told us, "Staff levels have dropped a bit, but there was a contingency plan in place, it seems to have got better again recently, they do well."

Preventing and controlling infection

- Staff supported people to keep their home clean.
- Audits to check on the control of infection had increased and improved, however a lack of investment meant further progress was needed to minimise risk. For example, delays in repairing some broken furniture made it harder for surfaces to be kept clean and free from infection.

Learning lessons when things go wrong

- The registered manager and provider had a more proactive approach to recording and acting on mistakes, however they were not focused on using learning to help them improve and plan for the future.

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.

The management and leadership of the service was inconsistent. The registered manager and provider had not created a culture which supported the delivery of high-quality, person-centred care.

At the last inspection in March 2018, people who used the service and others were not protected against the risks associated with the ongoing failure to have good governance systems to monitor the quality of the care provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we did not find sufficient improvement had been made and the provider remained in breach of Regulation 17.

Leadership and management

- The registered manager was managing three services within the organisation whilst covering gaps in staffing and providing an on-call response in the case of emergencies. The demands on their time were having an impact on their capacity to carry out management tasks at the service, in particular to implement required actions from our last inspection and to manage areas of risk.
- Families told us that mistakes were being made, "I feel [manager] is so stretched trying to manage the different homes that mistakes happen."
- The provider was aware of the issues relating to the pressure on the registered manager and was actively addressing this.
- A new deputy manager had been appointed to support the registered manager in their post.

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

- Checks on the quality of the service were not robust and risks were not always identified. The provider and registered manager did not always complete actions which had been highlighted during quality checks, in particular actions which required investment in the fabric of the building.
- The risk of broken and missing window restrictors was not fully assessed and addressed.

The lack of robust quality checks and corrective action meant the provider was not effectively minimising the risk to people's safety. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular meetings took place between senior staff including monthly meetings between the registered manager and provider. These meetings helped to improve communication and drive improvements.
- Staff told us they could ask for support from the registered manager and provider if needed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People knew the registered manager well and had the confidence their concerns would be listened to and resolved.
- Staff supported people flexibly in accordance with their cultural and religious needs.
- When things went wrong the manager met with people, families and professionals to resolve concerns.

Engaging and involving people using the service and staff

- People were consulted and involved in their care. Comments and concerns raised in the resident's meetings were picked up in the registered manager's audit and acted upon.
- Families told us that they felt involved in the care of their relatives but that communication could be improved. One family member said, "I get on well with [person's] keyworker, they let me know anything I need to be aware of." However, family members told there was lack of consistent communication across the staff team about changes in their relative's needs and preferences.
- Staff told us that regular team meetings took place and that they felt confident raising any issues with the registered manager and provider.

Continuous learning and improving care

- Families told us that outcomes for people had improved but more could be done. One relative said, "[Person] is now having much more of an active life but I would like more input from the carers and for them to learn more how to get the best for their service users."
- Some guidance documents and procedures were outdated and did not represent current best practice.

Working in partnership with others

- Senior staff and care staff worked with outside professionals, such as social workers and health professionals to meet people's needs and keep people safe.
- The registered manager and provider had worked with the local authority to make some improvements but a number of actions were still required.
- The registered manager had limited access to networks outside of the organisation and would benefit from developing further links to increase their knowledge of best practice.

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 17 HSCA RA Regulations 2014 Good governance A lack of robust quality checks and corrective action meant the provider was not effectively minimising the risk to people's safety.