Bondcare (London) Limited

Derwent Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Derwent Lodge Care Centre is a care home, with nursing, for up to 62 older people. At the time of our inspection 53 people were living at the service. Some people were living with the experience of dementia. The service is managed by Bondcare (London) Limited, a private organisation.

People's experience of using this service and what we found
Medicines were not always managed in a safe way. The staff did not always follow Bondcare's own procedures for the safe management of medicines and failure to do this placed people at risk. When medicines incidents happened, the staff had not always recorded and reported these so they could be addressed or learnt from.

The provider's systems for monitoring and improving the quality of the service were not always operated effectively because audits had failed to identify or improve problems relating to medicines management.

There were a number of hazards which increased the risk of infection or contamination. These included medicines equipment not being thoroughly cleaned, communal slings stored in bathrooms and toilets and an unpleasant odour in one area of the building.

With the exception of these hazards, the environment was generally well maintained and safe. There was redecoration and refurbishment taking place at the time of the inspection. The staff were working well within the difficulties this work created to make sure people still received the support and care they needed. The work was due to be completed shortly after the inspection.

There was no evidence of discrimination against people or staff who had protected characteristics (as defined under the Equalities Act). However, there were limited visual clues and practices for some people to feel empowered with their identity. Some staff lacked awareness in respect of protected characteristics and what they could do to promote an environment where people felt safe to share their identity.

People living at the service and their visitors were happy with the care they received. They liked the staff and found them caring. Their needs were being met and they were able to make choices about their care and how they spent their time.

The staff were kind and thoughtful in their interactions with people. They knew people's needs well and had established positive relationships with them. They offered them choices, were attentive and had a friendly and caring approach.

People's needs had been assessed and planned for. Care plans and risk assessments were regularly reviewed and had been updated to reflect changes in people's needs. The staff were able to access information about people's care needs on handheld devices and they could use these to alert managers

about any concerns they had.

The staff worked with other professionals in supporting people with their healthcare needs. They made timely referrals when people's needs changed. The staff were good at following guidance from others and monitoring people's health.

There were opportunities for people to take part in a range of different social and leisure activities organised by two activity coordinators. There were a range of resources and coordinators planned different events for groups and individual people.

People using the service, visitors and staff knew who the registered manager was and felt they were visible, supportive and had made positive changes at the service. There were a range of different audits and systems for investigating and responding to complaints.

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.

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

Rating at last inspection (and update)
The rating at the last inspection was requires improvement (Published 14 March 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, not enough improvement had been made and the provider was still in breach of regulations. The service remains requires improvement.

This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to safety and leadership at this inspection.

Full information about CQC's regulatory response can be seen in our table of actions at the end of the report. We have issued warning notices telling the provider they must make the required improvements.

Follow up
We will request an action plan for 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 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Derwent Lodge Care Centre

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 conducted by two inspectors, a member of the CQC medicines team, a member of CQC's business services team and an Expert by Experience. 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
Derwent Lodge Care Centre 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
This inspection was unannounced.

What we did before the inspection
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 contacted the local commissioning authority and asked for their feedback about the service. We received a copy of a report they had made following a recent review of the service.

We looked at all the other information we held about the service, which included notifications of significant events, information from members of the public and the provider's action plan following the last inspection.

During the inspection
We spoke with 13 people who used the service and three visiting relatives and friends. We met one visiting healthcare professional. We observed how people were being cared for and supported. Our observations included 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 spoke with staff on duty who included, care assistants, nursing assistants, a nurse, activities coordinators, catering staff, housekeeping staff and the registered manager.

We looked at the care records for five people who used the service, staff recruitment, training and support records for six members of staff, medicines management and records relating to this as well as other records used by the provider for managing the service, including audits, meeting minutes and records of complaints, accidents and incidents.

We conducted a partial tour of the premises and looked at equipment which was being used. We looked at the records relating to these.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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
At our inspection of 18 February 2019, we found medicines were not always managed in a safe way. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act (Regulated Activities) 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of Regulation 12.

- Medicines were not always managed in a safe way. This meant people were at risk of receiving unsafe treatment.
- Some people had their medicines crushed before being administered. One of the devices used for this purpose contained a large amount of powder from previously crushed tablets. The device was not labelled with a name of person or medicine. This presented a risk people would be administered the wrong medicines or the wrong amount of medicines. Medicines fridges were not always locked, and one fridge was overstocked meaning the air could not circulate and temperatures could not be correctly maintained.
- Medicines records were not always accurately completed so it was hard to tell whether medicines had been administered as prescribed. For one person, the pharmacy had dispensed a specific amount of a liquid medicine. The records of administration showed more than this amount had been administered to the person. This discrepancy had not been investigated.
- PRN medicines are medicines which are prescribed to be administered when needed for a specific reason. Staff need guidance to know when these should be administered. This guidance was not always in place for all PRN medicines. Additionally, staff practice around recording the administration of PRN medicines was incomplete because they had not recorded why each dose had been administered and the effect the medicine had. This meant there was a risk of people receiving or not receiving the medicines they needed.
- The staff did not always follow the provider's procedures for completing medicine administration records. Most medicines administration records were pre-printed by the pharmacist with details of the medicine and dose. In some instances, staff were required to transcribe other medicines onto these charts. These entries had not been checked and countersigned by other staff, which was a breach of the provider's procedure and did not meet best practice guidance. This also presented a risk because the information may have been wrongly recorded which could lead to administration errors. In one case we found special instructions regarding administration had not been correctly transcribed onto the administration charts. In another example, the dosage had been changed by staff in a way which did not reflect the prescription details.
- One person's care plan stated they should have all medicines, food and fluid intake administered via a percutaneous endoscopic gastrostomy (PEG) tube. A PEG tube is a tube surgically placed in the stomach of

a person to help with feeding in cases when they cannot eat or swallow food safely. However, instructions on the person's medicines administration record included for some medicines to be administered orally. The registered manager explained this did not happen, but there was a risk of error because the instructions were inaccurate.

Failure to ensure the safe and proper management of medicines placed people at risk. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's medicines were regularly reviewed by prescribing doctors to make sure they were appropriate and met their needs. The staff responsible for administering medicines had been trained and had their competencies assessed. Previously we had identified people did not always received their medicines at the right time. This had improved, and people confirmed medicines were given on time.
● Following the inspection visit, the registered manager sent us an action plan to show what they were doing to make improvements to medicines management.

Preventing and controlling infection
● Some practices at the service increased the risk of the spread of infection. One sharps bin used for the disposal of injection needles was overflowing so it could not be properly closed and staff using this could be injured by used needles. A piece of equipment used by one person to assist with the use of inhaled medicines was heavily soiled. The staff had not followed the manufacturers' instructions for the cleaning and management of these pieces of equipment.
● There were other practices which increased the risk of the spread of infection. These included the use of communal slings to support some people to move. These slings were stored over hoists in bathrooms and toilets. We discussed this with the registered manager. They explained people who needed slings to move all the time had their own, and these were stored in their bedrooms. However, communal slings were used to assist some people on rare occasions or following accidents.
● There was a strong unpleasant odour in part of the building. We discussed this with the registered manager who explained the cause of this and that it was an ongoing problem. They talked about their plans to address this. However, in the meantime, this was unpleasant and posed a potential infection control risk for people living and working at the service.

Failure to ensure infection control procedures are followed places people using the service, staff and others at risk of infection. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager told us they would ensure everyone who needed a sling was assessed for their own individual equipment. They also agreed to look at future storage arrangements, as an alternative to bathrooms, to minimise the risk of cross infection.
● Other areas of the service were clean. Housekeeping staff were employed to work at the service daily. There were regular checks on cleanliness and infection control audits. Staff were provided with protective clothing, such as aprons and gloves, which we saw them use.
● People using the service and their relatives told us they had access to showers and baths when they needed these. They told us they were happy with the laundry service and had clean clothes and bedding.

Learning lessons when things go wrong
● The staff were not always aware of the procedures for reporting incidents. For example, we identified a number of medicines errors. These included an incident in January 2020 where a staff member had

administered half the dose of a person's medicine because there were not enough tablets available. There were no records of this incident and the staff member responsible for administering medicines told us they did not know how they should formally record and report this. We discussed this with the registered manager who agreed they would speak with staff about how incidents were recorded and reported.
● The registered manager organised regular clinical risk meetings where they discussed the service with other senior staff to identify any areas of risk and how they would respond to these. Where incidents, accidents and complaints had been identified, lessons had been learnt from these.

Assessing risk, safety monitoring and management
At our inspection of 18 February 2020, we found the strategies for managing risk and supporting people to stay safe were not clearly recorded. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of this part of Regulation 12.

● The staff had assessed the risks to people's safety and wellbeing. These assessments included the risks relating to people's mental and physical health, nutrition, mobility, skin integrity, continence and equipment being used. The assessments included actions to reduce risks. They were regularly reviewed and updated.
● The environment was safely maintained. The provider carried out checks on health and safety and equipment to make sure this was safe. There was a fire risk assessment and individual evacuation plans for people using the service. The staff participated in fire safety training.
● We observed staff supporting people to move safely around the service. They did this appropriately and explained they had undertaken regular training about the safe support of people to move. There was equipment around the home designed to help protect people from the risk of falls, including beds which could be lowered, bed rails, sensor mats and hand rails. Call bells were accessible in bathrooms, bedrooms and communal areas for people to ring for staff assistance.

Systems and processes to safeguard people from the risk of abuse
● People using the service and their relatives told us they felt safe at the service. Their comments included, ''I feel safe, there are a lot of staff around'', ''I feel much safer here than at my home'' and ''I think [person] is safe here. The staff check on [them] all the time.''
● The activities coordinator told us they had discussed security and safety with people using the service. During the inspection, some people who lived at the service asked to look at the inspection teams' identification and told us they needed to check the identity of visitors. This was positive, as it demonstrated people were aware of the importance of making sure they knew who visitors to their home were.
● The provider had a procedure for safeguarding adults. The staff received training in this and discussed this as part of group and individual meetings with their manager. The staff were able to tell us about different types of abuse and what they would do if they suspected someone was being abused.
● The provider had worked closely with the local safeguarding authority and other agencies to investigate allegations of abuse and protect people from harm. They kept clear records relating to this.

Staffing and recruitment
● There were enough staff to meet people's needs and keep them safe. People using the service, visitors and staff all felt there were usually enough staff. People said they did not have to wait for care and call bells were answered promptly. Sometimes the provider sourced agency (temporary) staff to work at the service. However, the registered manager told us they tried to use the same regular workers to ensure a consistent

approach. We met one member of agency staff. They told us they were given a good introduction to the home and worked alongside permanent staff, so they could ask them any questions they needed.

● Throughout the inspection we saw staff were deployed appropriately, giving people attention and time they needed. People were not rushed, and staff made sure they regularly engaged with them.

● There were systems for the recruitment of staff to make sure they were suitable. These included checks on their previous employment, eligibility to work in the United Kingdom, identity, references from previous employers and checks on any criminal records. Prospective staff were invited for an interview, which included assessments of their knowledge and attitude. New staff undertook an induction, where their skills and competencies were assessed before they were confirmed in post.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The staff assessed people's needs and choices before they moved to the home and upon admission. The registered manager spoke about how they visited people in hospital or their homes, to meet with them, their family and other representatives. Assessments within care records demonstrated how staff had asked a range of questions to find out about individual needs.
- The staff continued to assess people's needs once they moved to the service. They used the assessments to help develop care plans. These were regularly reviewed and updated.
- Two people moved to the service on the day of the inspection. Staff spent time with these people, making sure they were comfortable and had everything they needed. They spoke about the service and asked questions to help find out about their preferences and needs. They also spent time with people's families, showing them around and discussing the service as well as finding out about the person.

Staff support: induction, training, skills and experience

- People were cared for by staff who were appropriately skilled, trained and supported. Some staff told us they had difficulty communicating in English, although they told us they worked closely as a team and were able to ask questions if they did not understand things.
- People using the service and their relatives thought staff were well trained and looked after them well. Staff explained they completed a range of training during their induction and regular updates after this. Records showed staff received training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities. The staff were able to explain about some of the training they had undertaken and told us this had been useful.
- There were effective systems for the staff to communicate with one another and share information. These included daily handovers of information about people using the service, team meetings and individual meetings with the registered manager. Information about people's care needs was recorded on a computerised system. The staff used handheld devices which they carried with them at the service. Some staff showed us how these could be used to access care plan information about people and any alerts regarding their care needs.
- There were processes for assessing staff competencies and making sure they had the skills and knowledge to care for people safely. The registered manager had a good overview of staff skills and where additional training and support was needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. The provider employed catering staff who prepared all the meals

freshly at the service. The chefs had a good understanding about people's needs and preferences. They met with people regularly to discuss menu options and their enjoyment of meals. We saw them speaking with people following lunch on the day of our inspection, asking for their feedback.

● People told us they liked the food and were able to make choices. Some people told us they had special dietary needs, and these were catered for. We heard the staff explaining about different food choices to people and respecting decisions people made. People were offered regular snacks and fresh fruit. There was enough to for people to drink. Staff offered hot and cold drinks and also there were fresh jugs of squash and water available in people's bedrooms and communal rooms.

● The staff had assessed people's nutrition and hydration needs. They had created care plans where there was an identified need and they monitored people's nutritional intake and weight. There were records to show the staff had made referrals to other professionals when additional support was needed and followed their guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's healthcare needs were assessed and planned for. Care plans included specific instructions for meeting individual healthcare conditions. The provider employed nursing staff and senior care staff who had additional training to undertake some nursing interventions. These staff monitored people's health and responded appropriately to changes in their condition.

● People told us they had access to a variety of different healthcare professionals when they needed. There were thrice weekly GP rounds at the service. We met a visiting GP. They told us the staff were proactive in looking for signs and symptoms that someone was becoming unwell. They said they worked well with the practice and emergency healthcare services, reporting concerns and dealing with changes to people's health. They told us staff followed their guidance and provided a good level of care to meet people's needs.

Adapting service, design, decoration to meet people's needs

● The provider was in the process of renovating areas of the service to better meet people's needs. They were changing the communal areas on the first floor to provide a large dining area. They were also redecorating the corridors and communal rooms on this floor. At the previous inspections, we had discussed the need to improve signage and the environment in line with best practice for people living with dementia with the provider's representatives. The registered manager told us this was part of the ongoing work and there would be these improvements once the work was finished.

● We identified areas which needed more urgent attention, including a missing toilet seat and holes in the walls of one bathroom which could present a risk. The registered manager was aware of these and explained they would make sure the maintenance team prioritised this work.

● Communal rooms were decorated and furnished appropriately, with comfortable seating, tables, things for people to look at and do. People could furnish and personalise their own bedrooms.

● There was some signage to assist people. These included posters and leaflets with information about the service as well as other local community services. Menus were displayed on tables and there were clocks situated in communal rooms. There were enough hoists, specialist baths and other equipment people needed for safety.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. The staff had assessed people's mental capacity to make specific decisions. Where people lacked mental capacity there were records to show how decisions had been made in their best interests, and who was involved in this decision. The provider had obtained information about people's legal representatives so they knew who to consult when making decisions.
- The registered manager had applied for DoLS as needed and monitored when these were due for renewal.
- The staff were trained so they understood the principles of the MCA and were able to explain why these were important and how they ensured these were implemented at the service. They told us how they offered people choices, and helped to explain these using different gestures, objects of reference and words from people's first language (if this wasn't English). People told us the staff asked for their consent before providing care and we observed this.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect by kind and caring staff. Comments from people about the staff included, ''[Staff] are very kind and good to me'', ''They are caring and look after [us] well'' and ''I think they are very good.'' One relative told us, '' The care staff are fantastic. Things have changed so much. I am happy for my [relative] to live here now.''
- We observed kind, caring interactions where the staff showed genuine affection. They knew people well and engaged with them positively, making eye contact, bending down to people's level and listening to them. They were attentive when people became distressed or needed attention. Staff assistance was calm and patient. People were not rushed. The atmosphere in communal rooms was lively and fun and this was particularly noticeable at mealtimes which were a pleasant social occasion.
- Staff asked about people's wellbeing and enjoyment. They offered help to people but respected when people said they wanted to be independent or do things for themselves.

Supporting people to express their views and be involved in making decisions about their care

- Staff offered people choices and they were able to make decisions about how they spent their time. Care plans included information about people's preferences.
- One person had been appointed the 'resident ambassador' at the service. This was a new role and was still developing. The registered manager told us the person attended meetings with the management team each week to discuss issues people using the service wanted to raise. They also gathered feedback from the registered manager which they shared with others. The registered manager told us they hoped the role would develop so the person could represent people using the service during staff recruitment.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. Their comments included, ''[The staff] always treat you with dignity and respect'' and ''They knock at my door.'' We observed staff to be respectful when talking to people about their needs and making sure they were not overheard. They closed doors and curtains when providing personal care.
- People were supported to be independent where they were able. The provider made sure people had the equipment they needed to assist with their independence, for example specialist cutlery and crockery.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
At our inspection of 18 February 2019, we found care plans did not contain accurate or complete information about people's needs. We also found people's needs were not always being met in a personalised way. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 9.

● Care plans were written by senior staff where there was an identified need. The service had a system of computerised care plans, and information about each person was directly available to care staff on hand held devices. We identified minor errors in recording information about some people which we shared with the registered manager who agreed to address these. Some care plans had personalised details. However, others had generic statements in respect of some people's needs. The registered manager had already told us they were working with staff to improve the detail and personalisation of care plans. We found this had improved since the previous inspection and felt there was enough information for the staff to provide appropriate care to each person, although some plans would be enhanced further with more information about people's preferences.
● Staff recorded care interventions onto the electronic system and managers could remotely monitor this to make sure people's needs were being met. People told us their needs were being met and they were happy with the care they received. We saw care plans were regularly reviewed and updated with changes in people's needs.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The provider had taken steps to improve the accessibility of information for people with sensory and communication needs and those who did not speak English as a first language. They had developed guides for the staff using key words from other languages, symbols and pictures. The staff used these to help communicate with people. Some of the staff spoke other languages and the provider also worked with families to help translate important information people needed to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to take part in a range of different activities. This was an improvement since the last inspection. The provider employed two coordinators who organised and facilitated social activities. They had a range of resources they used to help people pursue different leisure activities and hobbies. There was a planned programme of events, which included visiting entertainers, exercise, games, craft activities and trips. The coordinators also facilitated ad hoc activities based on what people wanted to do each day.

● All the staff were involved in spending time with people, talking to them and helping with individual pursuits, which included reading to people.

● Visitors told us they were welcome at the service and could spend as much time as they wanted with people. There were also some visiting religious groups who held worship at the home.

End of life care and support

● Some people were being cared for at the end of their lives. The staff worked closely with palliative care teams and other healthcare professionals to make sure people were pain free, comfortable and had the medicines they needed. The staff had created end of life care plans which outlined people's wishes and any specific needs and preferences they had for care at the end of their lives and at the time of death, including any religious requirements.

Improving care quality in response to complaints or concerns

● People using the service and their relatives told is they knew how to make a complaint and felt these would be responded to. Two people explained they had made complaints in the past. Both said the complaint was dealt with quickly, appropriately and to their satisfaction.

● The registered manager kept a record of complaints and how these were responded to. This information was shared with the provider's senior managers, so any trends or areas of concern could be identified and acted on.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care
At our inspection of 18 February 2019, we found the provider was not always effectively operating systems and processes to assess, monitor and improve the quality of the service or to assess, monitor and mitigate risks. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of Regulation 17.

● The provider did not always effectively operate systems and processes for monitoring the quality of the service and mitigating risk. Their process for auditing medicines included the statement, ''the audit should be completed for 10% of service users on each unit to ensure that medication is administered as prescribed, that quantities are reconciled, and records are correct.'' However, this had not happened. Audits undertaken on 2 January 2020 and 31 January 2020 included a recorded check of only one person's medicines, which did not equate to 10% of the people on each unit. Therefore, this did not represent a proportional audit of medicines management.
● The audits identified some repeated concerns which had not been addressed by the second audit. For example, both audits included an action because the variable dose of some medicines had not been recorded. Therefore, there had not been the desired improvement following the audit at the beginning of January 2020.
● Some of the medicines practices at the service were risky and these had not always been identified and the risks had not been mitigated. For example, some people were prescribed heart medicines where a check of the person's heart rate was needed before each administration. These checks had not always taken place, and therefore the medicines may have been administered when the person's heart rate was too slow. Staff administering medicines left the administration records in communal corridors whilst they were administering medicines to people in rooms. This presented a risk because the confidential and important information was left unattended and also because they were not recording administration details at the time of administration.
● The provider had not always acted to mitigate risks relating to infection control. For example, an audit in January 2020 identified there was no sharps bin available for the disposal of sharps waste. This was a risk at the time. Furthermore, although the provider had obtained a sharps bin after this, we found this to be overflowing and presenting a risk to staff who used it. Some equipment had not been appropriately cleaned

and the provider's own checks had not identified this.
● The provider has failed to meet all the regulations of the Health and Social Care Act 2008 or achieve a good rating at any of the four inspections since they were registered as provider of Derwent Lodge Care Centre. This indicates systems and processes to monitor and improve the quality of the service were not always being operated effectively.

Failure to effectively operate systems to improve quality places people at risk of receiving unsafe and inappropriate care and treatment. This is a repeated breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Notwithstanding the above, the registered manager had implemented several checks and audits designed to monitor the service. These included checks on the environment, looking at clinical risks, audits of equipment, care plans and safety and carrying out checks at night to make sure people were safe and well cared for. There were regular clinical risk meetings where senior staff discussed risks for people using the service and how they should reduce these.
● There had been improvements at the service. These included improving the personalised care and support people received, improvements to the environment and involvement of a 'resident ambassador' in making decision at the service. People using the service, staff and visitors all positively commented on the improvements. There were plans for further improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Not all staff we spoke with were aware of people's protected characteristics and the way they could support people to feel included. Protected characteristics are defined by the Equalities Act 2010 and it is illegal to discriminate against someone because of these. There was no indication of unlawful discrimination at the service, although practices did not always promote an inclusive environment where people knew they would not be unfairly judged. For example, some staff did not understand the term LGBT+ (Lesbian, Gay, Bisexual and Transgender plus other sexual identities).
● There was limited evidence of steps the provider had taken to show they were an inclusive and non-judgemental service for people living and visiting there. We discussed this with the registered manager and how it is important for providers to think about ways they can engage with people in this respect, by training staff and providing visual information to people to show that they will not be judged. This is important because people with protected characteristics, including those who identify as LGBT+, can sometimes feel disempowered when they start using care services and need to feel they can trust staff and there is no prejudice against them.
● The provider asked people using the service and other stakeholders to complete satisfaction surveys about their experiences. They analysed the feedback, so they could address any areas of concern. There were regular meetings for family members and the staff team to discuss the service.
● The role of the 'resident ambassador' had been useful at helping the registered manager hear regular feedback from people using the service. The registered manager also had an open-door surgery each week, where they allocated time to listen to individual people using the service and visitors who wanted to speak with them. There were also weekly afternoon socials, where the registered manager joined people for informal discussions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People using the service and their visitors felt there was a positive culture. They were happy and felt their needs were being met. We observed a good atmosphere, where staff listened to people and valued their

opinions. They offered people choices and respected these.
● The staff spoke positively about their work. Their comments included, ''It is very nice [working here] I love it'', ''I see the residents as my own family'', ''If you are happy it brings happiness to the environment'', ''Nobody complains about anything, we just get on with it. There is a good working environment'' and ''The team work is great.'' They were passionate and enthusiastic when providing care and showed they knew people's individual needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was experienced and appropriately qualified. They started working at the service following the last inspection and had introduced positive changes which people using the service and staff were keen to tell us about. The staff felt supported by the registered manager and deputy manager. Some of their comments included, ''[Registered manager] listens, communicates with us and if we have a problem, his door is always open. It is the same with the deputy'' and ''They help us when we need help.''
● People using the service and their visitors told us they knew who the registered manager was, telling us they regularly saw them in the units. Their comments included, ''He always comes round and asks if you are alright'', ''He is very good'' and ''I think he runs the home well.''
● The provider had a range of policies and procedures, including those for investigating complaints, accidents and incidents. The registered manager and staff were aware of the duty of candour to be open and transparent when things went wrong.

Working in partnership with others
● The staff worked closely with other agencies to make sure people's needs were met. We spoke with a visiting doctor who explained the staff were good at communicating with them about individual people. The registered manager also had regular meetings with the commissioners and healthcare professionals to discuss the service as a whole.
● The local authority quality assurance team had undertaken a recent visit to the service. They identified improvements and had shared their findings with the provider. The local authority representatives told us they had a good working relationship with the registered manager.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not ensure care and treatment was provided in a safe way. The registered persons had not ensured the safe and proper management of medicines The registered persons had not ensured the assessment, prevention and control of the spread of infections. Regulation 12(1) and (2)(g) and (h)

The enforcement action we took:

We have told the registered persons they must make the required improvements by 30 April 2020.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not always effectively operated systems and processes for monitoring and improving the quality of the service or identifying and mitigating risks. Regulation 17(1) and (2)(a) and (b)

The enforcement action we took:

We have issued a warning notice telling the registered persons they must make improvements by 30 April 2020.