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# West Melton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection was carried out on 22 November 2018 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was previously inspected in November 2017 and we identified three continued breaches of regulations. The registered provider had not managed risks to ensure people's safety, was not meeting the requirements of The Mental Capacity Act 2005 and there was ineffective governance in place to improve the quality of the service. The service was rated Requires Improvement. At this inspection we found the service had improved although remained requires improvement overall.

You can read the report from our last inspections, by selecting the 'all reports' link for 'West Melton Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

West Melton Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 provides accommodation for up to 32 people in one adapted building. At the time of our visit there were 17 people using the service.

Medication procedures were in place for staff to follow and medicines were ordered, stored and administered safely. However, staff did not always document administration of as and when medication in line with the registered provider's procedures, although they were administered as prescribed.

The service was predominantly clean; however, some areas were not well maintained so were not able to be effectively cleaned. The environment was also not dementia friendly. We also identified that due to some people's mobility limitations they could not access the communal areas of the building which were accessed using a stair lift. The alternative was to access the different levels through an outdoor walkway which was not practical in poor weather.

The provider had improved the governance framework and quality monitoring completed had identified areas for improvement. However, the monitoring had not identified all of the issues that required improvement that we had picked up as part of the inspection.

The provider had safeguarding procedures and staff were aware of the procedures to follow to safeguard people from abuse.

There were dependency tools in each person care plan to determine how many care hours were required to meet their needs. However, the registered manager did not have an overview to show total hours. However,

the registered provider has provided this since our inspection.

Risks were identified and managed so that people avoided injury or harm.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the requirements of the act were being met. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People received adequate nutrition and hydration to maintain their health and wellbeing.

Staff recruitment processes were robust. We found all the required pre-employment checks had been carried out. Staff received supervision and an annual appraisal of their performance. Staff told us they felt supported in their role.

We found staff approached people in a kindly manner and were respectful. People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

People's needs had been assessed and the care files we reviewed reflected people's care and support needs, choices and preferences. These had been reviewed and updated since our last inspection.

People were involved in social stimulation and activities in the home. Relatives and people who used the service told us the activities were good.

People and their relatives we spoke with were aware of how to raise any concerns or complaints. Some complaints had been raised. We found the registered manager had recorded these and investigated and recorded outcomes. People told us they were listened to.

## 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.

Systems were in place to ensure people received their medications in a safe and timely way from staff who were appropriately trained. However, we identified some areas that could be further improved.

We found adequate care staff to meet people's needs, however, it was not evident if staff were effectively deployed at busy times to meet people's needs in a timely way.

The environment was predominantly clean. However, areas were not well maintained so unable to be effectively cleaned.

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise record and report abuse. Recruitment procedures were robust to ensure safe recruitment of staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's needs were not always met by the adaptation and design of the premises.

Staff received training to ensure that they were able to fulfil their role. Staff were knowledgeable and understood people's needs. Staff received supervision and appraisals. Staff told us they felt supported,

The service was meeting the requirements of the Mental Capacity Act 2005.

People received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

We observed staff interacting with people and found they were kind, caring and supportive.

Staff we spoke with ensured they maintained people's privacy and dignity. People told us staff were very respectful.

### Is the service responsive?

**Good** ●

The service was responsive.

People had care plans and staff understood people's needs.

We saw care staff provided social stimulation and there were entertainers booked each week to provide stimulation.

The provider had a complaints procedure in place and people told us they were listened to and had no concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

The registered provider had systems in place to monitor the service. However, these processes were not always effective and required further embedding in to practice.

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. This was used to develop the service

# West Melton Lodge

## **Detailed findings**

### Background to this 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.

This inspection took place on the on 22 November 2018 and was unannounced. The inspection team consisted of one adult social care inspectors 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Before our inspection we reviewed all the information we held about the home. We also spoke with the local authority to gain further information about the service.

We spoke with seven people who used the service and four of their relatives, and spent time observing staff supporting people.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including the outside garden space, some people's bedrooms, communal bathrooms and lounge areas.

We spoke with seven members of staff, including three care workers, the cook, one domestic, the registered manager and the operations manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified

areas for improvement.

# Is the service safe?

## Our findings

At our previous inspection in November 2017, we found a breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we saw that the provider had taken steps to address some of the concerns. However, we found medicines procedures were not always followed and areas of the service were not well maintained to be able to be effectively cleaned to be able to ensure infection prevention and control.

We looked at systems in place to manage people's medicines. This included the storage, handling and stock of medicines and medication administration records (MARs).

We found staff recorded medicines on receipt, administration and when any were disposed. The temperatures of the medication storage areas were monitored and recorded and the temperatures were within the required parameters.

However, we found although the registered provider had a system in place to support people who were prescribed medicines on an 'as and when' required basis (PRN). We found that people received their medication as prescribed. However, the recording of the administration of these medicines did not follow the policy. The details were not recorded on the back of the MAR charts to show the exact time the medication was administered the reason why and if it had the desired effect. This meant it was not possible to review if the medication was effective. We also found one person did not have a PRN protocols in place to guide staff when to administer the medicine.

We saw single use medication pots were being washed in the wash hand basin and reused. The pots were not effectively cleaned and were not designed to be reused.

We saw that controlled drugs (CD's) were appropriately stored to limit access. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. A controlled drugs book was in place, which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to three people and found the amounts to be correct in line with the records in the CD book.

We found the registered provider had made some improvements to the environment since our last inspection, some carpets had been replaced and the entrance area had been improved. However, we found areas of the service were not well maintained to be able cleaned. For example, carpets were badly stained, some furniture was stained, worn and damaged furniture and shelving exposing untreated wood and store cupboards overflowing and items stacked on the floor. The operations manager told us they had a plan for improvements and following our inspection sent us the improvement plan. They assured us this was being followed to ensure improvements were continued.



We looked at care records and found they included a dependency rating score. This was in place to identify how many staff were required to support people. The dependency tool identified the level and areas of support people required. Staff were allocated hours based on the support required. At the time of our inspection we found there was enough care staff available to meet people's needs. However, from talking with staff it was not clear if there were adequate staff deployed at weekends. There was no deputy manager or senior care staff when the registered manager was not on site the care staff shared duties although this seemed to work there was no leadership at weekends and the staffing was the same at weekends as in the week when the registered manager was available in addition to the care staff. Relatives we spoke with commented on the staffing at weekends, that more staff were needed. One relative said, "Staff are brilliant, but always busy, they could do with a few more especially at weekends."

People we spoke with told us the staff were always busy. They praised the care staff but told us at times they had to wait for assistance. One person said, "The staff never stop they are always busy, don't have a minute, they need more staff." Another person said, "I see to myself, but others have to wait until someone [staff] is free, they are very busy and could do with some more staff to help."

The operations manager agreed to review the staffing and improve the deployment of staff to ensure people's needs were met in a timely way.

The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke with were knowledgeable on procedures to follow including whistleblowing procedures. Staff could tell us how to recognise and respond to abuse appropriately. People we spoke with told us they felt safe. One person said, "Staff are kind I feel safe." Relatives also said the people who used the service were safe. One relative said, "We wouldn't bring [relative] here if we didn't think it was safe."

We saw that risks associated with people's care had been identified and plans were in place to minimise the risk from occurring. For example, one person was at risk of falls and had bed rails in place to reduce the risk of falling from bed.

Incidents and accidents were well recorded, analysed and reviewed. The registered manager identified any triggers or trends to be able to put measures in place to minimise risk. This showed lessons were learnt to improve safety for people.

We saw environmental risk assessments had been completed to ensure safety of the premises. People also had Personal Emergency Evacuation Plans (PEEP's) in place. These contained guidance on how to move people safely in an emergency situation.

## Is the service effective?

### Our findings

At our previous inspection in November 2017, we found a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. The service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we saw that the provider had taken steps to address the concerns. The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw DoLS applications had been submitted to the local authority as necessary.

We looked at documentation and found that care plans were in place to support people who lacked capacity. We found that the service was working within the principles of the MCA and appropriate records were in place.

We carried out a tour of the building and observed practice throughout the day. We found that some of the environment was not dementia friendly, which the provider was working on to improve this. We also identified that some rooms were located at a lower level and meant that two sets of steps had to be used to gain access to communal areas. Including the main dining room and lounges. There was a stair lift on each set of steps. However, we identified that two people could not use the stair lift so the only way they could access the communal areas was by going outside and across the garden. This did not promote people's independence and meant they were not able to spend time together with other people who used the service or partake in activities that were held in the main lounges. Relatives also raised this with us. One relative said, "[relation] can't be taken into the lounge with the others because there are steps to go up to that floor and we can't get up them, I feel that [relative] would benefit from the company up there as they like to chat." A person told us, "To get to the lounge I have to go outside and back in through the side door which was ok in the summer but it's a bit cold and wet now." This meant people could be isolated. This did not meet the requirements of protected characteristics under the Equality Act 2010. The Act extends protection across a number of protected characteristics. For example, gender, age, religion, belief and disability. We discussed this with the operations manager and provider, who agreed to review this and ensure people were not isolated due to their disability.

Staff received training that ensured they were knowledgeable and had the skills to meet people's needs.

Staff told us the training and support was much better. Staff had attended training updates and the registered manager and the operations manager booked training in advance to ensure all staff were up to date. Staff received regular supervision which took the form of a one to one meeting with their manager. All staff we spoke with told us they were well supported. Staff also received a yearly appraisal of their performance. Staff told us the communication had improved and were well supported. One staff member said, "It is much better, I am supported and am happy in my work."

We found that the kitchen was clean and food was stored appropriately. We saw a food allergen labelling system in place to clearly display what allergens are contained in a particular food item. People's care records contained a nutritional assessment and this highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed, including fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

People's care records also included their likes and dislikes. We saw that referrals to relevant professionals were made, such as dieticians so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency, so that any emerging risks could be quickly identified. We observed the lunchtime meal, the table were laid with tablecloths, condiments and people were offered a choice of drink. There were picture menus on display to assist people with making a choice. The lunch was served in two sittings, the first sitting was for people who required assistance, so staff could provide the necessary assistance in a timely way. We observed a number of people ate in their rooms so staff were taking meals to the rooms and this left some people waiting a while in the dining room.

People told us the food was good and were happy with the food provided. One person said, "The food is good, I have a special diet but still get a choice." Another person said, "The food is nice, I like my breakfast, I can choose what I want." When asked if they could have a cooked breakfast they answered, "Oh yes I like the cooked breakfast."

Care plans we looked at contained evidence that healthcare professionals were involved in people's care when appropriate. For example, we saw that speech and language therapists and dieticians had been sent referrals when needed. Advice given by healthcare professionals had been acted on and was incorporated in the care planning documentation.

## Is the service caring?

### Our findings

All the people we spoke with were happy with the care and support received and the way in which they were treated by staff. One person said, "I feel settled, it's home from home." Another person said, "This place is great nothings too much trouble."

Relatives we spoke with were also happy with the care provided, one relative said, "This place is great, nothing is too much trouble."

Care records included an overview of care needs and a life story. This gave a good brief oversight of how to meet the person needs in a person-centred way. The life story section included likes, dislikes, choices and preferences. The registered manger told us they were completing all the life story sections section with individuals and their families to ensure they understood the person. The registered manager understood how important this was for someone who was living with dementia as the life story helped staff to build up a relationship with people which was centred around their individual preferences.

People told us staff were always respectful, one person told us, "The staff are so caring, they respect my wishes, nothing is too much trouble for them."

Relatives told us people were treated with appropriate respect and given privacy. One relative said, "The staff always treat people with respect."

All the interactions we observed between staff, visitors and people who used the service were positive staff were friendly and it was clear staff knew people well and understood their needs. We observed staff spoke kindly to people and would explain to them what they were going to do and where they were taking them. Prior to entering people's bedrooms we observed staff would always knock on the door.

There were no restrictions on visiting times at the home. Relatives we spoke with told us they could visit when it was convenient for them and when the person who used the service wanted them to visit. The staff we spoke with confirmed this to us. Relatives told us they were always made welcome by the staff and offered a drink.

## Is the service responsive?

### Our findings

People we spoke with told us the care staff were very good, looked after them and met their needs. One person said, "The staff are lovely, I am very happy here."

Relatives we spoke with were very complementary regarding care and support provided. One relative said, "The staff are very responsive to [relatives] needs. We can't fault the care provided."

During our inspection we saw events were advertised around the home for external entertainment. We saw entertainment was booked at least once a week. There was also regular church services to ensure peoples religious and cultural needs were addressed and met.

People told us the activities were very good and that something was organised every day. One person said, "We have lots to do, we have singers, and lots of different entertainment and activities." Another person told us, "We practice for the 'Rotherham Care Home Olympics' every afternoon." They explained, "That's run by Rotherham Football Club, lots of care homes go to the club and compete and then we have afternoon tea, it is good fun."

Some people told us they went out independently. One person said, "I go to the shop across the road, they [the staff] are ok as long as I tell them I'm going and when I come back. It gives me some independence."

We observed activities taking place during our inspection, the staff played armchair skittles with people, provided craft work for others and sat and had a sing-a-long. We saw external entertainers visit the service during our inspection. These were Lord Cord and Rotherham United football club, we saw people engaged in these activities and the atmosphere was lively and inclusive.

We looked at people's care records we found they included information about the support people required. Care plans were in place for things such as, moving and handling, food and hydration and personal care. They included people's preferences. For example, one person said they did not like a shower, they preferred a bath, we saw this was documented in their care file.

We saw that care plans were reviewed on a regular basis to ensure they were still current and meeting people's needs.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were assessed during their pre- admission assessment process and plans put in place to ensure staff could communicate with them as effectively as possible.

The provider had a complaints procedure in place which was displayed in the main entrance. The registered

manager kept a log of complaints received and told us they were used to develop the service. We saw complaints had been acted upon and addressed appropriately. People who raised concerns were given the opportunity to comment on the outcome and their feedback was recorded.

The home provided care to people who were at the end of their lives. We saw end of life care plans were in place and contained people's preferences and choices. Staff were able to tell us how they supported people including their families and close friends to ensure end of life care was person-centred.

## Is the service well-led?

### Our findings

At our previous inspection in November 2017, we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we saw that the provider had taken steps to address the concerns. However, the new systems needed embedding into practice by the new registered manager.

At the time of our inspection the service had a registered manager who had been registered since July 2018. The registered manager was supported by the operations manager. However, there was no deputy manager or senior care staff. This meant there was no clear leadership when the registered manager was not in the service. People and their relatives we spoke with praised the registered manager. A relative said, "Any problems I would go to the new manager, she's very amiable and gets things done, but is not here at week-ends." Another relative commented, "There doesn't appear to be any manager or seniors on at week-ends." Although they did confirm they had the registered managers email address and could contact her at any time

The registered manager ensured that audits were completed in areas such as infection control, medication, care planning and catering. However, some of the audits had not identified issues we found at inspection around medication management and infection control practices. We discussed this with the registered manager and the operations manager who actioned the issues immediately and agreed to ensure the audits were reviewed and amended so all areas were looked at during the audit process. This included the medication and infection control audits.

The operations manager told us the governance systems were new and were constantly being reviewed and developed to ensure they were effective. The new systems required fully embedding into practice to ensure they were effective.

Staff we spoke with told us they felt much better supported by the new registered manager and could chat to them when they needed to.

We saw that relatives' meetings took place, although they were not well attended. The registered manager told us they had tried different times and days for the meetings but this had not encouraged other relatives to take part. The registered manager told us they operated an open door system where relative were invited to discuss any concerns as they arose.

The provider gave opportunity for people to have a voice. The provider had sent out a relatives and residents survey. This had only recently been sent out and the registered manager was waiting for the results. Once these are received they will be reviewed and responded to appropriately.

There were regular staff meetings. This gave staff the opportunity to raise concerns and give feedback and

discuss good practice and lessons learnt from incidents that had occurred at the service to ensure improvements were made.