

Morecambe Care Limited

Arnside Lodge

Inspection report

1 Arnside Crescent
Morecambe
Lancashire
LA4 5PP

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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

About the service

Arnside Lodge is a care home providing personal care for up to 32 people. At the time of our inspection 28 people were living at the service. The service provides support to older people and people living with dementia and or mental health needs.

Arnside Lodge accommodates people in one adapted building over 2 floors. The service has a secure garden and patio area.

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

Whilst people's felt safe and supported living at the service, the provider's systems did not always ensure people received high quality care and support. The provider's quality assurance systems were not fully developed to identify issues in the service and drive improvement. The provider's systems had not identified issues we found on inspection, including with health and safety checks and staff training. The registered manager and provider did not always understand their regulatory roles and responsibilities. This put people at risk.

People were not always 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 did not always support this practice. We have made a recommendation about person-centred care.

Although people were supported by staff who knew how to respond appropriately in the event of accidents and incidents, the provider's systems for learning lessons were not robust.

People were supported by staff who been recruited following safe recruitment processes. People's medicines were managed appropriately. People were not always supported by staff who had received training relevant to their roles and people's care and support needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 April 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. Whilst, we found some improvements had been made, the provider remained in breach of regulations.

At our last inspection we recommended that the provider review accident and incident processes and learning following these. At this inspection we found the provider had not made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arnside Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection.

We have made a recommendation about person-centred care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Arnside Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 1 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

Arnside Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Arnside Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

The inspection was carried out by conducting a site visit and speaking to staff remotely. We spoke with 7 people who used the service and 4 of their relatives/ friends about their experiences of the care provided. We spoke with 13 staff including the finance and operations director, the registered manager, team leader, senior care staff, care staff and housekeeping staff.

We reviewed a range of records. This included 5 people's care records. We looked at multiple medicines records. We reviewed 4 staff recruitment records. A range of records relating to the management of the service, including health and safety records, accident and incident records, staff training records, quality assurance checks and a sample of the provider's policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to demonstrate people's safety was managed effectively and mitigate fire safety risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, we found concerns relating to good governance and the provider is now in breach of Regulation 17.

- Although improvements had been made to health and safety, the provider did not have effective systems in place to monitor health and safety across the service and sustain improvements.
- The provider did not have systems in place to ensure fire safety checks were embedded. For example, at the last inspection we had identified shortfalls with fire equipment and fire alarm checks. At this inspection, the provider had not carried out these checks regularly.
- Health and safety checks were not always being undertaken or recorded across all aspects of the service by the provider. For example, checks of lifting equipment, such as slings and hoists were not routinely being done or recorded by staff.

We found no evidence that people had been harmed. Effective systems were not in place to assess, monitor and manage risks to people's health and safety. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider had started to make improvements to their fire safety check system.
- Improvements had been made to care plans and risk assessments to identify risks to people and how these were being managed.
- Care staff told us people's care plans contained enough information to help them support people and they were made aware of any changes to people's needs. One care worker said, "I think there is a really good system with care plans, when they are updated, we are all informed."
- The provider arranged for contractors to carry out checks, including of lifting equipment and responded to their recommendations.
- Staff had received fire training to prepare them for how to respond in the event of a fire and keep people safe.

Learning lessons when things go wrong

At our last inspection we recommended that the provider review accident and incident processes and learning following these.

At this inspection we found the provider had not made improvements.

- The provider made limited use of systems to record and report safety concerns.
- The provider did not have a system for identifying all accidents and incidents at the service, including medicines errors.
- When people experienced accidents and incidents, their risk assessments and care plans were not always updated to consider any additional measures needed to manage the risk.
- The shortfalls in the provider's recording systems meant we could not be assured lessons were always being learnt and communicated amongst the staff team to support improvement.

We found no evidence that people had been harmed. Effective systems were not in place to assess, monitor and manage risks to people's health and safety. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Falls protocols had been introduced for staff to monitor people following falls and any changes in their presentation.
- Staff understood what actions to take when people experienced accidents, incidents or illness to keep them safe.

Staffing and recruitment

At the last inspection, the provider had failed to ensure appropriate checks had been carried out and effective recruitment procedures were in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and provider was no longer in breach of Regulation 19.

- Safe recruitment processes were followed to ensure appropriate staff were recruited.
- The provider carried out checks to support the safe use of agency staff.
- We were not assured there were always enough staff with the right mix of skills. The provider did not have a system for calculating staffing levels. Staffing arrangements did not always enable people to freely move around the home. This led to lounge areas being busy and led to tensions between people at times.
- Staff had not always received training relevant to their roles. For example, training in supporting people living with dementia and mental health needs.
- Staff felt able to support people due to their previous experiences in care settings or following guidance from colleagues.
- People told us staff were available to support them. One person said, "If I need help the staff are always willing but can be very busy at times."

Preventing and controlling infection

At our last inspection, the provider had failed to implement effective infection prevention and control practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We were not assured that the provider's infection prevention and control policy was up to date or reflected current guidance.
- We were somewhat assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. The provider was not always identifying or managing risks linked to people acquiring infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were able to receive visits at times convenient to them and their visitors.

Using medicines safely

- Medicines were managed safely and properly overall.
- Care staff ensured medicines were stored securely at an appropriate temperature and monitored this.
- Records were in place to support the use of 'as and when required' medicines. One person told us, "I sometimes need pain relief for my back and I get it when necessary."
- The provider's medicines policies were not always in-line with best practice guidance. For example, they did always promote people managing their own medicines independently.
- Care staff administered topical medicines, such as creams to people but had not always received training or had their competence assessed in this area.

Systems and processes to safeguard people from the risk of abuse

- People's relatives felt they were safe living at the service. One relative said, "The staff keep [person] safe."

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

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People were not always involved in planning their support to give them maximum choice and control of their lives.
- Care records did not always show people were consulted about their care and encouraged to make decisions about their support.
- Information available in the service had not always been adapted to make it accessible for people living with dementia. The activities coordinator had plans to improve this.

We recommend that the provider reviews and implements best practice guidance on person-centred care.

- DoLS applications were submitted appropriately.
- The registered manager and team leaders were aware of any DoLS conditions people had and followed these up.
- Staff had received safeguarding training to understand signs people may be at risk of or experiencing abuse.
- The provider worked with the local authority when safeguarding concerns were identified.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to operate effective systems to monitor quality and safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The registered manager and representatives for the provider did not always understand regulatory responsibilities and requirements.
- We were not assured that the registered manager was monitoring the quality at the service. Records did not demonstrate the registered manager was carrying out checks on the service or having oversight of checks done by senior care staff.
- Staff training was not always being reviewed and monitored to ensure staff had received training appropriate to their roles and the service's specialisms. For example, 9 out of 20 care staff had not received up to date training in mental health awareness and 6 out of 20 care staff had not completed up to date training in managing behaviours that challenge.
- Staff providing support with a clinically delegated task for a person with diabetes had not had their training or competence recorded. Clinically delegated tasks are specialist nursing tasks which care staff can carry out providing they have receiving appropriate training and had their competence assessed.
- The provider's audit system was not fully developed or embedded to ensure quality was monitored across the service.
- The provider's quality assurance systems were not always effective and had failed to identify and address shortfalls we found on this inspection including with registered manager oversight, health and safety, policies and procedures, staff training, accidents and incidents and seeking feedback from people.
- The provider's policies did not always reflect current guidance or best practice and had not been regularly reviewed. For example, the provider's medicines and COVID-19 policies.

We found no evidence that people had been harmed. The provider did not have effective systems in place to continually monitor the quality of the service. This placed people at risk of harm. This was a continued

breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider told us they had plans to support the registered manager's development and review their oversight of the service.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not always followed recommendations and made improvements. For example, in regulatory contact with the provider we recommended that the provider develop a service improvement plan. This had not been implemented.
- The provider had not shared learning following issues identified at another of their services to support improvements at this service.
- We were not assured people and their relatives/ friends routinely had the opportunity to give feedback and inform any changes at the service.

We found no evidence that people had been harmed. Systems were not established to seek and act on feedback from people and others. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager and provider reviewed staff meetings and expectations for staff to attend these.
- Staff told us they felt able to give feedback on the service. One care worker said, "I would feel able to raise any concerns and go to the office."

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

- People were not always involved in shaping the service.
- People and their relatives gave positive feedback and the support provided at the service. One person said, "I am asked about what I want in relation to my care." Another person said, "I have a lovely time here and the girls are very kind to me."

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 told us they understood their responsibility to be open and honest with people and apologise if something went wrong.

Working in partnership with others

- The service had good working relationships with partner agencies to provide people with joined up care.
- Staff made referrals to health professionals when needed to support people's needs and review their medicines.
- The provider was trialling surveys to look at how to gather feedback from professionals to evaluate and improve the service.

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 The provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and assess and monitor risks to people. The provider had failed to seek and act on feedback from people to make improvements. (1)(2)(a)(b)(e)(f)