

Colourscape Investments Limited

The Lodge

Inspection report

The Lodge Residential Care Home
Heslington
York
North Yorkshire
YO10 5DX

Tel: 01904430781

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04 December 2019
11 December 2019
17 December 2019
07 January 2020

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Lodge is a care home for up to 30 older people and people with a dementia related condition. At the start of the inspection there were 23 people using the service.

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

People living at The Lodge did not always receive a service that provided safe, effective, person centred care to meet their holistic needs. People's basic care needs were not always met. On day one of the inspection people were not offered the opportunity to use toileting facilities and were sat in the same position for long periods of time. This put people at risk of developing a pressure sore. People did not always receive their medicines as prescribed and risks to people were not always recorded, monitored or reviewed.

Care plans and risk assessments did not contain information to provide the safe care and support for specific health requirements. They were not person-centred and lacked information on how to support people in line with their needs and preferences.

Staff lacked the support from the management team and lacked understanding of their roles and the principles of providing high-quality care. Their training did not cover how to meet people's specific health needs and they did not have the necessary knowledge and skills to do so.

A lack of effective communication between staff showed a disorganised service at mealtimes. Some people did not receive a healthy balanced diet in line with their dietary requirements. They received food that posed a risk to their health because staff were not aware of people's dietary needs.

The service was not well led. The service had failed to retain a competent manager. The provider had a lack of oversight of people's basic care needs and the governance of the service. Ineffective quality assurance systems failed to identify the improvements required. This was the third consecutive inspection where we have identified breaches of relevant regulations.

Improvements had been made to areas of the environment and the provider had an ongoing action plan to address the remaining areas that required attention. 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.

Interactions between staff and people were natural and positive feedback was received from people and relatives. The provider had recruited two activities coordinators to provide stimulation for people and prevent them from becoming socially isolated. Improvements had been made to engagement with the local community.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 7 June 2019) and there were multiple breaches of regulation. The provider was requested to provide information and documentation. The provider completed an action plan following this to show what they would do and by when to improve. At this inspection, enough improvement had not been made, and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified four breaches in relation to managing risks, staff training and support, meeting people's care needs and improving the quality of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

The Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On day one the service was visited by one inspector, an inspection manager 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. On days two, three and four, one inspector visited the service.

Service and service type

The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission in post at the time of our inspection. This means that the provider is 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 on the first and fourth day of inspection. The provider was aware of our return for days two and three.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives. In addition, we spoke with nine members of staff including, the nominated individual, who is responsible for supervising the management of the service on behalf of the provider, business development manager, area manager, deputy manager, senior care workers, care workers, the chef and cleaners. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records which included four people's care records, monitoring charts and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision data and quality assurance records.

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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Care plans and risk assessments were not always in place or did not always contain basic explanations of the control measures for staff to follow to keep people safe. For example, care plans for people with diabetes did not provide enough detail to inform staff how to manage this health need.
- Systems were not in place to monitor risks to people. Where risks had been identified staff did not follow best practice guidance to minimise these risks. People who were assessed as high risk of developing a pressure sore were sat for long periods of time. On the third day of inspection one of these people had developed a pressure sore.
 - The service did not follow internal and external processes to keep people safe. Following the inspection, we made referrals to the local safeguarding team in relation to the poor care some people were receiving.
 - Following our last inspection, the provider addressed areas of the environment that posed a significant risk to people's safety. However, the provider failed to address concerns with people's basic care needs which demonstrated lessons had not been learnt and embedded into daily practice. For example, five people were seen to have dirty finger nails and no systems were in place to ensure people received a bath or a shower which added to the risk of skin breakdown.
 - People did not always receive their medication as prescribed. One person had been prescribed antibiotics to be taken with food. Records showed this person had received their medication two hours prior to having anything to eat.
 - The effectiveness of 'as and when' required medication was not being monitored. We could not be assured people received this medication when needed.

The failure to adequately assess, monitor and reduce risks to people's health and safety was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider updated care plans to reflect people's current diabetic needs and identified risks.
- On the first day of inspection there was no system in place to ensure people received a bath or shower. By day four of the inspection an appropriate system had been implemented by the deputy manager.
- People told us they felt safe at the service. Comments included "Well I do really feel safe. I can lock my door and sit here all day and just know I'm safe" and "Yes, we're safe because we look after each other."
- Staff administering medicines completed training and had their knowledge and competence checked.

Staffing and recruitment

- Sufficient staff were available, but staff were not always skilled and knowledgeable.
- A dependency tool was used to calculate the number of staff required to support people. However, on the first day of inspection, two of the three staff had only been employed at the service for three and four months. They were not fully aware of routines within the service and lacked knowledge of people's needs.
- The provider was actively recruiting staff to ensure the staff skill mix was appropriate, aiming to increase the provision of more experienced and capable staff.
- Safe recruitment procedures were in place.

Preventing and controlling infection

- At the last inspection areas of the service were not clean. At this inspection some improvements had been made. However, we still found dirty chairs in the communal areas that presented unpleasant odours. Following the inspection the provider submitted evidence to show new chairs had been ordered to replace the chairs we identified as unclean.
- Staff had completed training in infection control. Two cleaners were employed. One was currently away from work which left one person to clean the whole service. Following the inspection visits, the provider had recruited another cleaner.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the last inspection care plans and risk assessments did not always reflect the personalised information that staff required to meet people's diverse needs. At this inspection we found little improvement had been made to address this.
- Care plans and risk assessments for specific health needs were in place for some people. However, they did not contain enough detail to inform staff how to reduce risks or guide staff on the care required for people's specific health conditions.
- Daily records and monitoring charts continued to be inconsistently completed by staff.

The provider failed to ensure contemporaneous records about people's planned and delivered care were robustly maintained. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive adequate training or support to provide people with safe care. Systems were not in place to monitor staff following their induction and mentorship and assessments of competency were not provided.
 - Staff could not deliver safe care as they lacked knowledge about people's specific health needs. For example, there were three people living at the service with diabetes and staff did not know this and were unable to tell us about their required diet.
 - No staff had received a yearly appraisal. Records of when staff had received supervision were not always recorded to show the provider completed these in line with their own policy.
 - Staff were not always trained in all areas relevant to the needs of the people they supported such as end of life care.

Failure to ensure staff received support, training and supervision was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said they felt supported. Comments included "I feel supported by the other carers, they are good at explaining things to me."

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

- Some people did not always receive a healthy balanced diet in line with their dietary requirements. The

chef and care staff were unaware of people's needs in relation to specific diets.

- Some mealtimes were chaotic and disorganised. On the first day of inspection people were still receiving breakfast up to lunch being served and staff did not adjust the lunch time meal to accommodate for this. For example, one person received lunch at 12:50, but had only just eaten their breakfast.
- Staff completion of monitoring charts for food and fluid was inconsistent. We brought this to the attention of the manager who agreed they found them confusing and were unable to ascertain people's fluid intake .
- During the inspection, the meal time experience improved, dietary requirements records were implemented, and the supporting manager ensured the kitchen staff were fully aware of people's dietary needs.

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

- People continued to have access to health care professionals when needed.
- Instructions given by health care professionals was not always followed because staff were not aware of the instructions recorded in people's care plans.

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

- Improvements had been made within the environment. Some bedrooms had been fully refurbished and communal areas had been altered to make the space less cluttered. However, we found people's personal wardrobes and drawers were left untidy and in a disorganised state.
- An on-going action plan was in place for the remaining areas that required attention.

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 with appropriate legal authority. 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.

- The provider had systems in place to monitor DoLS applications that had been made for people who lacked capacity to consent to care.
- People were supported to make their own choices and decisions.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider failed to ensure people received person centred care which was appropriate, met their needs and reflected their personal preferences. This was a breach of regulation 9 (Person centred care) 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 9.

- Improvement was still needed to ensure people received person centred care as staff were unaware of people's health needs and told us they did not have time to read people's care plans. For example, people, who were frail and dependant, were not given opportunities to use toileting facilities and were sat in the same position for long periods of time.
- The service was disorganised, and people were put at risk due to a lack of communication between staff. For example, one person received multiple breakfasts due to staff not communicating with each other and other people were sat waiting for staff to assist them with their meals, while staff were sat eating their own meals. The provider responded immediately during the inspection and on the other days of inspection we observed a much better mealtime experience.
- People did not always receive their basic care needs to maintain their dignity. Several people were identified who had dirty finger nails.

The provider failed to provide person centred care and support to meet people's needs. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were kind in their interactions with people and these demonstrated that positive relationships either had or were being developed.
- People told us the staff were kind and caring. Comments included "They're ever so good with us", "They're definitely caring, even those who are here short term seem to care" and "Oh yes, the staff are caring, they look after us well."
- We received positive feedback about staff from relatives.

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

- People were supported by staff to make choices around their preferred routines, likes, dislikes and what mattered to them.
- Staff were patient with people and encouraged them to communicate their needs.

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 remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- At the last inspection, the service was using an electronic system to update and review care plans. At this inspection, this system was still in place and continued to develop the same information for people which was not personalised. The issues regarding lack of detail in care plans posed a risk to people and this has been described within the safe section of this report.
- Basic end of life care plans were in place but lacked sufficient detail to enable staff to offer appropriate support in line with people's wishes and preferences.

The provider failed to ensure contemporaneous records about people's planned and delivered care were detailed and maintained. This was continued breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People's communication needs were assessed and recognised. The service was developing systems to make information available in a more accessible format for people. For example, developing further picture menus for mealtimes.

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

- The service provided activities to meet people's diverse needs.
- People spent time doing what they wanted to do. Activities were tailored to meet people's individual needs, preferences and interests. The activity coordinators were proactive in finding out what interested people, what was important to them and what would encourage them to take part in activities. For example, visiting the local community, local sports grounds and reading books and magazines of their choice.
- Staff supported people to keep in touch with friends and family; Visitors to the home were welcome at any time.
- The service had employed two new activity coordinators, who worked with people to find out their needs, hobbies, likes and dislikes.

Improving care quality in response to complaints or concerns

- There had been no recorded complaints at the service since the last inspection.
- People and their relatives told us they would raise concerns with the manager and were confident these would be addressed appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) 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 provider had failed to retain a competent manager at the service. There had been changes in management since the last inspection; the service did not have a registered manager. An acting manager was in post, they had not applied to become the registered manager and left the service part way through the inspection.
- Systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in line with requirements. This led to breaches of regulation in relation to safe care and treatment, staffing, person centred care and good governance. These issues were discussed during the inspection with the provider and manager when we gave both written and verbal feedback on the outcomes of our findings.
- Records failed to identify the care people required or received; Monitoring charts continued to be inconsistently completed. For example, There were large gaps in recording for people's food and fluid chart intake and daily records were brief and repetitive.
- This was the third consecutive inspection where we have identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; The provider lacked understanding of the principles of good quality assurance systems and how to make the required improvements.

The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was continued breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection and informed us they were now based at the service with additional management support from other services within the provider group. A new manager had been recruited to start at the service in February 2020.

- Staff had completed fire training and fire drills had been completed. However, management could not identify which staff had taken part in drills as no records had been kept. It was confirmed that no night staff had participated in fire drills. By the second day of inspection all night staff had participated in a fire drill.

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

- There was a clear lack of oversight from the management team.
- Teamwork was not always effective and staff did not consistently work in a coordinated and well-led way to meet people's needs.
- Care delivered was not person centred. Records did not contain personalised information about people's needs, risks they were exposed to or their preferences about how they wished to receive their care.

The provider failed to provide a person-centred service to meet people's needs. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider reviewed and updated care plans and risk assessments to ensure people's preferences were reflected. This process was on-going'

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 provider understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.

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

- Regular meetings were held with people, staff and relatives to give opportunities to feedback about the service.
- Improvements had been made to community engagement. People were visiting local schools and libraries and in turn they were visiting the service.