

The Lodge Care Limited

The Lodge Care Home

Inspection report

Bridge Street
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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

The Lodge Care Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 26 people using the service.

The Lodge Care Home accommodates people in one purpose-built building across 2 floors. Each floor has communal areas and kitchen facilities.

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

Medicines were not always safely managed, protocols for 'as and when' medicines were not consistent with prescribers instructions. Storage was not secured, temperatures of storage areas was not consistently monitored and action had not been taken where temperatures were higher than medicine manufactures guidance. Medicine records were not always completed. Medicine disposal bins were overflowing and refuse bags were tied to medicine trollies. People at risk of choking were sometimes left without support when drinking fluids. Hygiene practices did not always promote safety .

Quality assurance systems were not always effective. Actions taken in response to audits had not always improved practice. Audits had not always identified issues such as high temperatures in the medicine room and storage areas not being secured.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; Restrictive 'bucket' chairs prevented people from standing up, and we observed one person required assistance from 2 staff to stand from a bucket chair. The policies and systems in the service did not support this practice.

There were enough staff to meet people's needs, however feedback we received about staffing levels was mixed. Staff were recruited safely. People were protected from the risk of abuse by trained staff. Staff were caring and knew people well. Staff spoke positively about the manager and told us the manager had taken action in response to concerns they had raised. The provider worked in partnership with other organisations.

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 last rating for this service was requires improvement (Published 01 November 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements, however they remained in breach of regulation 17 good governance.

Why we inspected

We previously carried out an unannounced focused inspection of this service on 13 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to governance systems and medicines management. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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 ●

The Lodge Care Home

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 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

The Lodge Care Home 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. [Care home name] is a care home [with/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 the Care Quality Commission 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 no registered manager in post, however the manager told us they intended to submit an application to register as the manager.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. 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.

During the inspection

Inspection activity started on 10 August 2023 and ended on 20 August 2023. We visited the service location on 10 August 2023. We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the area manager, the manager, a nurse, care workers, a chef, and the laundry operative.

We reviewed a range of records. This included care records for 4 people and multiple medicine records. We looked at 2 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 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 for this key question 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely.
- Medicine records were not always completed. For example, 1 person had no record of their prescribed cream being administered for June and was only applied once in July.
- Where people received medicines as and when required (PRN) guidance in protocols did not always match the instructions from the prescriber. This included medicines prescribed to manage people's behaviour during periods of distress and meant people could have received medicines incorrectly.
- Medicines were not always stored safely. For example, the medicines room and fridge were not secured, the medicines disposal bin was overflowing leaving medicines accessible and temperatures of the room and fridge were not consistently monitored. We found the temperature of the medicines room was higher than the medicine manufacturers guidance.
- Medicines such as eye drops had no opened date recorded.
- People had personal emergency evacuation plans (PEEP) in place, however these were not always completed. We found 3 plans had not been risk rated. This meant people were at risk of delayed evacuation.
- Some people had risks associated with eating and drinking. One person had been assessed as being at high risk of choking. We observed the person was given a drink and then left unsupervised. This meant people were at risk of choking.
- Care plans were not always followed. For example, 2 people's care plans identified weekly weight monitoring was required and records showed they had been weighed monthly. This meant people were at risk of delayed response to weight change.

The provider had not ensured the proper and safe management of medicines. This increased the potential for medicine errors and risk of harm to people. Risks had not been thoroughly assessed and actions to mitigate identified risks were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We highlighted our concerns with the manager who provided evidence of action taken to mitigate risk.

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)

- Restrictive seating was found in a lounge area. We observed 1 person chose to sit down in a chair and was unable to stand from the bucket style seat. The person required assistance from 2 staff members to stand. One staff member told us the chairs were used to stop people from standing. The manager removed the chairs from the lounge and told us they were only used for people who were assessed and unable to mobilise.
- Where people could not consent to their care, the provider 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.

Preventing and controlling infection

- We were not always assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We found a household pet was allowed to spend time in the laundry area. This risked poor hygiene standards in this area. The manager took action to remove the animal and clean the area.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

Staffing and recruitment

- There were enough staff to meet people's needs.
- The provider used a dependency tool to calculate the number of staff required on shift to meet people's needs. We reviewed rotas for day and night staff, these confirmed the planned staffing levels were in place.
- We received mixed feedback about staffing levels. One staff member told us, "Staffing levels on both floors is not enough, we struggle to provide all the care needed, but it's limited as there is not enough staff". Another staff member told us, "Staffing has improved and we use less agency now." One relative told us, "The only issue I have is nighttime staffing, there is not enough staff." Another relative told us, "Staff seem to be enough and I've never had reason to think there isn't."
- During the inspection we observed call bells were answered in a timely manner and people received care and support when they required this.
- Staff were recruited safely. The provider obtained references from previous employers, checked identity and eligibility to work in the UK, and undertook criminal records checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from

abuse. Staff understood how to report any concerns they had to relevant professionals.

- Staff were clear on the procedure to report concerns to the manager and were confident the manager would act on any concerns raised.
- Accidents and incidents were recorded and there was a monthly analysis prepared including lessons learnt.

Visiting in care homes

- Relatives and friends were able to visit people in the home without restriction.

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 for this key question 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.

At our last inspection, the provider had failed to ensure that systems and processes were in place to drive quality and improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection the provider has introduced a number of new governance systems and mattress pressures were now being monitored and recorded at staff handover times.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

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

- Audits of medicine records had failed to recognise the unsafe medicine practices reported on in the safe domain of this report. This meant people were at a continued risk of receiving their medicines unsafely.
- Quality assurance systems were not always effective. For example, a medicine audit had identified topical MAR were not completed, the manager told us they had undertaken supervisions, however, topical MAR were still incomplete.
- New quality assurance systems were implemented since our last inspection and required embedding to evidence sustained good practice.

The provider did not operate effective systems and processes to make sure they assessed, monitored and improved the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

We highlighted our concerns with the manager who provided evidence of action taken to mitigate risk.

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

- Staff were caring and knew people well. People who could speak with us told us they were "Happy" and one person told us "Can't fault it, staff are better than ever. They are good to me."
- The manager had a supervision schedule in place to ensure all staff had regular meetings. Staff told us they had regular supervisions and felt supported in their roles.

- Staff spoke positively about the manager and told us the manager had taken action in response to concerns they had raised.
- There was mixed feedback from relatives about their involvement in care planning. One relative told us "They have asked me about it." Another relative told us "I don't really contribute towards the plan". This meant people's care plans were not always inclusive of information from people who were important to them such as relatives.

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 had not always completed statutory notifications. We had not been informed of 1 incident reported to the police when a person left the home without support. During our inspection, we found the provider had taken action to keep the person safe and prevent this from happening again.
- The manager understood responsibilities around the duty of candour and was open and honest.
- The provider displayed their Care Quality Commission (CQC) rating within the service and on their website as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's equality and diversity characteristics had been considered and integrated into their care plans.
- The provider was undertaking surveys at the time of our inspection for people, relatives and staff. The provider planned to work with the manager identifying the actions required.
- There was good communication with people and relatives, which ensured information was provided in a timely manner. One relative told us, "The manager is really good, friendly and helpful."
- Staff meetings took place regularly. Staff told us they were kept up to date with important information and felt the manager was approachable.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision and ensure people received the support they needed. The provider had oversight of multiple homes and shared information which aided their management of the service. The manager told us health care professionals visited the home such as GPs to review people's health.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always safely managed, PRN protocols were not consistent with prescribers instructions, storage was not secured, temperatures of storage areas was not consistently monitored and action had not been taken where temperatures were higher than medicine manufactures guidance. Topical medicine records were not always completed. Medicine disposal bins were overflowing and refuse bags were tied to medicine trolleys. People at risk of choking were left without support when drinking fluids. Hygiene practices did not always promote safety and feedback about staffing levels was mixed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not always effective. Actions taken in response to audits had not always improved practice. Audits had not always identified issues found by inspectors such as high temperatures in the medicine room and storage areas not being secured.</p>