

Ideal Carehomes Limited

Haywood Lodge

Inspection report

Warwick Highway
Mappleborough Green
Studley
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Website: www.idealcarehomes.co.uk

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17 November 2022
21 November 2022

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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

About the service

Haywood Lodge is a residential care home providing personal care to up to 66 people. The service provides support to older adults with sensory impairment and those living with dementia. At the time of our inspection there were 18 people using the service.

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

Timely action to ensure people were safeguarded from the risk of abuse was not always taken and assessed risks to people's health and safety were not always well managed. We were not fully assured with infection control practices and policies. Records did not always contain the information needed to administer medicines safely. There were enough staff to support people safely. When people needed assistance, staff responded in a timely way. However, we received mixed feedback about staffing levels. There were systems to monitor accidents and incidents, but timely action was not always taken when risks to people increased.

Assessments were carried out prior to people moving to Haywood Lodge but changes to people's needs were not always implemented quickly. Staff received an induction and training relevant to their roles. People were provided with regular drinks throughout the day and their feedback gathered on meals. However, when people needed specialised diets, this had not always been implemented because communication systems needed to improve. The service worked with external healthcare professionals to monitor people's needs.

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.

People were treated with care, kindness and warmth, and encouraged to participate in care planning, and decisions about their care. Staff protected people's privacy and dignity and recognised people's desire to retain their independence as much as possible.

People and their next of kin or relatives were involved in planning their care, so this could be delivered in a person-centred way. However, care plans were not always up to date. There was limited information in people's care plans to demonstrate that end of life care had been planned for, in consultation with people's relatives, in order to provide personalised care.

Staff knew people well and responded to them in a person-centred way. There was some signage around the home, for example to tell people where toilets and bedrooms were. Residents meetings encouraged people to participate and contribute to future plans for group activities and outings. People and their relatives told us they had no complaints and felt if they needed to discuss a concern, staff would be approachable.

At the time of the inspection there was no registered manager in post and accountability was not fully understood at all levels, to ensure governance processes were fully supported, and provided effective oversight and mitigation of risk.

Staff demonstrated knowledge and a caring approach to people they supported, and we received positive feedback from people and relatives about staff, the atmosphere at the home and management. The provider understood their responsibilities in relation to duty of candour. Families were kept informed if their loved one had an accident or injury, and if there were changes in their health.

Surveys were used to engage people in the development of the service , and the provider worked with external healthcare professionals to help benefit people who lived at Haywood Lodge.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 12 May 2022 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement

We have found breaches in relation to safeguarding, safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of the full version 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Haywood Lodge

Detailed findings

Background to this inspection

Inspection team

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 two inspectors on the first day of our inspection and three inspectors on the second day of our inspection. An Expert by Experience was used to gather feedback from people's relatives about their experiences of care at Haywood Lodge. 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

Haywood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Haywood Lodge is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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.

Notice of inspection

This inspection was unannounced on the first day and we informed the provider we would return for a second day to complete the inspection visit.

Inspection activity started on 17 November 2022 and ended on 23 November 2022 .

What we did before the inspection

We reviewed information we had received about the service since it registered and gathered feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with 8 members of staff including the regional director, acting home manager, deputy manager, commissioning director, care staff and the chef. We spoke with 8 people and 14 relatives for feedback on their experiences of care, 1 visiting healthcare professional and carried out observations. A range of documents were reviewed including 5 people's care plans and a range of medicine records. We also looked at a variety of records relating to the management of the home including 3 recruitment files, handover records, audits and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question 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; Infection Control

- Risks to people were assessed and used to develop care plans. However, risks were not always well managed because risk assessments and care plans were not always accurate or up to date.
- One person cared for in bed was at high risk of falls. This person had 4 falls before their falls risk assessment was reviewed and a sensor device put in place.
- Other risks posed by the layout of the bedroom had not been considered, for example a significant gap between the bed and the floor. In response to our concerns, a crash mat was put by the side of the bed and furniture rearranged.
- Another person sustained a fracture following a fall. Mobility records stated this person was independently mobile, without equipment. In response to our concerns, an urgent referral was made to Occupational Therapy for advice. By the second day of our inspection, risk assessments and care plans were updated and recommended mobility equipment in place.
- Catheter care plans did not ensure staff had access to all information about risks related to catheters or the signs and symptoms of potential, underlying complications. Although records of fluid input and output charts were used, there was no oversight of these to ensure timely sharing of information with district nurses when the records showed potential concerns or issues.
- We were not fully assured with infection control practices and policies.
- On the first day of inspection some staff did not wear face masks and others wore them below their chin. Visitors were not encouraged to wear face masks. We fed back our concerns that government guidance in relation to Personal Protective Equipment (PPE) was not being followed.
- Infection control procedures in response to suspected infections or viruses in the home were not always followed. One person should have been isolated in their room for 48 hours, but this process was not followed, and staff did not recognise the potential risk of infection spreading throughout the home.
- Infection prevention and control policies were not up to date to reflect current Government guidance.

The provider failed to ensure people were not placed at risk of harm because not all practicable steps were taken to minimise risks to their health and safety. This was a breach of Regulation 12 (2) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback, catheter care plans were updated and implemented by the second day of our inspection.
- Relatives gave positive feedback about safety. Comments included, "[Person] is safe, the staff are definitely aware of their needs and issues – no concerns." Another commented, "Yes, [person] is safe – no

concerns - no shortcomings. If anything crops up for [person], they speak to me, and I speak to the staff as [person's] a bit shy."

- Information was available and easily accessible to inform what assistance people would need to evacuate the premises in the event of an emergency.
- The provider had an improvement plan which identified areas of the home that required maintenance. The improvement plan identified the ongoing maintenance of fire doors, as the new building settled, showing fire doors were regularly adjusted.

Systems and processes to safeguard people from the risk from abuse

- We identified improvements were needed to safeguarding systems and processes.
- A concern was reported to the acting home manager the day prior to our inspection. No record was made at the time and the person who reported the concern was not spoken to, in order to gather further information. The inspection team received safeguarding concerns from the same person, and in response to those concerns the service took immediate action.
- Staff received safeguarding training to help them identify signs of abuse or neglect, and were confident reporting their concerns to management.

Using medicines safely

- Risk assessments and care plans did not always contain the information needed to administer medicines safely. One person was prescribed morphine and codeine to manage their pain. There was no information to inform staff which medicine to use first or if the medicines could be safely given in combination. The staff member we spoke with did not know this information.
- Another person had medicine for constipation. Staff continued to administer this medicine despite symptoms which evidenced a change in their health, and which should have prompted a medicine review with the prescriber.
- Medicines were ordered and stored safely, and only staff who had received medicine training could support people with their medicines.
- The provider acted immediately in response to our feedback. The G.P was contacted to review people's medicines to ensure staff had the guidance they needed to manage people's medicines safely.

Staffing and recruitment

- There were enough staff to support people safely. When people needed support, or used their call bells, staff responded in a timely way. However, we received mixed feedback about staffing levels.
- One staff member said, "It's hard because dependency levels aren't high enough for us to have more staff, meds round is a bit of a pinch." Another said, "It's tight at the moment, I feel we're a bit low." However, another staff member said, "They're good, if people are off, others are happy to pick up shifts." A relative said, "No, not always enough staff – they are run off their feet and they have 19 residents. I worry what it will be like if they have 60 residents."
- Staff were recruited safely. Recruitment processes included reference checks and Disclosure and Barring Service 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.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded by staff.
- There were systems to monitor accidents and incidents for potential trends and patterns to minimise the risk of them happening again. However, when risks to people had increased, timely action was not always taken to minimise risks to people's safety.

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.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were provided with home-cooked meals, snacks, and drinks throughout the day. However, people did not always receive the specialised diets they were assessed as needing.
- One person needed a fortified diet, which the deputy manager told us had been recommended by the G.P in October 2022. We checked and this person had not received a fortified diet and no information had been given to the chef about this person's dietary needs. By the second day of our inspection, this information had been shared with the chef who also introduced additional records to evidence that a fortified diet had been provided.
- The chef gathered feedback from people on what they enjoyed eating, so meals were planned based on people's preferences. Meals were freshly prepared, home-cooked and looked visually appetising.
- We received mixed feedback about the food. Comments included, "I don't think the choice of food is brilliant. [Person] had two lamb chops and [person] couldn't cut into them – [person] has rheumatism. I struggled to do this and by the time I did the rest of the food was cold." Another relative said, "There are plenty of food options. Dad enjoys the cooked breakfast."

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

- Assessments identified people's needs, wishes and choices regarding their care. However, when people's needs changed, timely action was not always taken to adapt their care to ensure it continued to effectively meet their needs. For example, meeting people's changing needs in relation to their nutrition.
- Assessments were carried out prior to people moving to Haywood Lodge to ensure the service could meet their needs safely.

Staff support, training, skills and experience

- Staff received an induction and training relevant to their roles before they started providing care to people at Haywood Lodge.
- We received positive feedback from staff about their training and support provided to them from the management team. Staff were given opportunities to discuss their training, learning and development needs during 1- to -1 meetings with their line managers.

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

- Changes to people's care needs were not always shared with relevant staff. For example, changes to one person's dietary needs had not been communicated with the chef, which meant they were not provided

with the specialised diet recommended by the G.P.

- The service worked closely with district nurses and the GP surgery to ensure people's needs were monitored, so any changes in their needs could be met. One person showed signs of having difficulty chewing, so a referral was made to a Speech and Language Therapist.
- When people were able to monitor and manage their own health needs, this was encouraged and included in care planning. For example, one person monitored their own blood sugars to manage their diabetes and another person was able to manage some of their catheter care needs.

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

- There was some signage to help orientate people to their environment.
- Each bedroom had an en-suite wet room and people could bring their own personal items of furniture to the home if they wished.
- Shared spaces included a cinema room and indoor garden rooms where people could do plant potting. Internal and external spaces and gardens were well maintained.

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 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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out for those identified as needing them.
- When someone was identified as potentially being deprived of their liberty, applications were made to the authorising body for consideration as per legal requirements.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with care, kindness and warmth. Feedback from people and our observations confirmed this. One relative said, "They are really good – very kind and caring and they gently coax [person]. Even though [person] has been poorly they have been very attentive and take turns to be with them."
- Care staff were observed to demonstrate compassion in their roles. Staff offered reassurance, comfort and conversation. One relative said, "The staff are nice - they are friendly, kind, and caring. [Person] will put their arms around [staff member] and tells them [person] feels safe living at Haywood Lodge."
- Staff were trained in equality and diversity and information about people's protected characteristics was gathered as part of the assessment process.

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

- People were supported to contribute towards care planning and decisions about their current and future care.
- When people struggled to make decisions alone, their next of kin or legally appointed representatives were encouraged to participate to inform assessments and care plans.
- Monthly resident's meetings provided people with regular opportunity to suggest ideas for activities and outings they may like to do.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity and recognised people's desire to retain their independence as much as possible. Feedback from relatives and our observations confirmed this. One relative said, "Yes, they are discrete when they bath [person] and they explain what they are going to do."
- When people could independently manage some of their needs, care plans described what support they wanted from staff.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their next of kin or relatives were involved in planning their care, so this could be delivered in a person centred way. One relative said, "Yes, I am involved. [Person] had a complicated care plan on leaving hospital and that's when I became involved."
- However, plans were not always up to date which meant staff did not always have accurate information to ensure they could be responsive to changes in people's needs.
- Staff knew people well and responded to them in a person-centred way. One relative said, "Yes, they know [person] and understand their quirks. [Person] has a good relationship with them. They took time to get to know [person] when they moved in. I gave them some insight into [person's] background."

End of life care and support

- There was limited information in people's care plans to demonstrate that end of life care had been planned for, in consultation with people's relatives, to provide personalised care.
- In response to our feedback, the provider took immediate action and consulted with important family members to develop personalised end of life care plans. This included information about important people in the person's life and the type of music that should be played in the person's bedroom to maintain a calm atmosphere.
- Staff were trained in end of life care and the provider aimed to support people's wishes to remain at the home for end of life care whenever possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was signage around the home to aid people to orientate themselves. For example to tell people where toilets and bedrooms were.
- A 'Who is Who' staff photograph picture was displayed in reception to show people which staff worked in the home.
- The manager told us if people required any information to be produced in an 'easy to read' format, large print, or a different language, this would be arranged on request.
- Throughout the home we saw some posters and notices were displayed in a picture format, such as a picture of the meal on offer on the daily menu.

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

- The service employed a dedicated activities co-ordinator who organised group activities. Individual and group activities took place at the service based upon people's wishes and preferences.
- Residents meetings encouraged people to participate and contribute to future plans for group activities and outings.
- Planned activities were displayed on a community board, which were confirmed on a daily basis by staff checking which activities people would enjoy. On the second day of our visit people were enjoying a televised football match from the World Cup.

Improving care quality in response to complaints or concerns

- The provider displayed their complaints procedure in the reception area of the home. Since opening in March 2022, the provider explained they had received no complaints at the service.
- People and their relatives told us they had no complaints and felt if they needed to discuss a concern, staff would be approachable.

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.

This is the first inspection of this newly registered service. We have rated this key question 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 the time of the inspection, there was no registered manager in post and no registered manager application submitted to CQC. However, the provider had appointed a new manager who was due to start at the service at the end of February 2023.
- In the absence of a registered manager, a home manager was responsible for the day to day running and oversight of the home. However, responsibility and accountability was not understood at all levels, to ensure governance arrangements were properly supported and provided effective monitoring and mitigation of risk.
- A series of audits and quality assurance processes operated to maintain oversight of quality and safety in the home, including care practice standards, care plans and maintaining the environment and premises. However, these were not yet operating effectively to ensure timely action was taken to mitigate risks to people's health, safety and well-being.
- There was no oversight of catheter input and output charts to ensure these were monitored for signs of underlying complication or concern. When people needed specialised diets, there was no clear line of accountability to ensure this was communicated with the chef.
- Government guidance on wearing personal protective equipment was not fully understood by staff and the provider's policy on Personal Protective Equipment (PPE) was not based on current government guidance. We fed this back to the provider during our inspection and by the second day of the inspection, action had been taken to ensure staff understood PPE requirements.

Governance processes did not always operate effectively to ensure risks to people's safety were continually mitigated. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff demonstrated knowledge and a caring approach to people they supported.
- We received positive feedback from people and relatives about staff, the atmosphere at the home and management. One person said, "[It's] very good, couldn't be better. I'm well looked after, every need is catered for. Catering staff are marvellous." A relative commented, "Yes, it is well managed. A couple of things have come up and I've spoken with the manager, and she followed them up."
- The home's manager was supported by a regional director who carried out quality assurance checks, and

provided advice and support on the day to day running of the home.

- Staff gave positive feedback about working at the home. One staff member said, "I like it, really good team. Staff are wonderful and work well together. The residents are amazing," and another said, "It's lovely working here. I've worked in a lot of homes. It's a lot different here, the atmosphere. Staff are lovely, easy to get on with, and the management. The residents are lovely."

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 responsibilities in relation to duty of candour. Families were kept informed if their loved one had an accident or injury, and if there were changes in their health.
- Important and events and incidents were notified to CQC as required. However, we identified one incident which had not been reported to us due to a misunderstanding of the regulations. We raised this and the provider notified us retrospectively, soon after the inspection.

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

- Resident's meetings were used to engage people in the development of the service and give them an opportunity to contribute to planning activities.
- The provider had begun to ask people for their feedback about the home through a range of surveys. The provider also asked people for their suggestions and feedback through a suggestion box in their main reception area.

Continuous learning and improving care; Working in partnership with others

- The provider worked with external healthcare professionals and shared information and assessments to help benefit people who lived at Haywood Lodge.
- There had been some difficulties for people and the service accessing external healthcare, due to confusion over accountabilities and responsibilities to the home.
- One person told us they were admitted to hospital because their catheter continued to block but district nurses would not visit the home. The provider escalated these concerns to ensure people at Haywood Lodge received timely access to the external healthcare services to which they were entitled.

□

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 12 HSCA RA Regulations 2014 Safe care and treatment People were placed at risk of harm because not all practicable steps were taken to minimise risks to their health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes did not always operate effectively to ensure risks to people's safety were continually mitigated.