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West Melton Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

West Melton Lodge is a residential care home providing personal care to up to 32 people. At the time of our inspection there were 28 people using the service. Some people using the service were living with dementia.

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

Since the last inspection there had been changes in the management team and the service had a new manager and regional manager. New systems and processes had been introduced to monitor the service, however new processes required embedding into practice and sustained to continue to drive improvements. Staff felt supported by the manager and told us they were approachable.

We found some minor discrepancies with the management of medicines. Following our inspection, the manager took action to ensure these concerns were appropriately addressed. We have made a recommendation that all medicines are documented correctly on the medication administration records.

Risks associated with people's care were identified to keep people safe. However, risk assessments needed to contain more detail. People were safeguarded from the risk of abuse. Accidents and incidents were monitored by the manager and trends and patterns identified to mitigate future risk. The home was predominantly clean and there was a redecoration plan in place to address the décor.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 May 2022). Although we saw improvements had been made, the service remains rated requires improvement. Over the past 6 years this service has been inspected 10 times and has been rated inadequate on 3 occasions and requires improvement on the remaining. This service has been rated requires improvement for the last 4 consecutive inspections.

Why we inspected

We received concerns in relation to staffing, management of risk and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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.

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

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 ●

West Melton 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 1 inspector 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

West Melton 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. West Melton 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 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 not a registered manager in post. A new manager had been in post for three months and had submitted an application to register. We are currently assessing this application.

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

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 6 members of staff including the manager, regional manager, care workers and ancillary staff. We observed staff interacting with people who used the service, to help us understand their experience. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

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. 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

- The manager and staff could not always demonstrate people had been given their medicines as prescribed. This appeared to be a recording issue.
- We looked at medication administration records (MAR's) and found some discrepancies in the recording of some medicines. Medicines in stock did not always tally with the amount stated on the MAR. Some balances of medicines were not recorded on the MAR making it difficult to audit.
- Some people were prescribed medicines on an 'as and when' required basis, often referred to as PRN. PRN protocols were in place to guide staff when people required these medicines. However, some topical creams were recorded as 'give as directed,' but not details as to what this meant. Body maps were missing for one person who required topical cream.

We recommend the provider reviews the medication policy to ensure medicines received are correctly documented on the MAR sheets.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and staff were knowledgeable about risk assessments in place. However, further detail was required to ensure care was carried out safely. For example, although the type of sling and loop configuration was documented, one person's moving and handling risk assessment did not contain the size and serial number of the sling to be used.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises were carried out.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. The manager and staff knew what action to take if they suspected abuse.
- The manager kept a record of safeguarding concerns and the outcome and referred issues to the local authority where appropriate.
- People and their relatives told us they felt the service was a safe place to live. One relative said, "[Relative] is safe and well supported. [Relative] is a bit unsteady on their feet. [Relative] seems ok." Another relative said "[Relative] seems to be safe. If anything was wrong, I would obviously speak to the manager or social workers."

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.

Staffing and recruitment

- The provider had a recruitment process in place to ensure suitable staff were employed at the home. This included pre employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed staff interacting with people and found there were sufficient staff available to respond to people in a timely way.
- Staff told us there were enough staff available to meet people's needs. One staff member said, "Sometimes we use agency staff and it's difficult as they don't know people. But most of the time it's our own staff that cover."
- Relatives told us there were enough staff available when they visited the home. One relative said, "I see plenty of ladies [staff] when I visit." Another relative said, "I am not sure about night, but I am happy with the day ones [staff]. They love [relative] to bits."

Preventing and controlling infection

- 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 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 were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The manager and provider ensured families and friends could visit their relatives without any restrictions on visiting.

Learning lessons when things go wrong

- The provider had a system in place to ensure accidents and incidents were monitored.
- The manager reviewed and analysed accidents and incidents to ensure trends and patterns were identified and actions taken to mitigate future risks.

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. 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.

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

- Staff responded to people in a caring way and evidenced they knew people well. However, some interactions were task focused. For example, staff spoke across the room to each other about what task they were going to carry out next. This could have been communicated in a more confidential way.
- We observed lunch being served and found people were asked what they would like. Show plates may have assisted people living with dementia to make a choice.

Continuous learning and improving care

- The provider had systems in place to monitor the quality of the home. The manager had worked with the provider to improve some of the processes and they required embedding in to practice and sustained to continue to drive improvements.
- Some audits in place had not identified concerns we raised with medicine management, risk and person centred care.
- Information displayed in the entrance area of the home was not current. For example, there was a note from a previous manager and information about visiting which was no longer relevant. This could have been confusing for visitors to the home.
- The manager and regional manager had worked together to identify areas of the home which required redecoration and maintenance work.
- The manager and regional manager had devised an home improvement plan which included expected timescales for action to be completed.

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

- Since our last inspection there had been changes in the management team. There was a new manager and regional manager in post. The management team understood their roles and responsibilities.
- The manager understood their regulatory requirements and was open and honest with people when things went wrong.
- Staff we spoke with told us they were complimentary about the new manager told us they were very approachable.

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

- The provider had a process for gathering feedback about the home. The manager had recently displayed a 'You said, we did,' poster to show people and relatives what action had been taken in response to their feedback.
- Relatives we spoke with told us the manager and staff were approachable. One relative said, "I have spoken to them [manager] a few times. They are approachable and they listen."

Working in partnership with others

- The provider and manager worked with other professionals as required to ensure people received timely care and support.
- The manager could demonstrate they had worked with others such as the local authority. The manager had recently worked on an improvement plan and almost all actions had been addressed.