

Silverdale Care Homes Limited

Healey Lodge Residential Home

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

Healey Lodge is a residential care home providing personal care to up to 24 people in a two-storey adapted building. The service provides support to younger people, people over 65 years, autistic people and people with a learning disability. At the time of our inspection there were 22 people using the service.

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

Medicines were not always managed safely. Recruitment checks were not always being completed. We have made a recommendation about infection prevention and control measures and seeking the views of people. Required health and safety checks were being carried out. There were enough staff to meet people's needs. People told us they felt safe and well cared for in the service. Staff were able to recognise abuse and knew how to report.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Systems and processes were not always effective to oversee and manage the service. Staff meetings were occurring. The home had a positive culture. Staff and people provided positive feedback on the registered manager and found him to be approachable and supportive. The service is working with other professionals to meet people's health needs.

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 good (published July 2018).

Why we inspected

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.

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

concerns in relation to personal care delivery, skin integrity management and communication. 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 changed from good to requires improvement based on the findings of this inspection.

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

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 Healey Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe management of medicines, safe recruitment and oversight of the service at this inspection.

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 ●

Healey Lodge Residential 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 one inspector and an Expert by Experience on the first day, and one inspector on the second day. 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

Healey 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. Healey 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 a registered manager in post. The registered manager was newly registered.

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.

During the inspection

We spoke with 10 people who used the service and 2 relatives. We spoke with 5 staff members, including 3 carers, a senior carer and the registered manager.

We looked at 3 people's care records, associated documents, medicines records and medicines related documentation. We also looked at 3 staff files, training records. As well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and spent time observing support provided in communal areas.

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 good. At this inspection the rating has changed to 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

- Medicines were not always being managed safely. We viewed a sample of Medication Administration records (MAR) and observed gaps in staff signatures, the meaning of codes not being explained, and medication counts not consistently matching the number of medications in stock.
- Medications were not always dated when opened. Creams were not consistently being recorded when administered and directions regarding application were not clear.
- Medication competency assessments for staff were on file but undated. The registered manager provided assurance that competencies were being redone with staff.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place for the safe management of medicines. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff administering medication. The staff member was aware of processes and procedures. They completed checks before administering and discretely gained consent from people when supporting them with their medication.

Staffing and recruitment

- Staff were not being safely recruited. We viewed 3 staff files and found issues across all three. Not all pre employment checks were being completed. References were on file but were not always obtained from previous care employers and risk assessments were not in place around this. Considerable gaps in employment were noted and interview notes were not always contained on file.

The provider had failed to ensure all required pre employment checks were in place. This was a breach of regulation 19 (1), (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were being assessed based on the needs of people using the service. The registered manager had increased staff levels following several admissions. Agency staff was being used to cover staff absences and the same agency staff were used where possible.
- People and relatives told us there were enough staff and staff responded quickly. People said, "The staff are great, if I need help I only have to ring and they will come quickly." Relatives told us, "They come quickly to [relative] and check on them regularly as they are bed bound."
- Staff felt staffing levels had improved and agency use had reduced. They said, "I feel that when we are all there, we have enough, it's getting a lot better and settling down. Everything is running more smoothly. If

needed, we have agency. They tend to be the same staff members and they are really good" and "I feel that there is enough staff...It is getting better; shift swapping has been reduced."

Assessing risk, safety monitoring and management

- Systems were not robust enough to ensure risks were assessed and managed safely. We reviewed 3 care files. Individual risk assessments were on file and covered a range of risks however one did not reflect changes in 1 person's health condition. We discussed this with the registered manager. He explained that the deputy manager will be spending more time supporting in the office to ensure plans are up to date and systems around reviews are robust.
- Several wardrobes were not secured to the wall which could expose people to risk of injury. The registered manager took immediate action to address this during the inspection and confirmed that all were now safe.
- Environmental checks and safety certificates were being completed. The most recent fire assessment was not available. The registered manager advised that they were awaiting the document from the assessing company. We also discussed with the registered manager how several staff were not up to date with fire training. We contacted the fire service to make them aware of these concerns

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. People told us they felt safe and cared for. They said, "I feel very safe here, the [staff] are nice and polite. The staff look after me well" and "I tell them what I want and I feel very safe and looked after. You get spoilt in this place." A relative told us, "No complaints. I'm really, really, happy and wouldn't wish for [relative] to be anywhere else."
- Staff were aware of how to recognise abuse and escalate concerns. Training was being offered around safeguarding however not all staff had completed this training. The registered manager confirmed that he was addressing training compliance as the new manager to the service.
- Accident and incident forms were being completed. The registered manager was using this information to look for trends and themes and lessons learnt.

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 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 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.

- 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.
- The service had a DoLS tracker. The document didn't capture whether conditions were in place. The registered manager implemented a new document during our inspection to address this and updated the document accordingly.

Preventing and controlling infection

- Infection prevention and control measures were not always robust. Staff were not always wearing their masks in line with guidance.
- Training was offered around infection prevention and control. Not all staff had completed training. The register manager confirmed that he was addressing training compliance as part of his tasks as a new manager to the service.

We recommend the provider ensures all staff are aware of infection prevention and control measures and guidance is followed.

- Cleaning schedules were in place and were completed daily. During the inspection the service was clean and free from malodours.
- Regular infection prevention and control audits were being completed at the service. Policies and procedures were available.

Visiting in care homes

- People were supported to have visitors in the service. At the time of the inspection people were having visits from relatives.

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 good. At this inspection the rating has changed to 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

- Governance systems were not always effective and did not identify issues found during the inspection. For example, gaps in recruitment processes had not been identified and several care files had not been reviewed for at least 3 months.
- Although medication audits identified the issues we found, actions had not been effective at resolving these issues.
- Documentation and systems were not organised and consistent which made it difficult to locate and understand information. For example, the training matrix did not clearly capture dates of completion and renewal. Since the inspection, the registered manager addressed this.

Whilst no harm had occurred, systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17 (1), (2) 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

- The service had a positive culture. People told us they liked the home and enjoyed living there. They said, "I am very lucky in here. I feel happy being here" and "It's a very relaxed atmosphere in here, the workers are very good and try hard. I join in the some of the activities and I observe the workers caring for the other residents in a good way."
- The appointment of the new registered manager was described as positive. Relatives told us, "I feel more comfortable now [the registered manager] is in the management role. It seems to be more proactive now with new carpets and new bedding in the bedrooms. The agency staff which were in seem to have been dwindled off and the staff seem more settled now that [the registered manager] is managing."
- Staff told us they enjoyed working at the service and the registered manager was supportive. They said, "The home has improved a lot under [the registered manager's] support. He has done a lot to sort out the home, people have been asking for things and he has gone out of his way to sort it" and "Staff are happy, it's fantastic. Whenever there have been little things like conflict with staff, [the registered manager] has sorted it. I am happy with my job, its hard work but very rewarding. I love it here."

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; Continuous learning and improving care

- The registered manager was aware of duty of candour responsibilities. We saw referrals to appropriate agencies following safeguarding concerns were made.
- Throughout the inspection the registered manager was transparent around areas of improvement and development for the service, they were actively seeking support from other agencies to learn and improve processes.
- Analysis of some areas such as accident and incidents were occurring. The registered manager was using this information to learn and reduce future occurrence. For example, the registered manager had analysed falls for one person and had identified a theme around location of the falls. Action had been taken to reduce risk.

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

- Quality assurance surveys for staff and residents had not been completed for some time. The registered manager explained that this was something he was reimplementing as the new manager.

We recommend that the provider ensures they regularly obtain the views of those who use and work in the service and communicate their findings and actions.

- Staff meetings were occurring regularly. Minutes demonstrated the forum was being used to update and share learning and feedback.
- The service was working alongside other agencies. At the time of the inspection, the service was working alongside a physiotherapist and district nurses to support people around their health conditions.

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 who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines. Regulation 12 (2)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough or established to ensure the oversight and good governance of the service. Regulation 17(1) (2)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes and checks were not being completed. Regulation 19 (2)