

J.E.M. Care Limited

Tollington Lodge Rest 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

Tollington Lodge Rest Home is a residential care home located in Weston-Super-Mare; the service can provide support for up to 25 people. Accommodation is set out over 2 floors and is accessible by lift or stairs, bedrooms are located on each floor. To the ground floor, there are 2 communal lounges, communal dining area and the manager's office. People have level access to the garden. At the time of the inspection 25 people were using the service.

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

People were at risk of harm because the service had not always assessed and mitigated the risks people faced.

Medicines were not managed safely. Records were not accurate so we could not be assured people always received their medicines as prescribed.

The service was not always clean meaning people were not always protected from the risk of the spread of infection.

Staff were not always recruited safely to ensure they were safe to work in the caring profession.

The provider's checks of the quality of care delivery did not highlight all the issues we found and did not always drive improvement in care quality.

People told us they felt safe at the service. Comments included, "Oh yes, I'm safe" and, "Yes we're all safe here." Staff understood how to report concerns.

People said they enjoyed living at the service. Comments included, "It's good here", "I don't see the staff often, but when I do, they chat a lot with me" and, "The staff are very good, they do their jobs."

Staff enjoyed working at the service and spoke highly of the management team.

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 good (published 25 October 2019).

Why we inspected

We received concerns in relation to the governance of the service. 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 sections 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 Tollington Lodge Rest Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, recruitment, and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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 ●

Tollington Lodge Rest 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.

Service and service type

Tollington Lodge Rest 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. Tollington Lodge Rest Home 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. The manager had applied to be the

registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the 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. We reviewed all the information we held about the service. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 8 people living at the service and 1 relative. We spoke with 5 members of staff including the manager, care workers and the cook. We made observations of the service, including lunch time and when people received their medicines. We reviewed 6 care plans and 3 staff files. We also reviewed a range of documents relating to the running 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 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.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm. The service had not always assessed the risks of harm to people, and it was unclear how the service would take steps to reduce the risks.
- Nobody using the service had been assessed for the risk of skin damage despite it being documented in some care plans that people were prone to skin breakdown as they were incontinent and immobile.
- The provider had not created a risk assessment for a person who was at high risk of choking. This meant staff did not have written guidance about how to keep the person safe or what to do if they choked.
- In one person's care plan it was documented, 'High risk of falls', but there was no falls risk assessment in place to show how the level of risk had been measured and how to keep the person safe.

The above amounts to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had assessed some risks people faced and had basic plans in place to guide staff about how to keep them safe.
- People and relatives told us that staff helped people when they were unwell or hurt. A relative said, "[Name] has fallen before, but the staff rang me straight away and called the ambulance. They kept me completely informed." A person said, "My neck was hurting the other day and staff got me some medicine and made sure I was OK."

Using medicines safely

- Medicines were not managed safely. Record keeping in relation to medicines administration was poor and we could not be assured people were receiving their medicines as prescribed.
- The controlled medicine log was not always fully completed by staff administering controlled medicines. We saw 11 gaps in the log where either a staff signature was missing or where a gap had been left in the log book. Staff had highlighted some gaps, but these had not been formally reported as incidents and had therefore not been investigated. This meant it was difficult to assess the accuracy of the stock balance of some controlled medicines and was not in accordance with the provider's medicines policy.
- Medicine administration records (MARs) had not always been signed by staff to indicate that medicines had been administered as prescribed. We noted 5 gaps in MARs where staff had not signed the chart. No running stock balances took place and so it was unclear if staff had investigated whether medicines had been missed or if staff had omitted to sign the chart. This was not in accordance with the provider's medicines policy.

- Contrary to the policy, eye drops and liquid medicines had not always been dated when opened. This meant staff would not know when the product had expired.
- Transdermal patch records were in place for some people who were prescribed patches, but not all. When patch records were in place, they were not always filled in. This meant it was difficult to assess if staff always rotated patch sites in accordance with manufacturer guidance put in place to protect people.
- Medicines should only be administered by staff who were assessed as competent. Contrary to the provider's policy, the manager told us staff competency checks were not all up to date.

The above amounts to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were photographs of people at the front of MAR charts. These were dated which meant staff could easily assess if they were a true likeness of people.
- People's preferences for how they liked to take their medicines had been documented.
- Some people had been prescribed medicines on an as required basis (PRN). In these instances, there were PRN protocols in place. In the main, these were personalised.
- Medicines were stored safely. The room temperature and medicines fridge temperature were monitored.
- We observed part of a medicines round. The staff member took their time, checked medicines thoroughly and did not rush people. They checked people had a drink and had swallowed their medicine before signing the MAR.

Preventing and controlling infection; Learning lessons when things go wrong

- The provider did not always have systems in place to prevent the spread of infection.
- The environment was not always visibly clean. The whole length of one stair banister was dirty. Areas of the home was malodorous and were dusty with cobwebs in the windows.
- Fittings, furnishings and flooring were ripped and chipped meaning they could not be effectively cleaned to prevent the risk of cross contamination.
- There were no records of high touch point cleaning taking place. Although there were cleaning schedules in place these were basic and consisted of a tick box list. We discussed this with the manager who said they would review the schedules with immediate effect.
- Not all bedrooms had bins in them. When there were bins, they were not pedal operated. The lack of bins meant it was not clear how staff disposed of used personal protective equipment (PPE) after use. We discussed this with the manager and on day 2 of the inspection, new bins were in place.

The above amounts to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was enough PPE available for staff to use. Staff knew when to use PPE and how to don and doff.
- People and relatives told us the new manager had started to make improvements. One person's relative said, "[Name] is always clean and tidy. [Their] clothes are always clean, the laundry is brilliant, [Name] always in his own clothes which wasn't the case before the new manager came."

Visiting in care homes

The provider was facilitating visits in line with national guidelines.

Staffing and recruitment

- Staff were not always recruited safely. The provider had not always ensured they recorded the outcome of

Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider had not always ensured they received enough references to check whether people were of good character to be working with vulnerable people. Gaps in staff employment histories were not always explored to understand if there was a reason they should not work directly with people.

The above amounts to a breach of Regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. Staff and people told us there were enough staff to help people when they needed support. A relative said, "From what I've seen, there always seems to be enough staff." A member of staff said, "I'd say most days it's OK."

Systems and processes to safeguard people from the risk of abuse

- There was a system in place to safeguard people from abuse. Staff understood how to identify concerns and report them to protect people.
- A member of staff said, "If I saw bruising, I would report it to the deputy or manager. If I can't I would go to the directors or CQC."
- People and relatives told us people felt safe living at the service. A relative said, "Yes, 100% confident with everyone. He could not be in better, safer hands. That gives me so much reassurance, I can go away now for a holiday with peace of mind." A person told us, "Oh yes, I'm safe."
- People and relatives told us staff were friendly. A relative said, "When they open the door they're always welcoming and smiling."

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 had been applied for in order to deprive a person of their liberty.
- Staff told us they supported people to make decisions about their daily care. One staff member said, "I'm a big one for offering people what they want -I said to someone the other day, 'If you want a bath every day, just ask.'"

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; Continuous learning and improving care

- The provider's quality monitoring system was not set up to drive improvements in care delivery.
- Audits did not always highlight and address issues we found during the inspection. For example, weekly medicine audits were carried out but they had not identified all of the issues we noted. In particular, there were no regular audits of controlled medicines in place.
- Infection prevention and control audits were not effective. The latest one we looked at dated November 2022 had no actions recorded and the issues we noted had not been identified.
- The provider did not have sufficient oversight of the service. Contrary to the provider's policy there had not been a Director's report in 2021. Where the provider was aware of some of the issues around medicine management this had not led to necessary improvements.

The above amounts to a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not fully engage with people using the service and their relatives. The service's system included the requirement for resident and relatives meetings to gain their feedback about the service but these had not been happening. The manager told us they had plans about restarting these meetings.
- People and their relatives wanted to be involved in more activities and more time spent in the community.
- There were some links with the community such as with a local Church and monthly music session, however there was room for improvement in this area.
- Staff told us they were engaged with the running of the service and had regular work meetings.
- There was evidence of referrals to health and social care professionals to support people's needs.

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

- There was an increasingly positive culture at the service. People and their relatives told us the new manager was making improvements at the service. A relative said, ""[Manager] and [Deputy manager] are absolutely amazing. The changes they have made towards how they care for the staff are great. They've

made the home more friendly and welcoming."

- People and relatives told us the new management team was approachable. A relative told us, "They keep me informed about everything and I can phone any time day or night. I cannot tell you how relieved I am."
- Staff spoke highly of the management team, and they had confidence the new manager would make improvements at the service. Comments included, "[Manager] and [deputy manager] really drive us staff to provide good care. We have loads of staff meetings. We're able to and encouraged to speak up" and, "[Manager] walked in here with new eyes. Her attitude is 'Lets trial this and see how it works.' If it doesn't work, she changes it. I can talk to [manager] and [deputy manager] about anything, and all the staff are really supportive."
- The manager understood their responsibilities under the duty of candour including the need to apologise when mistakes were made.

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 Care and treatment was not always provided in a safe way because risks were not always assessed and mitigated. Medicines were not always managed safely. The provider had not always have systems to prevent the spread of infection.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to effectively assess and improve the safety and quality of the service.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Procedures were not operated effectively to ensure suitable persons were employed.