

Paddock Lodge Care Home Limited

Paddock Lodge Care Home

Inspection report

60 Church Street
Paddock
Huddersfield
West Yorkshire
HD1 4UD

Tel: 01484543759

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Paddock Lodge is a residential care home providing personal care for up to 24 people, some of whom were living with dementia. At the time of our inspection there were 20 people using the service.

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

Most aspects of people's medicines were well managed although some shortfalls were identified and addressed promptly by the provider. Risks associated with people's care were usually managed safely and systems were in place for learning lessons when things go wrong. Regular checks of the premises and equipment were carried out although we saw actions to address some potential risks had not been addressed promptly. Robust recruitment checks were carried out by 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 did not always support this practice. The provider adapted staffing levels to people's changing needs. The service followed safe infection, prevention and control procedures. The service had systems in place to safeguard people from abuse.

Care was usually planned and delivered in a person-centred way. The service had an activity programme although this was limited. People told us this was an area to improve. The management team said they would review their approach to activities. Relatives told us they felt listened to and could raise concerns and complaints.

The provider had introduced a more robust system to identify and manage risks to the quality of the service. People told us the management team and staff were engaging, kind and caring. Several people commented positively about the manager who had recently commenced in post. Our observations reflected people's feedback and we saw staff were attentive and responsive to people's needs. Staff felt well supported and were proud to work at Paddock Lodge Care Home. The service worked effectively with other professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 March 2022) and there were 2 breaches of regulation relating to management of risks to people and governance arrangements. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive

and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection carried out on 26 November 2019 to calculate the overall rating. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Recommendations

We have made 2 recommendations about the management of some medicines.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Paddock Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Paddock Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Paddock Lodge Care 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 provider had recently appointed a manager who confirmed they would be applying to register as the manager of Paddock Lodge Care Home.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spent time in communal areas observing the care and support provided by staff. We spoke with 4 people who used the service, 3 relatives and 8 members of staff including care workers, team leaders, manager, area manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and medicine records. We reviewed 3 staff recruitment files and 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

- Most aspects of medicines were managed safely. People usually received their medicines as prescribed and accurate medication administration records were kept.
- Medicines were usually stored securely and kept at the right temperature. However, topical creams were left out in people's rooms. When we carried out the second site visit, everyone who was prescribed topical creams had a lockable cabinet in their room.
- The service had guidance for staff to follow when people required support with their medicines this included medicines to take 'as required'.
- One person was prescribed a thickener powder which was added to drinks to reduce the risk of choking. Staff had not recorded when it was used which meant we were unable to establish if thickener powder was administered properly. This was addressed immediately.

We recommend the provider consider current guidance around managing thickener powder to make sure future practice meets this accordingly.

- One person was prescribed 2 types of pain patch and instructions showed the patches should be applied to a different area of the body each time to prevent over-concentration of the medicine. A record was not in place to show the patch had been applied correctly. This was addressed immediately.

We recommend the provider consider current guidance around use of transdermal patches to make sure future practice meets this accordingly.

- Staff were trained, and their competency was assessed to make sure they understood how to administer medicines safely.
- The provider carried out medicine checks but their audit system did not cover all key areas such as topical creams. The management team were responsive to the inspection findings and confirmed they would expand their medicine audit.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection risks to people's safety had not been assessed, monitored and reviewed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Risks to people were usually assessed and monitored. The provider used monitoring charts, screening tools and assessments to help manage risk.
- Where the provider had identified risk, plans were usually in place to help keep people safe. However, 2 people's risk assessments required updating. We observed 1 person did not have access to equipment that helped keep them safe. This was addressed by staff on duty when we brought this to their attention.
- Regular checks of the premises and equipment were carried out although we saw actions to address some potential risks had not been addressed promptly. For example, a food hygiene inspection in May 2023 had highlighted some recommendations but the work had not been actioned. When we carried out the second site visit all work had been completed.
- Accidents and incidents were recorded. The management team had a system in place for learning lessons and mitigating future risks that included updating people's care records.

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.
- The service usually carried out assessments to check if people had capacity to make decisions. Although we saw a decision about one person being cared for in bed did not meet the requirements of the MCA. The provider said they would review this decision and involve relevant others.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had effective systems for investigating and acting on allegations of abuse.
- People told us they felt safe living at Paddock Lodge Care Home. Relatives were also confident people were safe. One person said, "I'm safe. I know the doors are locked. You can't fault them, they are helpful and kind, generous and if they can do anything for you, they will."
- Staff received training and had a good understanding of safeguarding procedures. They knew what to do to protect people and were confident the management team would deal with any concerns appropriately. One member of staff said, "They go through the whistleblowing procedure so we know we can report concerns anonymously if we feel management have not acted upon something."

Staffing and recruitment

- The service had enough staff for people to stay safe. During the inspection the provider increased staffing ratios because they had identified through their staff dependency tool people needed some additional support. We saw this made a difference and staff had more time to spend with people on the second site visit.
- Feedback about the staffing arrangements was mixed. One person told us, "There are times when no one is about." This was just before the provider increased the staffing ratio.

- Robust recruitment processes were in place. Pre-employment checks had been completed including with the Disclosure and Barring Service (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.

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 provider's approach to visiting met government guidance. During the inspection relatives told us they were welcomed to the home.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; End of life care and support

- Care was usually planned and delivered in a person-centred way. People told us the care they received met their needs. One person said, "Staff go the extra mile; it's the standard of care. They pay attention to you as a human being and do all they can to facilitate your care."
- Mostly care plans guided staff on people's current care needs and included personalised information about what was important to the person. However, we saw examples where there were shortfalls in how the needs of different people were identified. For example, one person did not have information to guide staff on how to support them to bathe or shower and their nutritional care plan was out of date. The provider was transferring care records to an electronic system which they said would make it easier to update, review and archive old information.
- People told us they were happy with the care but their involvement in the care planning process was limited. The management team said they would focus on involving people as they set up the new care recording system.
- People were supported to plan and make decisions about their preferred end of life wishes.

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.

- The service had several systems to meet people's communication needs and help people understand. For example, signage in the home helped orientation and photographs of meals from the menu were available to aid choice although we did not see these in use.
- People had information about communication in their care plans although some was basic. We observed one person was struggling to make themselves understood and information to aid communication was limited. The management team said the way the person communicated had recently changed and they took swift action once we brought this to their attention.

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

- The service encouraged and supported people to maintain relationships with people that mattered to them. Relatives told us they were made to feel welcome.

- We received mixed feedback about activities. Several people commented this was an area the service could improve. One person said, "There are not enough activities. There should be more outside activities. I would like quizzes." A relative said, "I've not seen any activities." One person who accessed the community independently told us they received support from staff to go the shops and had attended a tea party at the home, which they described as 'nice'.
- The service had an activity programme although on both days of the inspection this was limited. On day 1 we saw staff offered to do nail painting with a very small number of people and on day 2 they organised a short interactive group activity. The management team said they would review their system for people to access activities.

Improving care quality in response to complaints or concerns

- The service had a system in place for responding to concerns and complaints. The management team told us they had not received any recent formal complaints and were confident the service would treat all concerns seriously, investigate them and share learning with the staff team.
- People who used the service and relatives told us they would feel comfortable raising concerns and complaints. A relative said, "I'd be comfortable talking to anybody, no one is unapproachable."

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the service did not have adequate governance systems in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place. The management team were visible and knowledgeable about the service. They had good oversight and closely monitored service delivery.
- The provider had introduced a more robust system to identify and manage risks to the quality of the service. Regular checks were carried out by the manager which covered key aspects of service provision. The audit process identified issues and actions to be taken. The audits were checked by the area manager and nominated individual to make sure actions had been completed.
- Improvement plans were in place which were reviewed and updated monthly. We identified some areas to further improve such as people's dining experience and accessible space in communal rooms. The management team were responsive to the inspection findings and addressed areas swiftly. The nominated individual told us they continued to develop their processes to ensure they were effective and drove improvement within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the management team and staff were engaging, kind and caring. Several people commented positively about the manager. One person said, "The new manager is good, I was so pleased she got the job; she's very good with people and knows what she is doing. I can talk to her." A member of staff said, "The manager is very nice. She is connected to residents and staff."
- The service had a warm and relaxed atmosphere. Our observations reflected people's feedback and we saw staff were attentive and responsive to people's needs. People were comfortable in their surroundings and in the company of staff and others they lived with.
- People who lived in the home had opportunities to share their views about the service provided. We saw regular satisfaction surveys had been completed by people covering all aspects of the service and support. A

'You said, we did' poster showed actions taken in response to the feedback. The nominated individual told us people preferred this method of feedback rather than having residents' meetings.

- Staff told us they were well supported in their role and proud to work at Paddock Lodge Care Home. A member of staff said, "Residents have a good quality of life, they do what they wish, and we treat everyone with dignity and respect." Staff said communication was good and they attended regular team meetings. Staff meeting minutes showed important matters were discussed and actions agreed.
- We saw evidence of compliments the service had received about people's experience. One person had written, 'The facilities are very good and the garden is an absolute joy to explore and enjoy. The standard of food is excellent. I cannot recommend Paddock Lodge enough.'

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; Working in partnership with others

- The management team understood the duty of candour and their responsibility to be open and honest with people when things went wrong.
- The service worked effectively with external stakeholders. The provider, management team and staff valued and understood the benefits of working alongside other professionals.