

Oakbridge Retirement Villages LLP

The Lodge - Dementia Care with Nursing

Inspection report

Buckshaw Retirement Village
Oakbridge Drive, Buckshaw Village
Chorley
Lancashire
PR7 7EP

Date of inspection visit:
13 December 2023

Date of publication:
07 February 2024

Tel: 01772625000

Website: www.buckshawretirementvillage.com/the-lodge/

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lodge – Dementia Care with Nursing is a residential care home providing personal and nursing care to up to 96 people. The service provides support to older people, people who may be living with dementia, and people who may have mental health needs. At the time of our inspection there were 85 people using the service.

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

People were supported to take their medicines however improvements were required to make sure this was managed safely. We have made a recommendation about making specific guidance available for staff regarding some care interventions. The home was clean and comfortable and there were enough staff to meet people's needs. People were protected from the risk of abuse and the risk of mistakes being repeated due to effective systems. Relatives told us staff were caring, 1 relative said, "Staff are very kind and caring, I am happy with the staff."

People's needs were assessed according to guidance and staff were well trained in their roles. People were supported to eat and drink via a local meals delivery service. Staff worked well with other health care agencies and supported people to live healthy lives. There was good awareness of the needs of people with dementia and mental health issues.

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.

Improvements were required to make sure there were effective governance systems to monitor outcomes and make improvements. The registered manager was supported by a deputy manager and team leaders. People were supported by staff that enjoyed their jobs and staff told us they received good support from managers.

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 3 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At our last inspection we recommended that the provider consider guidance regarding the safe management in medicines. At this inspection we found improvements were still required and were now in breach of the regulation.

Why we inspected

We received concerns in relation to the safe management of people's health needs, including medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective 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 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 section 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 inspection reports and timeline' link for The Lodge – Dementia Care with Nursing on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the safe management of medicines 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 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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lodge - Dementia Care with Nursing

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.

Inspection team

The inspection was undertaken 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

The Lodge – Dementia Care with Nursing 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. The Lodge – Dementia Care with Nursing is a care home with 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 supported by a deputy manager.

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 2 people that used the service and 19 relatives. We spoke with 12 members of staff including the registered manager, deputy manager and care staff.

We looked at a range of records including 4 sets of care plans, risk assessments and medicine records. We looked at audits, policies and procedures and health and safety information. We looked at staff rotas and 3 staff recruitment files.

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

At our last inspection we recommended the provider sought and implemented best practice guidance in the safe management of medicines.

Not enough improvements had been made and the provider was in breach of the regulation.

- At the last inspection we noted that fridge temperatures had not been checked on several occasions. At this inspection we found some gaps in the recording of medicine fridge and room temperatures, meaning improvements were still required to make sure medicines were stored correctly. Fridge temperatures should be monitored because some medicines need to be kept at a certain temperature and become ineffective if this temperature is not maintained.
- Staff did not always record how much thickener they added to people's drinks, meaning we could not be sure that medicines were being administered as prescribed. We found that drink thickener was not always stored securely. Thickener is added to the drinks of people who have been assessed as at risk of choking and can be harmful if ingested incorrectly.
- In 1 unit we found that the key for the controlled drugs cupboard was left on top of the cupboard meaning these medicines were not stored according to guidance.
- Some people had medicines prescribed 'as and when required', however there was not always guidance available for staff to make sure staff knew how to administer safely.

Although we found no evidence of harm, systems had not been established to make sure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed that actions had been taken to address, including extra training and monitoring.

- Staff used an electronic system to record when they administered medicines, and this contained guidance for staff to follow. Any issues were highlighted to managers quickly via this system.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to establish systems to make sure people's documents were

accurate. This was a breach of regulation 17 (1) 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.

- People's care plans and risk assessments were up to date and reviewed regularly. Some people's care plans included the use of 'safe holds'. Although staff completed training and knew people's needs well, there was limited information about what this meant for each person to guide staff. Safe holds are a type of care staff can use for people who may put themselves at risk.

We recommend the provider seek guidance about how to document information regarding care strategies, so they are specific for each person.

The registered manager confirmed they were working towards reducing restrictions.

- Fire safety assessments were in place and regular checks made. Personal evacuation plans were available.
- Health and safety assessments were in place and up to date.
- There was a robust maintenance system with a full team of staff to make sure all issues were addressed.

Preventing and controlling infection

- People were protected from the risk of the spread of infection, although some improvements were required.
- We observed that some staff did not adhere to the service's 'bare below the elbow' policy. The registered manager confirmed this would be addressed immediately.
- The provider's infection prevention and control policy was up to date.
- There were sufficient dedicated cleaning staff deployed, were regular cleaning schedules and the home looked clean and tidy overall.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff completed safeguarding training and knew how to report any concerns. There was an up-to-date safeguarding policy which was accessible to staff.
- Relatives commented that they felt people were kept safe and well cared for. One relative said, "My [relative] is very safe here, I want the best for my [relative] and had to look at many homes to find the right one."

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- The registered manager conducted staffing dependency checks and recruited staff accordingly.
- Staff recruitment files showed that staff were recruited safely, and necessary checks had been made including references and 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.
- Relatives told us they thought that 'core staff' knew people well however sometimes agency staff had less knowledge.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- Staff completed incident forms and the registered manager monitored these for any themes so that lessons could be learned.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider did not ensure that person centred and up to date information was consistently available in people's records. This was a breach of regulation 17 (1) 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.

- People's needs were assessed and delivered in line with standards.
- The provider worked with external agencies to make sure their practice aligned with current guidance, for example regarding end-of-life care and the use of restrictive practice.
- Clear records and information was accessible, and the provider used electronic systems to support staff to do their jobs effectively.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and experience.
- The registered manager provided a robust induction and staff training was up to date in relevant areas.
- Staff told us they had regular supervisions and team meetings, and we saw evidence of this in staff files.

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

- People were supported to eat and drink healthily.
- The provider used a meals delivery company which meant meals were nutritionally balanced and safe for people that required modified or soft diets.
- There were choices and options available if people wanted something different.
- Staff made referrals to dieticians and speech and language therapy and monitored food and drink intake. Staff monitored people's weight where needed to identify if someone was at risk of losing weight.
- Relatives' feedback was mixed as to whether people had a choice. One relative said, "There is a choice and staff do know my [relative's] likes and dislikes; he hasn't lost any weight." Another relative said, "My [relative] is eating better now than before."

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

- Staff worked with other agencies to provide care and supported people to live healthier lives.
- Local health teams provided regular reviews of people's health and community mental health teams worked closely with staff and people.
- Staff made referrals to other agencies such as falls teams and occupational therapy.
- Staff supported people to attend their health appointments where required.

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

- The service was adapted to meet people's needs.
- The registered manager made sure that the environment considered the needs of people with dementia and was adapted accordingly.
- People could personalise their rooms and the environment was comfortable and homely.

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.

- Staff completed MCA assessments effectively and applied for DoLS when required. Conditions were being met.
- Staff completed MCA and DoLS training and considered consent throughout their care tasks.

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.

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

At the last inspection the provider failed to establish an effective governance system to identify concerns and make improvements. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and therefore continued to be in breach of the regulation.

- Although there was a schedule of audits, the medicine's audit had not identified the issues we found during the inspection in order to make changes. Additionally, the same concern was identified at the previous inspection which meant improvements had not been made.

Although we found no evidence of harm, the provider failed to establish an effective governance system to identify concerns and make improvements. This placed people at risk of harm. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action following the inspection, including further training and staff competency monitoring.

- The the service utilised team managers on each unit to support the registered manager and deputy manager.
- Managers understood their responsibilities under the duty of candour and were open and honest if things went wrong. Relatives told us managers contacted them with any changes or concerns.

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

- We found a positive culture and people were supported by staff that were committed to providing a high standard of care and enjoyed their jobs.
- Relatives told us there was a nice atmosphere, 1 relative said, "There is lots of laughing and singing."

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

- The registered manager and deputy manager engaged well with people, their relatives and staff.
- Relatives told us they were kept up to date, 1 person said, "The staff tell me immediately if there are issues." Another relative said, "I have attended meetings in the past and staff contact me regarding any changes. They have a newsletter." Some relatives told us they were asked for feedback via questionnaires, however others said they were not.

Continuous learning and improving care; Working in partnership with others

- The management team was committed to continuous learning to improve care and worked in partnership with others.
- Additional training was arranged for staff, for example end of life training at a local hospice.
- Managers worked well with external agencies such as mental health teams, social workers and commissioners.

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 Systems had not been established to make sure medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish effective governance systems to monitor outcomes and make improvements.