

Maria Mallaband Limited

Carmel Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carmel Lodge Care Home is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 36 people across two separate floors, each of which has separate adapted facilities. A number of people who received care lived with dementia.

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

Governance systems to monitor the quality of care being delivered to people required improvement. Existing systems failed to identify shortfalls in care recording which placed people at risk of receiving poor care.

Staff were recruited safely. Appropriate checks were undertaken for all temporary staff (agency workers). We inspected Carmel Lodge at a difficult period as the home was experiencing an outbreak of COVID-19. This had impacted on regular staffing levels, staff morale and the ability to maintain effective communication with families. The registered manager was actively recruiting new staff and putting measures in place to improve communication and relationships with families and staff.

Although we found some improvements were needed, we did observe positive and caring interactions between staff and people living at Carmel Lodge. Staff sought consent before providing care and demonstrated an understanding of people's preferences.

The communication needs of people were clearly documented, and people had access to appropriate healthcare services. Although activities were limited at the time of the inspection, people were supported appropriately to reduce the risk of social isolation and to keep in touch with family and friends.

Checks were in place to ensure people lived in a safe environment and this was maintained to a high standard. Ongoing refurbishment and redecoration of the home was planned.

We were assured the provider had effective measures in place to reduce the risks of infection and manage the impact of the COVID-19 pandemic.

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 13 March 2018).

Why we inspected

We received concerns in relation to staffing levels and poor management of pressure care during an outbreak of COVID-19 in the home. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. 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.

The registered manager responded during our inspection to the issues we found. Measures were put in place to improve the monitoring of peoples care needs. The provider had recently strengthened their whistleblowing procedures to encourage staff to speak up when they had concerns.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of regulation in relation to accurate record keeping and effectiveness of the management oversight of care records 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Carmel 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 Care Act 2014.

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

This inspection was carried out by two inspectors.

Service and service type

Carmel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

People living at Carmel Lodge were isolating in their bedrooms at the time of our inspection due to a COVID-19 outbreak at the home. This meant we were unable to talk directly with people receiving care; however, we did speak with six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, quality manager, assistant manager, senior care workers, care workers and ancillary staff. In addition, we also spoke with the regional director and operations director when providing feedback on the findings of this inspection.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visits 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Using medicines safely

- Systems to assess and monitor risks to people's physical health were not always sufficient. Where people had developed pressure related wounds, up to date risk assessments or care plans were not always in place. Staff had made the necessary referrals; and followed the advice from medical professionals. However, staff had not always been provided with written guidance from professionals to enable the development of a comprehensive care plan. This had not been addressed in a timely way.
- Some monitoring documentation was incomplete. There was a lack of review or oversight by senior staff. For example, there were gaps in records for people who required regular repositioning to prevent the risk of, and to help heal, existing pressure wounds. Visiting professionals told us pressure areas for people had improved in recent weeks. However, incomplete records meant we couldn't always be assured the safe management of pressure care was being monitored.
- A number of people had numerous gaps in records where they required support to ensure adequate hydration. Whilst we found no evidence people were dehydrated, records were not being suitably monitored to identify risks in a timely way.
- One person was prescribed a thickening agent to reduce the risk of choking. Although we were assured from medication records staff understood the correct consistency of thickening agent to be used, records did not consistently capture this information.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed through the completion of records. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the registered manager. The registered manager assured us they had introduced additional measures to monitor the accurate completion of care documentation. We also saw evidence the provider had completed an investigation prior to our inspection into the safe management of pressure wounds. A plan was in place to address the issues we had found. The district nursing team also provided written advice for any person requiring wound or pressure care; staff were updating care plans with this information.

- Other systems to assess and manage risks were safe. For all other aspects of care, appropriate risk assessments and care plans had been developed.
- All other aspects of medication were found to be managed safely. Accurate records were maintained, medicines were stored securely, and medicine allergies were clearly recorded and understood. Medicines

were only administered by staff who were suitably trained.

- Routine checks on the environment and equipment were up to date and certificates supported this.
- Handover records were completed and detailed information about any person who required additional care as a result of a particular health related need.

Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made before being offered employment. Where temporary (agency) workers had been utilised, suitable assurances had also been sought and each worker had received an induction when they started work.
- In recent weeks Carmel Lodge had experienced a significant outbreak of COVID-19. This had impacted on staffing levels as a number of staff had to self-isolate at short notice. This had resulted in a reliance on significant agency use. In addition, there had been a number of staff changes. This was commented on by one relative who told us, "Staff don't seem to stay very long."
- On the dates we completed our unannounced visits to the home, staffing levels were appropriate, however staff told us of, and rotas confirmed, some dates when this had not always been the case. Some staff spoke about the difficulties they had experienced in recent weeks. One staff member told us, "[COVID] has been recent which meant a lot of staff had to go off. You manage but it's not right. At one point had to decide which was the most important job but it's all important. I want to be able to do more for each resident. There is so much that needs to be done." Another staff member told us, "[Morale is] probably quite poor. Staff are feeling generally fed up. To do more with the outbreak than the home."
- We discussed recent staffing levels with the management team as well as the physical and emotional impact of the recent outbreak on staff working at Carmel Lodge. The registered manager was able to explain current vacancies and the recruitment status of new staff and told us recruitment was 'an absolute priority'. The senior management team recognised the need to support staff following this period and rebuild team morale. We were told this would be done through increased team meetings, supervision and management support.

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 and policies and procedures supported this. Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local authority safeguarding team.
- Systems were in place to record accidents and incidents. They were reviewed regularly by the registered manager and the provider to look for any trends and identify whether future incidents could be prevented. For example, recent analysis had been undertaken in relation to pressure care and falls management. These reviews had resulted in improvements in multi-agency working relationships and new equipment had been provided to people living at Carmel Lodge.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff
- 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.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans were person centred and reflected people's personal preferences. This included individual communication needs. Senior care staff received training to develop and review care plans. One told us, "I have had a lot of care plan training and I can ask for support from others. Some residents we can ask and [if unable] I will try and observe when I am updating the care plans. We have a formal care plan review with families. We have to do these over the telephone, but I will try and keep them updated. [It can be] difficult as they haven't seen their loved ones." This sense of difficulty was also shared by some relatives.
- Staff were aware of people's communication needs and had sourced additional equipment such as headphones to facilitate effective communication with families through video calls.
- People were provided with a detailed information pack of the services and facilities available at Carmel Lodge. Virtual tours were available to enable prospective residents to see the inside of the home.
- One relative also told us staff had been attentive to their loved one's care. They said, "Compared to other homes [name] has been in, Carmel Lodge always find time for things over and above." This referred to their loved one having their nails painted and told us "I find it reassuring that if there is time to do that, other things are being done."
- Throughout our inspection we observed positive, caring interactions. Where people were isolating in their bedrooms, we heard people being offered choices in relation to activities and meals.

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

- At the time of our inspection, activities were limited as residents were isolating in bedrooms. Future planned activities were displayed on boards around the home.
- Some staff felt there weren't enough activities at the weekend. We discussed this with the registered manager who agreed to look at this and explained activities were being reviewed following the recent COVID-19 outbreak. The registered manager was also working with the activity team to develop a newsletter. This would include future events and could be shared with residents and their families.
- People were supported to maintain relationships with family and friends through telephone calls and video calls. We observed this during our inspection and one relative told us, "[Staff have] asked me a few

times if I wanted to go on the IPAD."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- Relatives confirmed they knew how to raise a complaint and formal complaints received had been investigated and responded to appropriately.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. People who had recently received end of life care had sensitive care plans in place reflecting personal wishes. This included when they didn't wish for resuscitation in a medical emergency.
- During the COVID-19 pandemic, families had been unable to visit residents inside Carmel Lodge, however exceptions were made where a person was being care for at the end of their life. Care records confirmed this.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Quality assurance systems and managerial oversight were not always sufficiently robust.
- Whilst audits and regular checks were in place to review the quality of care being delivered, these were not always effective in monitoring the management of risks to people. For example, a number of people lived with dementia, clear and up to date care plans and accurate recording documentation was essential to ensure their health needs were being met. Monitoring of these care records was inconsistent. This meant we were unable to see how people's hydration or repositioning needs were being effectively monitored by the registered manager.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to people's health were effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits in place were effective in monitoring quality and safety. The registered manager was supported by a quality team and regional director who regularly completed quality assurance checks. The registered manager told us they felt supported in their role by the wider management team.
- The registered manager had notified CQC of significant events which had occurred within the service. Accurate records were maintained.
- The rating from the last inspection was displayed in the main reception area and on the providers website.

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

- A number of relatives felt the service did not always engage with or involve them and we were told, at times, it could be difficult to contact Carmel Lodge directly to speak with staff or the registered manager. One relative told us, "It has been overall very difficult, no regular updates and calls are not returned. It is impossible to get through."
- Other relatives told us changes in staffing in recent months meant when they did speak to staff, they were not always provided with up to date information about their loved one's physical wellbeing. We were told examples of not being provided with accurate information about falls and medication changes.

- In contrast, other relatives found the registered manager, "very helpful." One relative told us, "Any contact we have had has always been positive. They have always phoned either myself or my daughter and we have no complaints."
- Staff had not always received regular supervisions in the last year. This meant they had not always had an opportunity to discuss any issues with the management team on a one to one basis.
- We discussed these issues and feedback with the registered manager who explained the COVID-19 pandemic had impacted on the ability to hold face to face relative meetings and also complete regular supervision, which was now an area of priority. The registered manager told us they recognised the difficulties and anxiety this caused relatives and was in the process of setting up video call meetings to gather feedback and re-establish relationships. In addition to this, regular newsletters were being developed which would include information about staff changes to help families get to know new staff working at Carmel Lodge.

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

- The provider had a whistleblowing policy in place. However, whilst we were assured staff would report any concerns relating to residents, and these would be acted upon, a number of staff told us they felt less confident raising other concerns as they felt they wouldn't be listened to or taken seriously. We discussed this with the senior management team and were told a new external whistleblowing 'hotline' had been set up. This meant staff could raise concerns with an external agency who would seek responses directly from the provider to any issues raised. We were told this would be promoted to encourage staff to speak up with any concerns.
- A number of staff also told us they had felt unsupported in recent months due to absences in the management team. Other staff, however, told us they did feel supported and the management team had done their best during the COVID-19 pandemic. A deputy manager had recently transferred from a nearby service and the registered manager now had greater presence in the home. Staff told us they hoped this would make improvements. Some staff told us they had already started to feel more supported.
- Despite recent challenges, staff demonstrated a commitment to providing a high standard of care to people living at Carmel Lodge. One staff member told us, "The residents are the best part of my job. I love contact with people and making sure they are happy."

Working in partnership with others

- Information contained within care plans demonstrated the staff at Carmel Lodge worked in partnership with other agencies. We observed external medical professionals visiting people during our inspection.
- One regular visiting professional we spoke with described staff as having been under 'immense pressure' in recent weeks as a result of a COVID-19 outbreak and the impact this had placed on workload and regular staffing levels. This had resulted in some concerns about the quality of care being provided. However, they told us this had improved; and they continued to support staff working at Carmel Lodge through coaching and professional advice.

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 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate safety was effectively managed through the completion of records. Systems were either not in place or robust enough to demonstrate risks to people's health were effectively monitored. Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.