

Hamilton Care Limited

The Lodge

Inspection report

Westbourne Road
Scarborough
North Yorkshire
YO11 2SP

Tel: 01723374800

Date of inspection visit:
10 May 2023

Date of publication:
14 August 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing personal care to up to 38 people. At the time of our inspection there were 33 people using the service. The home accommodates people in one adapted building with private garden access.

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

Risks to people were not always assessed nor their safety monitored. Proper and safe use of medicines was not established. Medicines audits had not identified any of the concerns found during our inspection. The governance framework had not identified the safety concerns found during inspection.

Systems, processes and practices safeguarded people from abuse. Sufficient numbers of suitable staff were employed. People were protected by the prevention and control of infection. Accidents and incidents were monitored. The home had undertaken a programme of substantial refurbishment with more planned.

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 and update

The last rating for this service was requires improvement (published 1 April 2022).

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 the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 15 and 18 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve assessments of risks, proper and safe management of medicines, and effective systems to assess, monitor and improve the service.

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 and Well-led which contain those requirements.

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.

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 not changed and remains requires improvement. This is based on the findings at this inspection.

The last rating for this service was requires improvement (published 2 April 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

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

Enforcement

We have identified breaches in relation to assessment of risk, medicines and management oversight.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lodge

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

Two inspectors and an Expert by Experience undertook this inspection. 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 is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement dependent on their registration with us. The Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 10 May 2023 and ended on 11 May 2023.

We visited the service on 10 May 2023.

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 3 people and 11 relatives during the inspection. We spoke with the registered manager, the deputy manager, 3 care staff, a cook and a cleaner. We looked at 3 people's care plans in full and aspects of 5 other people's care plans. We looked at a number of records relating to medicines administration, policies and a range of records relating to the management of the home. Following the inspection we spoke with health professionals.

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. At this inspection the rating 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.

Preventing and controlling infection

At a previous inspection we imposed an urgent condition around IPC concerns we identified. Enough improvement had been made at this inspection and this condition has now been removed.

- 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.

There were no restrictions on visiting arrangements.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

- Systems and documentation were not in place to ensure people received their medicines as they should. For example, people who were prescribed topical medicines did not have administration records in place, and some people had medicines which had not been recorded by the home, or the information was incorrect.
- Robust documentation was not in place to ensure appropriate follow-up of medicines, for example, one person had been without a pain relief patch for over a week.
- Information and risk assessments were not in place for people who were self-administering their medicines.

- Good practice in relation to medicines was not followed, for example, handwritten entries did not contain medicine warning labels, medicines were not always witnessed being taken despite staff signing to say they had been, and temperature recording of the medicines trolley was not taking place.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and mitigate risks relating to the health and safety of service users. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

- Risks to people were not always assessed or mitigated against. For example, two people who had been living at the home for over a month had not had all risks about their care assessed or recorded.
- Information about people who needed a textured diet was inconsistent or undocumented. This meant these people could be at risk of choking.
- Information from health professionals was not always recorded. This meant people were at risk of a deterioration in their condition or receiving inappropriate care.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems, processes and practices safeguarded people from abuse.
- Staff were knowledgeable about safeguarding and had been trained.
- People told us they felt safe living at The Lodge. Relatives' comments included, "I have no concerns about [their] care, I'm happy with the care", "I have no concerns, [relative] always looks cared for, [relative] is happy", "[Relative] seems very safe and comfortable", and, "[Relative] seems quite happy".

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff employed. We observed staff providing care which was patient and unhurried, and staffing rotas supported this.

- People and relatives told us there was enough staff. One relative told us, "Always enough, absolutely always, we took [relative] out and rang them and by the time we got there [relative] was dressed and ready and they were waiting with [relative] with a wheelchair and blanket, it was just nice as they (staff) were ready to help [relative] go and ready to welcome [relative] back."
- Safe recruitment procedures were followed. Checks into applicant's backgrounds had been undertaken which meant the provider had ensured, where practicable, that suitable staff were employed.
- Staff told us they received an induction and shadowed more experienced staff members to find out about the home and the people living there.

Learning lessons when things go wrong

- The provider had a system to ensure accidents and incidents were monitored and lessons learnt from these.
- Staff meetings minutes provided showed reminders were given to staff following incidents. However, staff we spoke with not able to describe how lessons learnt were shared. We discussed this with the registered manager following inspection who gave consideration as to how this might be improved.

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. At this inspection the rating 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; Continuous learning and improving care

At the last inspection the provider failed to establish and operate effective systems to assess, monitor and improve the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider is still in breach of this regulation.

- Governance systems used to monitor the quality and safety of the service were in place and completed regularly. However, these were not effective in identifying the concerns found during this inspection. For example, the medicine audit had failed to identify people who received topical medicines did not have appropriate records in place.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Concerns about PPE stocks identified at previous inspections had been identified.
- The registered manager had taken action to address concerns found about the environment and had undertaken a programme of refurbishment, with further refurbishment planned.

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

- People and relatives spoke positively about the home and the staff. One relative said, "The staff are very good and it all seems well organised." Another told us, "The staff seem happy, and quite jovial. When we speak on the phone, they are friendly and polite." However, one relative said, "They are kind to her when we are there, but they are very secretive as well and I don't think they tell me everything. They don't discuss anything with me."

- Comments from staff included, "It doesn't feel like a job", "I like it here, I enjoy my job", and, "Atmosphere is lovely, it's like a big family".

- The service had developed an induction programme which provided extensive information about the values and culture of the home. This was planned to be rolled out to all existing staff.

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

- People's equality characteristics were recorded in care plans and staff were knowledgeable about these. For example, one person was supported to meet the local vicar.
- The home had not undertaken any resident or relative meetings or sought people's or relatives' views.
- Comments from relatives included, "I have not attended any relatives or residents' meetings since [relative] has been there", "I have had no questionnaires, no relatives meeting, no residents meeting", "I don't think I have had any official involvement. There has been no meetings with other relatives, no meetings", and, "I have never given my opinion because nobody has ever asked me. I have never completed a survey or questionnaire, this is the first time I have ever been asked anything about the care home".
- Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is a great boss, I can talk to them with any problem, it is discretion and confidentiality, they close the door." Another said about the registered manager, "They are lovely, if you have a problem, I could easy go and speak to them."

Working in partnership with others

- The home described working with the local GP surgery who provided a regular weekly ward round and had links with a number of local pharmacies. However, not all these interactions were recorded by the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a)(g) Risks to people had not always been assessed and documentation relating to those risks was not always consistent. Appropriate systems were not in place to ensure medicines were administered safely and managed properly.

The enforcement action we took:

Issued a warning notice