

Ryding Care Services Limited

The Lodge

Inspection report

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Merseyside
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lodge is a residential care home providing accommodation and personal care for up to 20 people. At the time of our inspection there were 18 people living in the home.

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

Improvements were needed to the governance systems as they failed to bring about the required improvements to the service people received and drive improvements to the overall rating for the service. At the previous three inspections, the service has been rated requires improvement or inadequate.

Risks were not always monitored accurately, and some risks assessments were out of date or missing. These concerns were not systemic across the service, but this placed people at risk of receiving inappropriate care that didn't meet their needs safely. We have made a recommendation about this.

We identified issues of concern with infection prevention and control practices being followed within the kitchen area and the use of PPE. We have made a recommendation about this.

Medicines management had improved, and people had their medicines as prescribed. Staff had received training on administering medicines and their competence was regularly checked.

People and their relatives told us staff were kind and caring towards them and they felt safe living at the service. Staffing levels were good and appropriate to ensure people's needs were met in a safe, timely and consistent way.

Safety checks of the premises and fire safety checks were undertaken and there were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people to support with safe evacuation.

Staff were knowledgeable about people's health needs and the provider worked in partnership with other health professionals as a measure of providing the appropriate level of support.

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 17 December 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection, whilst some improvements have been made, the provider remains in breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have identified a breach in relation to good governance and oversight of the home.

We have made recommendations about the systems in place for monitoring risk, accurate recording of peoples diet and fluids, infection prevention and control measures.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 caring?

The service was caring.
Details are in our caring findings below.

Good ●

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 ●

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

The inspection was completed by 1 inspector 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 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 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.

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 did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection visits

We walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 3 people who used the service and 6 family members and friends about their experience of the care provided. We spoke with 7 members of staff including the registered manager, care staff, maintenance staff and catering staff. We looked at a range of records. These included 5 people's records related to their care and support and a variety of people's medicine administration records.

We reviewed 3 recruitment records and a variety of records relating to the management of the service, including policies and procedures were reviewed.



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.

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

- Risks to people were not always fully assessed, monitored and regularly reviewed in line with their risk management plans.
- Risk assessments were not always fully completed and reviewed. Care monitoring records for some people had not been completed to show they had received the care and support they needed to minimise the risk of harm. The concerns highlighted during this inspection were not systemic across the service.

We recommend the provider review the system in place to monitor and manage risk to ensure risks assessment and records are up to date.

- The provider had recently deemed the external fire escape not fit for purpose and was undergoing a series of repairs. The provider had altered the fire escape route and updated people's personal emergency evacuation plans to reflect this.
- The provider reviewed incidents and accidents identifying any lessons learned to improve the service.

Preventing and controlling infection

- The provider failed to ensure safe infection prevention and control were in place.
- We found poor kitchen hygiene standards. The kitchen area was split into two zones, one for kitchen staff and one for care staff to make drinks for people. There was risk of cross contamination and we saw some care staff did not wear any PPE when entering this area. Concerns were highlighted with the provider.

We recommend the provider review the kitchen IPC arrangement currently in place.

- We were assured that the provider was admitting people safely to the service.
- 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 facilitated visits from family members and health and social care professionals. During the inspection we observed visits taking place.

Using medicines safely

At the previous inspection the provider had failed to maintain accurate records in relation to medicine administration. This was a breach of Regulation 17 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

- We found that medicines management processes had improved since the last inspection.
- Systems were in place to help ensure people's medicines were stored and administered safely. Medication administration records were completed fully and accurately.
- Staff received regular medication training and competency checks. Routine medication audits were completed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing procedures were in place; staff knew how to report their concerns and the importance of keeping people safe.
- Safeguarding incidents were appropriately reported to the local authority and CQC.
- Staff understood what to do if they had safeguarding concerns. This included how to 'whistle blow' to external bodies such as the CQC and local authority. Training compliance for safeguarding was 93%.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed. Staff files were well maintained and accessible.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care settings.

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. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home had a garden for people to enjoy if they wished. Access to the garden area was however limited as the area had uneven paving and an unused patio area that did not have any seating for people, restricting people's access to it.
- Inside the home was clean, uncluttered and accessible. We observed people moving around the home.
- People's bedrooms were personalised with pictures and other memorabilia to make them feel more at home and reflect their personalities.

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

- People were supported to manage their nutritional needs.
- Catering staff knew about people's special dietary requirements, for example, people who required their food to be modified or have low sugar foods.
- People were offered a good choice of food and drink.
- During the inspection we observed positive mealtime experiences and people felt comfortable and were never left waiting for food or drinks. Staff were attentive to people's requests and spent time assisting and engaging with at mealtimes.
- Relatives comments about food were very positive. These included, "The food looked very good. I wanted to have lunch there myself" and, "[Name] loves [relative] food especially Fridays as it is fish and chips day. They know that [relative] loves this food."

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 and whether appropriate legal authorisations, were in place, when needed, to deprive a person of their liberty. We also checked whether any conditions relating to those authorisations, were being met.

- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had capacity to make decisions.
- Managers and staff completed MCA training and understood its principles. They always sought appropriate consent before carrying out any care and support.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced people were involved in the completion of their care plans. Some relatives we spoke with told us they had been involved in care plan reviews. One relative told us, "Have seen the care plan, I see that they know his needs and his likes and dislikes and have listened to my input."
- People's needs had been assessed using recognised tools and following best practice guidance. We saw for example, people were regularly weighed, and their weight assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese.

Staff support: induction, training, skills and experience

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills, knowledge and experience. Staff were confident in asking for extra support or training if they felt they needed it.
- Staff told us they felt supported in their roles, had access to training and received regular supervisions. One staff member said, "If we need to improve and people need refreshing [name] would do this. I would go to [manager] and ask for training and [manager] would try hard to get us on extra training."

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

- People were supported to access healthcare services and staff monitored their health.
- People's healthcare needs were documented in their care plan including details of how any medical conditions impacted on their daily lives.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and wellbeing. Records showed people were seen regularly by doctors, district nurses and other health professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring, friendly and took time to speak with them. Staff had formed positive and caring relationships with people and knew them well. One person said, "Staff are friendly and they look after me very well" and one relative said, "The carers are always interacting with the residents and attending to [relative] needs."
- The provider aimed to ensure people received care from a consistent team of staff. Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met. One relative told us, "Staff listen and acts upon our requests; they got a wheelchair for us after following up our requests externally which was not acting quickly enough."
- We observed staff spoke respectfully to people and offer people reassurance in the form of holding their hands. One relative told us, "Staff are kind and curious and they pamper [relative]."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity were respected. We observed staff knock on people's doors before entering. Staff encouraged people to be as independent as possible.
- People were clear about the level of independence they had when being supported with personal care. Care plans reflected people's individual needs and abilities showing what they could achieve independently.
- People were supported to express their views and make decisions about their care.
- People and relatives told us they were given the opportunity to share their views about the care they received. One person told us, "I have everything I need and if I want something different I just ask" and a relative said, "[Relative] makes decisions of what time [relative] gets up and goes to bed."
- We observed positive and warm interactions between people and staff. Staff were seen offering people choices, options and gave people time to express views using their preferred method of communication. In 1 instance, we observed a person write down what they wanted and staff instantly reacted to these needs.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question 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

- People received personalised care and support specific to their needs.
- We saw people's care plans contained information about their specific support needs. The care plan contained information covering their daily living needs including health and well-being.
- Staff ensured people received their prescribed medicines in a person-centred way and care records had been updated with person centred assessments in relation to pain management and emotional distress.

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.

- People had their communication needs recorded and staff were aware of this and ensured people were supported to wear their communication aids.
- Hearing aid batteries were routinely monitored and when staff thought aids did not work we saw this was highlighted immediately.

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

- Staff enabled and supported people to make choices that were important to them. For instance, 1 person decided they would go out independently to visit their relatives and local shops. They told us that if they wanted staff would support them to do this.
- Activities within the service were supported by the care staff. The care staff did their best to facilitate meaningful activities. The provider told us they had recently had feedback from people and relatives about activities and what worked well.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and relatives told us they would raise a complaint if they needed to. Relative said, "We have no concerns or complaints. We are happy to discuss with staff if necessary" and, "We know who to complain to if we did have a complaint."
- We saw that the provider had reviewed complaints and implemented any lessons learnt to support with the improvement to people's care..

End of life care and support

- Where people had chosen to discuss their end of life wishes , this was recorded in their care to ensure their preferences were respected when they required end of life care.
- At the time of our inspection no one was receiving end of life care.

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. Although the provider had made improvements the governance systems in place did not drive enough improvements.

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

At our previous three inspections the governance arrangements in place were not robust, management oversight of the service was poor. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had not been made and the provider remained in breach of Regulation 17.

- The providers systems and processes were not always used effectively to assess, monitor, and improve the quality and safety of the service.
- The provider did not ensure that accurate records were maintained or updated when necessary.
- The provider had quality assurance systems including a range of audits and checks that were carried out across the service to help identify any safety concerns or quality issues. However, the issues identified in this report had not been robustly assessed by the provider until this inspection.

The concerns highlighted during this inspection were not systemic across the service as they had been previously. Although not widespread, these concerns are related to the breaches of regulation and continued rating of requires improvement at our previous inspection. This meant the service remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- Following the inspection, the provider shared an improvement plan which included a timeline for improvements to the garden area.

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

- There was a positive, open and inclusive atmosphere at the service. Staff treated people with kindness and compassion and put people at the centre of their care.
- Staff demonstrated a commitment to their role and told us they were passionate about their contribution to achieving positive outcomes for people. One staff member said, "I would be very happy for anyone from

my family to live here and level of care and very good and it is very homely."

- Relatives told us the care and support were centred on their family member and they were on the whole happy with the service. Comments included, "It is a good, caring, safe and clean environment and all the residents seem to get on" and, "I am impressed with the feel of the home, the residents seem happy living there."

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 manager understood and acted on their duty of candour. They were open and honest with people and relevant others when things went wrong.
- The manager knew which events they were required to notify CQC about and they submitted them without delay.

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

- There was a culture of consulting with and involving people as much as possible in making decisions regarding their own care and support.
- Relatives said they were involved about their loved ones care and this made them feel reassured by open and ongoing communication from the registered manager. Relative comments included, "We are very happy with the service, there is nothing that I can think of to change the home or the care" and "The home is well organised; the staff have a positive attitude."

Working in partnership with others

- We saw examples of good partnership working with stakeholders, such as social workers and commissioners.
- There were compliments and positive feedback recorded from stakeholders commending the staff for their work and dedication.
- Referrals were made for people to relevant professionals when required for specialist advice and support.
- There was regular contact with people and relevant others to ensure consistency of care for people.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance arrangements in place were sometimes ineffective and did not identify and drive up improvements to the service.</p>