

Cepen Lodge Limited

Cepen Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cepen Lodge is a residential care home providing accommodation and personal care to up to 63 people. The service provides support to adults over and under 65 years, people with physical disabilities and people living with dementia. At the time of our inspection there were 47 people using the service.

Accommodation is provided over 3 floors accessed by stairs and a lift. People had their own rooms with en-suite facilities. People also had access to communal areas such as lounges, dining areas and activity rooms. Access to the secure garden was from the ground floor.

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

This inspection was carried out in response to concerns raised about staffing numbers and the impact this had on people's care. During our inspection we observed there were enough staff to meet people's needs. However, when staffing numbers dropped to night staff levels, we observed people living in the dementia household were left with intermittent supervision at times. We have made a recommendation about this.

Improvements had been made to risk management plans and staff were reviewing them regularly or if people's needs changed. Where people had been identified as being at risk, there was detailed guidance in place for staff to follow.

Medicines were managed safely. Staff had received training on medicines management and had their competence checked. Regular medicines audits took place which were carried out by staff and the local visiting pharmacist. Staff kept records of where they had applied topical patches and when they were changed. However, there was no record of any checks in between applications to make sure patches were still in place. We have made a recommendation about this. Staff worked in partnership with healthcare professionals to meet people's health needs.

Health and safety checks were carried out regularly and the provider had a programme in place to make sure equipment was routinely serviced. During our inspection we observed the provider was carrying out planned refurbishment work. Risk management plans had been shared with us prior to the work starting.

People told us they were satisfied with the cleanliness of their rooms, and we observed the home was clean. Staff had access to personal protective equipment, and we observed them using it safely. Staff told us and records demonstrated training on infection prevention and control had been provided.

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. People and relatives told us people were safe and being cared for by staff who were kind and caring. We also observed very positive social interactions between people and staff demonstrating good relationships.

There was a registered manager in post who understood their regulatory and management responsibilities. Quality assurance and monitoring systems were in place to regularly check for quality and safety in all aspects of the service. Checks were carried out at service and provider level by various staff. Any areas for development or improvement were recorded on action plans and discussed at staff meetings. Action had been taken to make required improvements and we found the management team to be responsive to feedback shared during this inspection.

Opportunities were available for people and relatives to attend meetings at the service and share views and/or concerns. Feedback from people, relatives and staff about the registered manager and management team was positive. We were told the registered manager was approachable and listened to feedback and took action to address any concerns. Staff also had regular team meetings, supervisions and appraisals and felt able to share ideas.

Staff had been recruited safely and all told us they enjoyed their work. There were various 'champions' appointed amongst the staff team who took the lead in different areas. For example, there was a 'speak up' champion who staff were able to talk with regarding safeguarding or any other concerns. There were also dementia champions who had been given additional training to develop knowledge and skills so they could support other staff.

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 requires improvement (report published 23 February 2022).

Why we inspected

We received concerns in relation to staffing numbers and the impact on people's care and support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

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 changed from requires improvement to good based on the findings of this inspection.

Recommendations

We have made a recommendation for the provider to include observations of practice and seek feedback from people when reviewing staffing numbers in the evening. We have also made a recommendation about medicines monitoring.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cepen 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

This inspection was carried out by 3 inspectors, 2 medicines 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

Cepen 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. Cepen 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 10 people and 3 relatives about their experiences of care and support. We spoke with 7 staff, the registered manager and regional director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records and risk management plans for 6 people, 3 staff recruitment files, health and safety records and information, meeting minutes, training information, accident and incident records, multiple medicines records, quality monitoring information and quality assurance records.

Following our site visit we spoke with a further 7 relatives and 4 members staff on the telephone. We also contacted 2 healthcare professionals for their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we found medicines were not being managed safely. At this inspection, this had improved, and people had their medicines as prescribed. Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.
- There were suitable arrangements for storing, and disposal of medicines and temperatures were monitored to make sure medicines would be safe and effective.
- When people were prescribed medicines 'when required' there were person-centred protocols available to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. During the inspection, arrangements were made to clarify some of the information in these protocols.
- Some people had medicines administered using patches. The application of these were recorded and the site of application was changed in accordance with the manufacturer's directions. We found there was no documented monitoring that the patches remained in place. Following our feedback, the registered manager took action to implement a procedure to check that patches remained in place.

We recommend the provider monitors the newly started system to check that topical patches remain in place between applications to ensure the system is effective.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe at the service. Comments included, "Yes I feel safe", "I feel safe here, I can ask anybody for anything" and "I am really happy with safety, it's great. The environment is very secure, and staff really get to know people."
- Staff received training on safeguarding as part of their induction and updates were provided when needed. A member of staff took the role of being a 'speak up' champion. This member of staff had received additional training and was an additional point of contact for staff to go to with any concerns.
- The registered manager had reported incidents to the local authority safeguarding teams and worked with them to make sure people were safe.

Assessing risk, safety monitoring and management

- At our last inspection we found risks to people's safety had not always been reviewed. At this inspection we found the service had made the improvements needed. One relative told us, "If there is any change in [relative's] condition, they [staff] inform us and they are always changing and adapting as we go along. They [staff] reassess and put a risk assessment in place very quickly."
- Risk management plans were available to give staff guidance on how to support people safely. These covered various risks such as falls, skin integrity and developing pressure ulcers.

- Staff had reviewed risk management plans monthly and made updates where needed.
- The registered manager told us there had been a focus in 2023 on reducing the numbers of falls. This included analysing all falls, looking at where and what time of the day they occurred.
- Staff had also encouraged people to attend a project on developing exercises for older people. This project aimed to improve people's balance, strength and mobility to help reduce falls. The registered manager told us incidents of falls had reduced as a result of this work.
- If people needed behaviour support plans, we found these were in place with guidance for staff to follow when people were distressed. The registered manager had also referred people to healthcare professionals for mental health and dementia support.

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

- Prior to this inspection we received information of concern regarding staffing numbers being too low. During our inspection we observed there were enough staff available to safely meet people's needs. However, when staffing numbers dropped at 8pm to night staff levels we observed there were less staff available to engage with people living with dementia. This meant people had intermittent staff supervision in the dementia household.
- We discussed this with the regional director, and they told us they had considered a 'twilight' shift. This was a short shift covering the evening period to support people before they went to bed. However, they had not implemented this extra person.

We recommend the provider reviews their dementia household staffing numbers during the evening, including carrying out observations and listening to people's experiences of care, to assist them in deciding on levels of staff needed.

- People told us there were enough staff, though at times, there was a delay answering call bells. The registered manager told us they routinely monitored call bell response times as part of their daily checks and found bells were answered in a timely way.
- Overall staff told us there were enough of them to work safely. One member of staff said, "I think there is enough staff, the floors are covered as they should be. We have the right amount."
- Staff had been recruited safely. The required pre-employment checks had been carried out for all staff we reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors without restrictions. During our inspection we observed relatives visiting at various times of the day.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager. Any actions to prevent reoccurrence were identified and shared with staff in various ways.
- Incidents were also being reviewed by the provider. The regional director told us they monitored incidents and action taken and would carry out checks on this during their regular visits.

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

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

- At our last inspection we found systems in place to monitor quality and safety were newly implemented as the registered manager was new to the service. Time was needed to embed them into working practice.
- At this inspection we found systems were embedded and quality monitoring was regularly taking place. Monitoring was carried out by a range of people, including the registered manager, regional director and staff at the service.
- Any actions identified for improvement were shared with the team so they could make the changes needed. The regional director told us they checked action had been taken and also carried out their own spot checks in various areas.
- The registered manager had a team of staff who all understood their role and the structure at the service.
- Any statutory notifications needed had been submitted to CQC without delay.

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

- There was a registered manager in post who had worked to bring consistency to the management approach at the service. People and relatives told us they felt able to talk with the registered manager about any concern. Comments included, "The manager is very good, [they] look after me" and "If I want to see or speak to the manager, I can call or talk to the reception staff. It's easy, as you walk through the door and the desk and office is right in front of us. I also always see [registered manager] around and she is very nice. I'm confident to talk to her and know she will listen and deal with anything."
- We observed during our inspection warm interactions between people and staff, and it was clear staff knew people very well. People told us they thought the staff were kind. Comments about the staff included, "Staff are wonderful, they do anything I ask", "Staff are very kind" and "Staff are absolutely brilliant, very caring and can't do enough for [relative]."
- All the staff we spoke with enjoyed their work and wanted to make a difference to people's lives. Comments from staff included, "I like going in and working with the residents. That quality of life they need, I believe I do that, putting a smile on their faces" and "I believe our people get the best care, I love our care home. We are all there to do our best for the residents and make their lives good."
- Staff told us they felt the service was well managed and the registered manager was approachable. Comments about the registered manager included, "[registered manager] is supporting us to have an inclusive environment for all of us. She is very approachable; she is open to everything and understands" and "We are definitely in a better place now with [registered manager]. She is always out on the floor; I

would go to her for any concerns."

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 duty of candour policy, and the registered manager understood their responsibility to be open and honest with people.
- Records were kept of responses from the registered manager when things had gone wrong.

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

- At our last inspection relatives gave mixed feedback about opportunities to engage with the service and told us they would like more opportunity.
- At this inspection relatives told us they had various ways of communicating with the service and were able to attend meetings if they wanted to. One relative said, "I have attended 2 family / residents' meetings in the afternoon. You have tea and cake and a chat about any concerns. It's important to support those meetings. They also had one prior to the works, so we knew what was happening and were shown the plans."
- The provider completed annual quality assurance surveys for people and relatives to complete. Some relatives told us they did not choose to fill the surveys in, but some took the opportunity to share feedback. One relative said, "I have done a feedback questionnaire. We also had a formal care review about a month ago which was fine. I think more goes on than I am aware of, a lot is put out on [social media] and sent out by email, which I don't read, and that is my fault."
- Regular staff meetings were held, and minutes recorded for staff who were not able to attend. Staff told us they felt able to share ideas or raise concerns in meetings. One member of staff said, "The management are very welcoming to ideas for anything, including problems. [registered manager] gives us the floor, to anyone who wants to speak, she likes to address issues."

Working in partnership with others

- Staff worked with various healthcare professionals to support people's health needs. People could have visits at the home from local GP's, community nurses and chiropodists.