

## Colourscape Investments Limited

# The Lodge

### Inspection report

The Lodge Residential Care Home  
Heslington  
York  
North Yorkshire  
YO10 5DX

Tel: 01904430781

Date of inspection visit:  
24 January 2023  
27 January 2023

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

The Lodge is a residential care home that is registered to provide support to 30 people aged 65 and over and people living with dementia. At the time of the inspection, 16 people were using the service.

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

The provider, new management team and staff had worked hard to make improvements to the service in a short space of time. We received positive feedback regarding the management team and their leadership of the service. There was a kind and caring culture at the service which was supported by staff who were passionate about caring for people. Governance systems had been implemented which had helped identify shortfalls which were addressed in a timely manner.

Fire safety issues had been addressed. People were supported by knowledgeable and skilled staff who understood and effectively managed risks to people's safety and well-being. People were kept safe from abuse and concerns were appropriately reported.

People's medicines had been administered safely. However, some records and medicine protocols needed improving and action was taken during the inspection. Accidents and incidents were monitored, reviewed and used positively to support learning. The service was clean and tidy and current government guidance was being followed.

Positive working relationships had been established with other professionals which had helped ensure people received the referrals and professional support they needed.

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 Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 August 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 improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last 8 consecutive inspections.

### Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the key questions of safe and well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement. However, we found improvements had been made to the safety, governance systems and oversight of the service. Please see the safe and well led sections of this full report.

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.

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](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about quality assurance systems.

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 one inspector.

#### 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 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 not a registered manager in post. However, a manager was in place and had started the registration process.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. 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 contacted the local authority safeguarding and the local infection control team for feedback. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 members of staff including the director, the manager, 2 senior carers, 3 care staff and maintenance staff. We also spoke with 2 people who used the service and 5 relatives. 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 looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for 7 people and medication administration records for 5 people. We looked at 2 staff recruitment files and reviewed documentation relating to the management and running of the service such as audits and service safety records.

# 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.

### Preventing and controlling infection

At our last inspection the provider had failed to have effective systems in place to assess, prevent, detect and control the spread of infections. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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.
- People were supported to have visitors and to maintain important relationships through face to face meetings, trips out and phone calls. The provider was working in line with national guidance.

### 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(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were administered safely and stored appropriately.
- Most people's medicines had been administered as prescribed. However, we found one person's prescribed cream had been applied more regularly than prescribed on a couple of occasions. We raised this with the manager who took appropriate action which included contacting the GP who confirmed no harm

had come to the person.

- Records for Controlled Drugs were not always fully completed. We raised this with the manager who took appropriate action to address the issue going forward.
- Staff were knowledgeable about when people needed their 'as and when required' (PRN) medicines. Protocols were in place to guide staff when administering PRN medicines and these were updated during the inspection to ensure they accurately reflected each person.
- All medicine records had been updated to include people's photograph to ensure staff could accurately identify people when administering medicines.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and mitigate risks to people's health, safety and well-being. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider ensured the safety of the building and equipment through the completion of required fire safety work, regular maintenance and servicing.
- Systems were in place and followed to ensure staff understood and were able to provide the support people needed in an emergency.
- The monitoring and management of risks to people's safety and well-being had improved. Care plans and risk assessments were regularly reviewed and updated, and staff were knowledgeable about how to keep people safe and well.

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

- Systems were in place to ensure the safe recruitment of staff.
- Staff received an induction and completed regular training to ensure they were able to meet people's needs.
- There were sufficient numbers of staff to keep people safe and to meet their needs in a timely manner. Processes were in place to review and adjust the number of staff needed to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe.

- Staff were knowledgeable about identifying safeguarding concerns and how to report them.
- Staff felt confident they could report any concerns to the management team, and they would be addressed.
- Safeguarding concerns had been reported to relevant professionals.

#### Learning lessons when things go wrong

- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. Action was taken to learn from them and reduce the risk of them happening again.

# 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 inadequate. 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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved their oversight of the service through changes to the management team and increased monitoring which had helped to improve the safety and quality of the service provided.
- A thorough audit system had been implemented which had supported the management team to identify and address quality shortfalls. However, it had not identified the issues we found with medicines. We raised this with the management team who promptly amended their audit systems.

We recommend the provider regularly reviews their quality assurance systems to ensure they remain effective at identifying shortfalls.

- The management team used an action plan to address issues which allowed them to monitor improvements to the service, ensuring issues were addressed in a timely manner.

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

- We received positive feedback from staff, people's relatives and professionals about the manager, their leadership of the service and improvements made. A relative told us, "I'm really happy with The Lodge at the moment, I wouldn't have said it 6 months ago but since the new management have taken over I have seen a massive difference. [My relative's] very settled, looked after, staff are lovely, all of them are and the whole atmosphere is warm and inviting. I honestly cannot say anything bad about it at all."
- There was a person-centred, caring culture which had a beneficial impact on people's wellbeing. A relative told us, "Everyone there loves [my relative]. They watch out for them, they have them participating in things. Historically [my relative] would not like to participate, with the [staff] there they have got them dancing, doing projects and really participating in the activities."

- Staff were passionate about the support they provided. A staff member said, "We 100% care, we are passionate, it's not just a job, when you're a carer you have to be a certain type of person to do this job and our team are really caring and passionate. It's not just about getting a wage at the end of the month." A healthcare professional said, "I think the staff feel valued, everyone had a smile on their face, it's a vocation not just a job for the staff here."

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; Continuous learning and improving care

- The management team promoted an honest and transparent culture. They acknowledged shortfalls found during the inspection and promptly started to address them.
- Incidents were monitored, analysed and changes made to reduce the risk of them reoccurring. The manager used accidents and incidents in a positive way to aid learning in the service.
- Processes were in place to support the duty of candour to be upheld when required and notifications were appropriately submitted.
- Staff told us they had seen improvements in the service since the manager had been in post. A staff member told us, "[The management team] have turned it around. It's my work family as I do spend a lot of time at work and I love it. The manager is really good. They're supportive, approachable and I can speak to her about anything as she is very professional. We also have a laugh as well, we enjoy it now, the whole atmosphere has changed."

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

- People and their relatives were involved in the development of the service through their feedback. Regular meetings were held with people who used the service and relative's meetings had recently restarted.
- Regular meetings were held for staff to gain feedback about new admissions to the service and any changes made following shortfalls being identified.

Working in partnership with others

- Staff worked closely with other organisations to help ensure people received the support they needed. A healthcare professional said, "What a difference I have seen in the last few months. It just runs so smoothly our service with The Lodge... communication is fantastic, patients are getting the care they need."
- We received positive feedback from healthcare professionals regarding engagement, communication and improved working relationships with the service since the new management team had been in post. A healthcare professional said, "Since the new management and senior care staff have taken over at The Lodge we have noticed significantly improved communication. They engage very well ... [and] the carers know the patients and are appropriately identifying those requiring clinical review."