

S J Pittman Limited

Lodore Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Lodore Nursing Home is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service is registered to support up to 37 people in one adapted building. However, due to the COVID-19 pandemic the provider was only using their bedrooms as single occupancy and therefore at the time of inspection they had capacity for 27 people.

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

People felt safe at the service and relatives felt their family members were safe and well cared for by the staff at Lodore Nursing Home. Risks identified at our previous inspection regarding medicines management had been addressed and medicines were stored, managed and administered safely. Individual risk assessments were undertaken and management plans were in place to minimise and mitigate risks to people's safety and welfare. Staff had received training on infection prevention and control and were adhering to the government guidance in response to the COVID-19 pandemic, including wearing personal protective equipment (PPE), regular testing and participating in the vaccination programme. There was a comprehensive cleaning schedule in place to ensure a clean and hygienic environment was maintained.

Staff were aware of safeguarding adults' procedures and had received regular training on this topic. The management team told us they had liaised with the local public health teams about the blanket restrictions in place during the COVID-19 pandemic and learnt from the safeguarding concerns raised about the risk and impact of social isolation on people. Individual incidents were reviewed.

The registered manager had strengthened their quality assurance processes in response to our last inspection, including implementing a more detailed medicines management audit and a robust infection control audit. There were other processes in place to review key areas of service delivery, however, we found the care records audit was limited and did not include details about the quality of care records or identify if improvements were required, what action was taken and when. We also identified that whilst care plans were regularly reviewed, the number of updates recorded on the original care plan were often difficult to read and there was a risk that any changes to people's care and support needs may not be easily identifiable. We fed back our concerns about the care record reviews and care records audit to the registered manager and we will follow up on these areas at our next inspection.

People, relatives and staff felt well informed and involved in service delivery. They said there was open communication between themselves and with the registered manager. They felt comfortable expressing their views and felt listened to. The registered manager was clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted, their latest CQC rating was clearly displayed and the registered manager was aware of and adhering to the duty of candour.

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 (published 2 January 2020). The service is now rated good.

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.

Why we inspected

The inspection was prompted in part due to safeguarding concerns received about blanket restrictions regarding people staying in their rooms and being socially isolated. This inspection examined those risks.

The inspection was also prompted in part by notification of a specific incident, following which a person using the service died. The information CQC received about the incident indicated concerns about the management of medical emergencies. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

At our last inspection in November 2019 we found a breach of regulation relating to Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulations 2014). The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. As well as to follow up on the other concerns identified through the intelligence we had received. This report only covers our findings in relation to the key questions Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe 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 ●

Lodore Nursing 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.

This was a focused inspection to check whether the provider had made the improvements required in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to check on information we received from the local authority in relation to safeguarding concerns.

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 undertaken by one inspector.

Service and service type

Lodore Nursing Home 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

We announced this inspection on the morning of our site visit due to the COVID-19 pandemic. To assess the risks to the inspection team and enable the team to wear appropriate Personal Protective Equipment (PPE) during the inspection.

What we did before the inspection

We reviewed the information we held about the service including statutory notifications received about key events that occurred at the service and the provider's action plan following our previous inspection. 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.

During the inspection

We spoke with two people who used the service and three care workers, including the registered manager, a nurse and a care worker. We undertook general observations and reviewed medicines management arrangements. We reviewed a range of records including four people's care records, one staff recruitment file, audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We liaised with a representative from the local authority's safeguarding adults' team and spoke with three relatives.

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 requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in November 2019 we found the medicine Warfarin was not managed safely and this could have had a significant impact on people's health and welfare.

- At this inspection we found additional processes had been implemented to ensure closer monitoring of all medicines, including Warfarin. This ensured people received their medicines as prescribed and all medicines could be accounted for.
- We saw medicines were stored securely. Accurate records were maintained of medicines administered.
- Appropriate processes had been followed in regards to the administration of covert medicines and 'as required' (PRN) medicines. Information was available to instruct staff when, how and at what dose these medicines should be administered.

The provider was no longer in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were knowledgeable of safeguarding adults' procedures and were aware of different forms of abuse. Staff told us they would share any concerns raised with their senior and registered manager.
- Staff had received training on safeguarding vulnerable adults and there were safeguarding adults' policies and procedures in place.
- The local authority had raised concerns that blanket restrictions were in place which meant people were at risk of social isolation. At this inspection we observed people were in their rooms and the communal areas were not being used. The registered manager told us this was due to a recent COVID-19 outbreak and, in discussion with their local public health team, they felt the safest way to protect people from the virus was to care for them in their bedrooms until the outbreak had been controlled. When the virus was not present at the home, the registered manager told us they supported a few people to access the communal rooms for social stimulation whilst safely socially distancing.

Learning lessons when things go wrong

- Staff were aware of the incident reporting process. We saw that incidents were reported and reviewed by the registered manager. This included ensuring appropriate action was taken to ensure the safety of the person involved as well as updating any risk assessments or care plans.
- The registered manager was open to feedback from people, relatives, staff and professionals when concerns were raised and told us they had implemented learning from the recent safeguarding concerns raised.

Assessing risk, safety monitoring and management

- Staff supported people to manage and mitigate risks to their health and welfare. A relative told us, "The care that [their family member] receives is second to none. The staff are fantastic... I completely trust what they are doing and I have no worries or concerns... I wouldn't hesitate to put any of my family in Lodore. It's the safest place for [them] to be." Staff used the national early warning score tool to identify when people's health was declining and if they required additional medical assistance. Staff had received training in first aid and there were appropriate procedures in place regarding medical emergencies. Information was clear in people's care records as to whether they were to be resuscitated in a medical emergency and signed 'Do not attempt cardio pulmonary resuscitation' forms were easily accessible in people's records.
- Risk assessments were undertaken and regularly reviewed. Risk management plans identified the level of support a person required and how the risks to their safety were to be minimised. This included in relation to nutrition and hydration, moving and handling, falls and pressure ulcers.
- Staff liaised with other healthcare professionals for specialist advice about how to support people with their individual needs and promote their welfare.
- Staff regularly checked the environment and equipment to ensure it was in safe working order. We found a sluice room and a storage room were not kept locked which posed risks to people's safety. We brought this to the registered manager's attention who told us they would address these concerns.

Staffing and recruitment

- Safe staff recruitment practices were in place to ensure suitable staff were employed. This included checking staff's identity, their eligibility to work in the UK, undertaking criminal records checks and obtaining references from previous employers.
- People told us there were sufficient staff at the service and they could obtain support when they needed it. One person said, "I only have to push my button and they [the staff] come." Staff confirmed they had sufficient support from their colleagues to enable them to undertake their duties and meet people's needs.
- In people's care records were completed dependency tools which outlined the level of support they required. The registered manager informed us they used a standard ratio when first identifying staffing levels but this was adjusted according to people's needs and any appointments they had during the day. The registered manager also confirmed they had additional staff rostered on during the mornings in case any staff member tested positive for COVID-19 and needed to isolate, so that they still had sufficient numbers of staff on duty to meet people's needs.

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 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 requires improvement. At this inspection this key question remained the same. 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; 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 registered manager was clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted, their latest CQC rating was clearly displayed and the registered manager was aware of and adhering to the duty of candour.
- The registered manager undertook a clinical shift each week which enabled him to understand fully people's needs and provide a 'hands on' approach to leadership and management at the service. The registered manager told us they liked to lead by example, which included their response to the COVID-19 pandemic and supporting colleagues to adhere to national guidance and the vaccination programme.
- The registered manager had systems in place to review the quality of service performance. Improvements had been made since our last inspection to ensure greater oversight of medicines management processes through more frequent and detailed auditing, and also a more detailed infection prevention and control audit had been introduced.
- Whilst there were systems in place to review key areas of service delivery we found the care records audit was limited and did not include details about the quality of care records or identify if improvements were required, what action was taken and when.
- Care records were reviewed regularly, however, due to the number of reviews on the original care plan at times these were difficult to read. This meant that any changes in people's care plans and how they were to be supported may have been missed if it differed to the original care plan.
- We fed back our concerns about the care record reviews and care records audit to the registered manager and we will follow up on these areas at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a small stable staff team at the service with little staff turnover. The staff we spoke with told us there was good team working and open communication amongst colleagues and with the registered manager. Staff felt able to approach the registered manager and felt supported and listened to.
- People and their relatives were aware of who the registered manager was and felt able to approach them and speak openly. One person told us, "I know the manager and feel I can talk to any of them [the staff]." There was regular communication between the registered manager and people's relatives. Relatives felt well informed and updated about their family members care and well-being. A relative said, "They ring. They

always update if there's any changes in [their family member's] health."

- An annual satisfaction survey was completed by people and their relatives. We saw the findings from 2020 showed 97% overall satisfaction with the service they received.

Continuous learning and improving care; Working in partnership with others

- The staff and management team were committed to providing high quality care. They were open and transparent in their communication and welcomed advice and support from other health and social care professionals.
- The staff liaised with specialist health and social care professionals for guidance and took on board any advice given.
- The registered manager worked with colleagues from the local authority and clinical commissioning team, including from the continuing healthcare team regarding support for those residents receiving a rehabilitation service.