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West Melton Lodge

Inspection report

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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

West Melton Lodge is a residential care home providing personal care for up to 32 people. Some people using the service were living with dementia. At the time of our inspection there were 19 people living at the home.

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

The provider did not ensure the leadership was consistent. Since our last inspection, there had been several changes in management. Governance systems in place to monitor the home, were not always effective and required embedding in to practice.

People's medicines were not always managed in a safe way. People receiving respite care did not have appropriate information in place to ensure medicines were administered as directed. We found two people's medicines were not given as prescribed. Following our inspection appropriate action was taken to address this.

We were not always assured that infection control was being managed in a safe way. For example, we saw staff arrived and left work in their uniforms, pedal bins throughout the service were not operating properly, items were stored on the floor of store rooms and some areas of the building were worn and not able to be cleaned effectively. We saw moving and handling slings were stored together in several areas of the home. Staff told us most of them were not in use. Action was taken following our inspection to address these concerns.

Risks associated with people's care had been identified but not always managed appropriately. Care plans gave minimal information about how risks were to be managed to keep people safe.

Staff told us there were enough staff available to meet people's needs, although on occasions they struggled. Staff told us that two staff were on duty throughout the night and this was not always sufficient to meet people's needs. The provider had a system in place to identify the number of staff required. However, this tool did not take in to consideration the layout of the building.

Staff had received training in safeguarding people from the risk of abuse and knew how to recognise and report abuse.

The provider had a system in place which ensured staff were recruited safely. Pre-employment checks had been carried out prior to staff commencing employment at the home.

Accidents and incidents were recorded. However, the analysis needed improvement to ensure incidents were appropriately managed, to ensure lessons were learnt.

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 5 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

At our last inspection there was a breach of regulation regarding good governance. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found the provider had not made sufficient changes to comply with this breach.

Why we inspected

The service was previously rated requires improvement and we needed to ensure the service was safe. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

Additionally, the inspection looked at the Infection Prevention and Control (IPC) practices the provider has in place. This is because, as part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure the IPC practice was safe, and the service was compliant with IPC measures.

We reviewed the information we held about the service. We did not inspect other key questions as no areas of concern were identified in them.

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

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 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 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 safe findings below.

Requires Improvement ●

West Melton 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

West Melton Lodge 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 did not have 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. The provider had appointed a manager and they were in the process of registering with CQC.

Notice of inspection

The 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the manager, operations manager, and care workers. 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 a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. Due to the current pandemic, we reviewed a variety of records relating to the management of the service, including policies and procedures after the site visit. Therefore, inspection activity commenced on 15 December 2020 and ended on 21 December 2020.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 has remained the same. 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.

Using medicines safely

- People's medicines were not always managed in a safe way.
- People receiving respite care did not have protocols in place to direct staff when to administer medicines prescribed, on an 'as required' basis, (often referred to as PRN). When PRN medicines were administered, these were not always recorded appropriately to be able to determine they were effective.
- Medicines were not always given as prescribed. For example, we found one person had not been given a medicine that could have had a detrimental effect on their health. This was referred to as safeguarding.
- Hand written entries were not always recorded following best practice. For example, some entries on the medication records were not checked by a second member of staff to determine they were correctly recorded.
- We looked at medication audits and found these issues had not previously been identified. The provider took action to address this following our inspection.

People did not always receive their medicines as prescribed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We completed a tour of the home with the manager and found some areas which were not well maintained and unable to be cleaned effectively. For example, areas of floor covering were patched up and stained, a radiator cover was broken and there were areas of untreated wood.
- We were not always assured infection control systems were effective. For example, staff arrived at work and left the home in their uniforms, foot operated bins throughout the home were not working properly and moving and handling slings were stored together.

People were not always protected from the risk and spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager took action to address these issues following our inspection.

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

- Risks associated with people's care and support had been identified and risk assessments were in place. However, these contained limited information and did not always guide staff in how to minimise the risk occurring.

- Equipment in the home had been serviced in line with requirements. However, we saw moving and handling slings throughout the building which were not stored in a safe way. Following our inspection, the manager told us they had taken action to resolve this issue.
- The manager kept a record of accidents and incidents which occurred in the home. This was not always analysed to ensure future incidents were kept to a minimum. This was discussed with the manager and they agreed to improve the system.

Staffing and recruitment

- The provider had a system in place to ensure staff were recruited in a safe way. Pre-employment checks were carried out prior to staff commencing in their post.
- The manager completed a system in place to determine the number of staff required to meet people's needs. However, this did not take into consideration the layout of the building. For example, there were two separate areas upstairs, each accessed by their own staircase and were not interlinked.
- Staff told us there were not always enough staff working during the night. The rota showed two staff were on night duty, and many people required two staff to assist them with personal care. Therefore, at times there could be no staff available if they were supporting people in their bedrooms.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- The manager kept a record of safeguarding incidents and the outcomes.
- Staff told us they received safeguarding training and felt they would be able to recognise if abuse was occurring.
- People and relatives we spoke with felt the home was safe. One relative said, "It's difficult to say because we can only visit behind a screen, but [relative] is happy and always seems well supported by staff."

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.

Continuous learning and improving care

- Systems in place to monitor the quality and safety of the service were not robust and did not always identify and address issues.
- Governance systems had not identified shortfalls in medicine management, infection control and care records. For example, the infection control audit had not identified that staff were arriving and departing from the home in their uniforms.
- The care plan audit completed in September 2020, identified one care plan which required updating. However, during our inspection we case tracked this person and found the care plan did not reflect their current needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured that enough improvement had been made to achieve a rating of good. Since 2016, the service had been rated inadequate on two occasions and requires improvement on four occasions. The service is rated requires improvement for a fifth time.
- Since our last inspection there had been several changes in management. The current manager had been in post for approximately three months and was in the process of registering with CQC.

There was not an effective quality monitoring system in place. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us that, since their appointment they had prioritised areas of the building which required attention. This included decorating the lounge in the main unit and work to improve bedrooms and we acknowledged these areas were clean, well maintained and had a homely feel.
- An action plan was in place to address issues within the home. We were informed the manager and provider were in the process of working through this.
- The manager was supported by an operations manager and a team of senior carer workers.

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

- The manager understood their legal duty to adhere to duty of candour when required.
- During our inspection we observed staff interacting with people and found they were kind, caring and

considerate. Relatives told us staff were, "Worth commending." Another relative said, "The manager is really good, and the staff are very accommodating. [Relative] settled at the home straight away."

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

- The home involved people and their relatives by asking them to complete various questionnaires, such as a visitor's survey, staff satisfaction and food and menu survey. There was also a professional visitor survey available for healthcare professionals to raise comments. All the results from these were positive.

Working in partnership with others

- There was evidence to show the provider worked in partnership with others to ensure people received the right support. However, we identified some concerns during our inspection relating to referrals which had not been actioned in a timely manner. The manager addressed this immediately.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed. People were not always protected from the risk and spread of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems required embedding into practice.