

Ryding Care Services Limited

The Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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 15 people living in the home.

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

A lack of robust managerial oversight and ineffective governance systems had resulted in a number of issues being identified in relation to recording of information and medicines management. The registered manager, who was also the provider, acknowledged that whilst much improvement had been made since the previous two inspections, there were still areas that needed addressing in order to improve the overall rating of the service. Action was taken during the inspection process to address the issues identified but it should not have required an inspection to identify these.

Medicines were not always managed safely. We identified issues in relation to stock levels, disposal of medicines no longer required and records relating to 'as required' medicines. We found no evidence that people had come to harm and immediate action was taken to address the issues found. Staff responsible for the administration of medicines had received appropriate training and had their competency assessed on a regular basis.

Assessments of people's individual risks and needs had been completed in detail and staff had access to information and guidance to ensure people's health and well-being were maintained. However, some assessments did not accurately reflect people's current needs or risks. Other records reviewed, suggested people were receiving the right care and support from staff; this was further confirmed through feedback from people and family members.

We had some concerns with systems to prevent and control the spread of infection; particularly in relation to COVID-19. Not all staff were following current COVID-19 testing guidance; records showed gaps in the frequency of PCR tests. Immediate action was taken to address this and ensure staff followed current guidance. The home was clean and well-maintained, however cleaning schedules were difficult to follow and showed gaps in some daily cleaning tasks. The registered manager was working with domestic staff to implement more effective systems.

Safe visiting procedures were in place to prevent the spread of infection and family members told us they were required to complete a COVID-19 test and health questionnaire prior to any visit to the home. In addition, they were provided with masks to be worn during each visit.

Whilst staff had received training the provider deemed mandatory to their role, we identified gaps in training such as wound care, diet and nutrition and practical manual handling. Following inspection, we were provided with evidence of training being organised. People and family members told us they felt staff were competent at their role and provided people with the right care and support.

People told us they liked living at The Lodge and felt staff treated them well. One person told us, "They [staff] look after me." Family members were reassured their relatives were well looked after by staff who they described as 'caring', 'lovey', 'calm' and 'attentive'.

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.

We received positive feedback from family members about the registered manager and their level of support and communication. Some family members told us they had noticed improvements in their relative's overall health and well-being since moving in to The Lodge. They told us they felt engaged with at all times from staff and managers. Staff told us they liked working at the home and felt supported by the registered manager.

The registered manager was open and transparent throughout the inspection process and recognised that improvements were needed. Prior to our inspection, they had already identified some shortfalls and were in the process of implementing new staffing structures to address these.

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 (report published 22 August 2020). At a previous inspection (report published 21 November 2019), we rated the key question of Effective inadequate and identified multiple breaches of regulation. At our inspection in 2020, this key question was not inspected. The provider completed an action plan to show what they would do to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service has been in Special Measures since November 2019. The improvements found during this inspection now mean the service is no longer in Special Measures.

Why we inspected

A decision was made for us to inspect, examine and follow up on what improvements had been made since we last visited the service. As a result, we undertook a focused inspection to review the Key Questions of Safe, Effective and Well-led only. Our report is only based on the findings in those areas at this inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control (IPC) 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 assurances 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.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

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?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

This 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 Care Act 2014.

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 two inspectors.

Service and service type

The 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 had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We telephoned the service from the car park on the day of the inspection and announced our arrival. The purpose of this was to obtain information about COVID-19 in advance of inspectors entering the service.

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 the registered manager, deputy manager and five staff; this included housekeeping, kitchen and maintenance staff. We spoke with three people about their experiences of care and five family members to get their views on the care their relatives received.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed additional records relating to the quality and safety of 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 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

- Medicines were not always managed safely.
- Where people were prescribed 'as required' medicines, care plans lacked enough detail to guide staff to ensure these medicines were only administered when needed.
- Medicines were not always disposed of in line current guidance and people's stock levels did not always accurately reflect how much medicine they should have left.
- Medicines were administered by staff who had received relevant training and had regular assessments on their competency to administer medicines safely.
- We found no evidence that people had come to harm as a result of the issues identified and other records showed that people had received the correct medicines and at the right times. The registered manager took immediate action to address the issues found.

The provider had failed to maintain accurate records in relation to medicine administration. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- On-the-whole, risks to people's health and well-being were managed safely. However, some records did not accurately reflect people's current risk level or needs.
- We found no evidence people had been harmed and were given assurances through other records that people were receiving safe care and treatment. We discussed the importance of ensuring that all records were accurate and reflected people's current needs.
- People told us they felt safe and family members had confidence in their relative's safety and staffs' ability to maintain their health and well-being. Comments included; "It's lovely to be in such a good place. They [staff] look after us" and "I feel reassured. When I go home I feel calm. I trust the staff will look after her [relative]."
- Regular checks were completed on the environment and equipment used to ensure it was safe for people to use.

Preventing and controlling infection

- Systems and processes to prevent and control the spread of infection, particularly in response to COVID-19 were not always effective.
- Records showed that staff were not always following current guidance regarding regular testing of COVID-19. The registered manager told us limited test collection days and access to home testing kits had

impacted this. Following inspection, robust measures had been implemented to ensure regular testing occurred.

- Whilst cleaning schedules were in place, some of these were difficult to follow and determine what areas needed cleaning and when. The registered manager was working with domestic staff to make records easier to follow.
- Robust measures were in place to prevent visitors from catching and spreading infections. Visitors were required to complete a COVID-19 task and health questionnaire prior to visits and were provided with masks.
- The home was visibly clean and hygienic, and staff were observed following current guidance in the use of PPE.

Staffing and recruitment

- Safe recruitment processes were in place to ensure new applicants were suitable to work at The Lodge.
- A range of pre-employment checks were completed on new applicants to ensure their suitability. We discussed with the registered manager the need to ensure all references were recorded accurately and that any gaps in previous employment were explained.
- There were enough staff deployed to meet people's needs and keep them safe from harm. Staff told us they never felt rushed and were able to give people the care they needed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place for recording, reviewing and investigating safeguarding concerns and accidents and incidents.
- Referrals were made to appropriate health and social care professionals where needed and appropriate action was taken following incidents to prevent them occurring in the future.
- The registered manager regularly reviewed incidents and accidents to look for patterns and themes and learn from lessons when things went wrong.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection of this key question, the provider had failed to ensure that the quality and safety of the service adhered to recognised standards. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we felt enough improvements had been made and the provider was no longer in breach of Regulation 17 in this key question; however, further improvements needed to be made. We have referred to this further in well-led section of this report.

- On-the-whole, people's needs were assessed in line with standards, guidance and the law. However, some records such as skin care plans and nutritional assessments did not accurately reflect people's current needs.
- Whilst oral health was considered as part of the initial assessment process, information regarding people's specific oral health needs was limited.
- The registered manager took immediate action to address the issues identified. This included implementing oral health assessments for all people living at The Lodge.
- Family members told us they felt staff knew their relatives well and provided care in line with their current needs and preferences. Comments included, "I have full confidence she [relative] is well-looked after. All the staff know her. They are able to tell me how she is. They just know her" and "I can't fault them [staff], they have changed his [relative] life for the better."

Staff support: induction, training, skills and experience

At our last inspection of this key question, the provider had failed to ensure that staff received adequate training and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were still needed, we felt enough improvements had been made and the provider was no longer in breach of Regulation 18.

- Staff had received training the provider deemed mandatory to their role. However, additional training specific to people's needs had not been accessed. For example, wound care and diet and nutrition.

- Staff had received on-line training in relation to manual handling but had not received practical training in this area. The registered manager told us this had been delivered in-house but had not maintained a record of this.
- Following our site visit, the registered manager provided confirmation of additional training being sourced to cover the identified gaps. We did not receive any concerns from people or family members about staffs' knowledge or experience.
- Staff received regular supervision and told us they felt able to discuss any development needs or work concerns. One staff member told us, "I have had a few supervision meetings. I feel supported and can talk to [manager] about anything really."

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

- Whilst risks associated with people's food and drink intake had been assessed and planned for, some records did not accurately reflect people's level of risk. For example, one person's nutritional risk assessment stated she was 'cause for concern'. However, other information suggested she was 'high risk'.
- We received assurances from the registered manager and other records that people were receiving care that fully reflected their nutritional needs. The registered manager took action to address the issues identified.
- People spoke positively about the food provided. Comments included; "Lunch was really nice" and "The food is okay, we get a choice."
- Staff were aware of people's individual needs, preferences, likes and dislikes regarding food and drink intake. One family member told us, "They [staff] know she [relative] has a poor appetite but they keep me in the picture. I have told them I don't mind what she eats even if it's sugary food as long as she's eating. She loves jam butties." During inspection we observed staff respecting this person's food preferences.

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 Act 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection of this key question, the provider had failed to ensure people's consent was obtained in accordance with the MCA 2005. This was a breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of Regulation 11.

- Following our previous inspection of this key question, the registered manager had fully reviewed and

improved their MCA processes and practice. The service was now working within the principles of the MCA.

- Assessments of people's capacity were now decision specific. Where they had the capacity to do so, people had signed consent for their care.
- Where people lacked capacity to make specific decisions, best interest decisions were made. We saw evidence that appropriate others were involved in the decision making process; this included those with legal authority such as lasting power of attorney (LPA).
- Applications to deprive people of their liberty had been made in accordance with the MCA.

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 when needed. One family member told us, "Staff will call me if they need to tell me anything. They get the doctor to him [relative] when he needs it." □
- Where staff identified changes in people's health and well-being, referrals were made to relevant professionals.
- Staff followed advice and guidance from external professionals to ensure people received effective care and support.

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

- Since our previous inspection, the service had undergone some refurbishments. Further work was being carried out at the time of our inspection.
- People's rooms were decorated to their choice with items of memorabilia to help offer comfort and reassurance.

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 has 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; Continuous learning and improving care

- Governance systems had not always been used effectively to identify the shortfalls found during this inspection.
- Assessments of people's health, safety and wellbeing were not always accurate or up-to-date, infection control practices were not always robust and people's medicines were not always managed safely.
- The registered manager was open and transparent and acknowledged that a lack of manager oversight had resulted in the issues we found not being identified through their own audits and checks.

The provider had failed to ensure that robust governance systems were in place to monitor the safety and quality of the service. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager had already begun the process of recruiting additional staff to support with the managerial tasks within the service. They were confident this additional layer of senior staff would result in required improvements.
- Family members spoke positively about the registered manager. Comments included; "[Registered manager] is great, she is calm and relaxed and doesn't get flustered" and "She [registered manager] is a good manager, she is really supportive."

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

- The registered manager promoted a positive culture that was open and inclusive. They acknowledged that improvements needed to be made to the service to ensure people continued to receive person-centred care.
- Family members spoke positively about the service and the level of care their relatives received. Comments included; "Overall, I am happy with the care. Amazing transformation and has changed his [relative's] life," "Staff are kind, there is a nice atmosphere, and nothing is too much trouble" and "Staff are great, they are really helpful and on the ball."
- Staff told us they enjoyed their job and felt supported by the registered manager. One staff member told us, "I love it here. I have worked at other homes and this is by far the best one. [Registered manager] is always open to suggestions. If it makes things better she will always listen and take it on board."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager used various methods to regularly engage with staff, people and family members.
- Regular staff meetings were held to allow for important information to be shared and give staff the opportunity to share their views. One staff member told us, "During the staff meetings we can say what we think and give our views on things. [Registered manager] listens to us and takes what we say on board."
- Family members told us they were regularly contacted by the registered manager to keep them updated with any changes to the service. One family member told us; [Registered manager] gives me a ring if there is anything I need to know. She kept us all informed during lockdown which made things so much easier to deal with."
- Staff worked with external health and social care professionals to ensure people received the right care and support.

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

- Duty of candour as well as legal and regulatory responsibilities were complied with.
- The registered manager was open and transparent about what improvements had been made and what were needed.
- Family members told us the registered manager was open and transparent and ensured any issues were communicated immediately. One family member told us, "I have a really open and transparent relationship with [registered manager]. She is not afraid to tell me how she [relative] is even if she isn't good."

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>Assessments of people's health, safety and well-being did not always accurately reflect people's risks or needs.</p> <p>Processes relating to the administration of people's medicines were not always followed correctly and some records contained inaccurate information.</p> <p>Governance systems were not robust enough to identify issues and drive improvement.</p>