

Stephen Oldale and Susan Leigh

West Melton Lodge

Inspection report

2 Brampton Road
Wath-upon-Deerne
Rotherham
South Yorkshire
S63 6AW

Tel: 01709879932

Date of inspection visit:
21 April 2022

Date of publication:
17 May 2022

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 24 people living at the home.

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

Systems and processes in place to monitor the service had improved, however new processes required embedding into practice and sustained to continue to drive improvements.

Staff we spoke with had confidence in the registered manager and felt there had been several changes for the better since they commenced in post. Staff told us the registered manager was approachable and supportive.

We observed staff interacting with people and found they were kind and caring and involved people in their care. However, lunchtime was a little task orientated and the pictorial menu didn't reflect the lunch choices available.

We carried out a tour of the home and found the provider had taken action to address the concerns we raised at our last inspection; however, some areas needed cleaning.

Risks associated with people's care had been identified and risk assessments were in place to minimise risks occurring.

The provider had a recruitment process in place. We found some minor discrepancies with pre-employment checks. Following our inspection, the registered manager took action to address this.

People received their medicines as prescribed. However, people who were prescribed medicine on an as and when required basis, did not always have protocols in place to inform staff how and when these should be administered.

People were safeguarded from the risk of abuse and staff knew how to recognise and report abuse.

Accidents and incidents were analysed to identify trends and patterns so future incidents could be minimised.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was rated inadequate (published 21 September 2021).

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.

This service has been in Special Measures since 21 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions 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 changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 West Melton Lodge on our website at www.cqc.org.uk

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 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 well-led 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 Health and Social Care Act 2008.

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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Melton 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 and professionals 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 four people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care workers and ancillary staff. We observed staff interacting with people who used the service, to help us understand their experience. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were 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.

We found the provider had improved in this area and are no longer in breach.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified some minor issues during the tour of the home and the registered manager took appropriate action to address them.
- 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 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

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out. However, we identified a sensor failure to a passenger lift door, which meant the door closed even when an obstruction should have prevented it. Following our inspection, the registered manager took appropriate actions to address this concern.
- Risks associated with people's care had been identified and action taken to mitigate future risks.
- People and their relatives told us they felt they or their family member received safe care. One relative said, "When [relative's name] first moved in they had a few falls, but they [staff] moved [relative's name] to a different room and since then they have been fine." Another relative said, "Yes, [relative's name] is safe at the home."

Using medicines safely

- Some people were prescribed medicines on an as and when required basis, often referred to as PRN. PRN protocols were not always in place to ensure staff know how people presented when they required this medicine.
- The provider had systems in place to ensure people received routine medicines as prescribed.
- Medicines were stored appropriately, and temperatures were taken and recorded of the medication storage.

Staffing and recruitment

- The provider had a recruitment process in place; however, we found some minor discrepancies in pre-employment checks. Following our inspection, the registered manager took appropriate action to rectify these concerns.
- The provider had a system in place to identify how many staff were required each day, based on people's needs. During our inspection we observed staff interacting with people and found there were enough staff to meet people's needs.
- Staff told us the provider had increased staffing and this had made their workload manageable. One staff member said, "Staffing numbers had been improved, we now have two domestics each morning and four care staff on in the mornings. It's much better."
- Relatives told us their family members were cared for by lovely staff. One relative said, "The staff are all brilliant, but they don't have enough time, they [staff] are always busy."

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to ensure people were safeguarded from the risk of abuse.
- Staff we spoke with were knowledgeable about how to recognise and report abuse.
- People and their relatives felt the home provided safe care.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The registered manager completed an analysis of accidents and incidents to identify trends and patterns.
- Lessons were learnt as part of the analysis and used to improve the service.

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 requires improvement. 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

At our last inspection the provider had failed to ensure quality management systems in place were effective. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had improved in this area and are no longer in breach of regulation.

- Systems and processes in place to monitor the service had improved but required embedding in to practice and sustained to continue to drive improvements.
- We looked at a range of audits and found where issues had been identified they were placed on an action plan to be addressed.

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 and staff were clear about their roles and responsibilities.
- Staff we spoke with had confidence in the registered manager and told us they had achieved a lot of progress since our last inspection. All staff we spoke with said the registered manager was approachable and supportive.
- The registered manager understood their regulatory requirements and was open and honest with people when things went wrong.

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

- We observed staff interacting with people and found they were kind and caring and involved people in their care. However, lunchtime was a little task orientated and the pictorial menu didn't reflect the lunch choices available.
- Since our last inspection the provider had introduced an electronic care planning system. However, some more detail was required to ensure people's personal preferences were documented.
- People told us they were happy living at the home. One relative said, "The manager is doing a marvellous job and spends time with the residents."

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

- The provider had a process for gathering feedback about the home. Comments were used to develop the service.
- Relatives we spoke with told us the registered manager and staff were approachable. One relative said, "The home has improved over the past year and is looking much better inside. Although the garden needs maintaining. Sometimes the grass is very long."

Working in partnership with others

- The provider and registered manager worked in partnership with other professionals and took notice of their advice. Care plans included advice from healthcare professionals.