# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Horfield Lodge

Kellaway Avenue, Horfield, Bristol, BS7 8SU

Tel: 01179166630

Date of Inspections: 14 March 2013
12 March 2013

Date of Publication: April 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✖ Action needed |
| **Meeting nutritional needs** | ✖ Action needed |
| **Management of medicines** | ✔ Met this standard |
| **Requirements relating to workers** | ✖ Action needed |
| **Staffing** | ✔ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Methodist Homes |
| Registered Manager | Dr. Sarah Batchelor |
| Overview of the service | Horfield Lodge is a location of Methodist homes which provides accommodation for up to 75 people. The accommodation is purpose built and is arranged over three floors. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 March 2013 and 14 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

### What people told us and what we found

We visited Horfield Lodge over two days. During that time we spoke with relatives and staff and made observations about the care that people received. On the first day of our visit, several staff and relatives raised concerns with us, particularly about the quantity and quality of food and nutrition within the home. This was supported by observations we made at meal times. On the second day of our visit, two managers from other homes within the organisation were present and had already begun putting plans in place to make improvements. However, we continued to be concerned that people were at risk from poor nutrition and diet.

During our second visit, we found concerns in relation to recruitment. Four members of staff were found to be working without sufficient checks to ensure that they were suitable to work in the home. The managers brought in from other locations took action immediately on finding these concerns to ensure that people were not at risk.

We looked at the systems in place for administering and recording medications and found that a new system had been introduced. The new system was computerised and had safeguards in place to ensure that medication errors would be minimised. The managers brought in from other locations following our initial visit told us that they had found a number of errors within the system that was being used previously.

You can see our judgements on the front page of this report.

### What we have told the provider to do

We have asked the provider to send us a report by 02 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Care and welfare of people who use services** ✖ Action needed

**People should get safe and appropriate care that meets their needs and supports their rights**

### Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

### Reasons for our judgement

We spoke with five relatives who told us that the majority of the staff were "very kind " and "very caring". One relative told us "we don't want to lose them". This conveyed that people felt their relatives were cared for by staff who knew how to effectively meet their needs.

We read three care records for people living on the floor for people with dementia, to find out how peoples' nutritional needs were assessed and their care planned. We read information in the care plans that showed staff had identified when people had a particular nutritional need. This had been described as 'poor diet' in one care plan. In another care plan it had been written that the person needed a 'food and fluid balance chart when low in mood'. In the third care plan we read that the person was 'losing weight'. Each care plan stated that the action taken to support the person with their needs was to 'encourage them'. This did not give enough information to enable staff to support this person.

We were also concerned that people's files were not reviewed on a regular basis, which meant that there was a risk that they would not reflect their current needs. One person care records had not been reviewed or updated since October 2012. Another person's care plan was last recorded as being updated in July 2012. The third care plan we saw had been updated in January 2013.

We found that records relating to food and fluids were incomplete for the three people we looked at. Without this informaiton being recorded, there was a risk that people's nutritional needs would not be met

We saw weight records for the three people whose care plans we read .Each person was recorded as losing weight over the last six to eight months. There was no information in the care plans to show what actions were to be taken to address this and meet those peoples nutritional needs.

We also looked at four care plans for people living on the nursing floor of the home and found that these contained sufficient information to be able to support people effectively. There was information that would allow people to be cared for in a person centred way. For example, life histories were included and information such an individual who liked to 'look smart and wear make up'.

We also noted that risk assessments were in place that would give information for example about whether someone was at risk from pressure sores. Three of the four care files that we viewed had been reviewed recently. However the provider might like to note that one of the four files had last been reviewed in November 2012.

**Meeting nutritional needs** ✖ Action needed

**Food and drink should meet people's individual dietary needs**

## Our judgement

The provider was not meeting this standard.

People were not protected from the risks of inadequate nutrition and dehydration because there was insufficient food available at meal time. A number of people using the service were losing weight.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We spent time during our inspection in all areas of the home. We found that people living with dementia, in particular, were not supported appropriately to eat and drink sufficient amounts.

During breakfast, we observed that people were offered toast and cereals and porridge. We saw staff were attentive and made sure people had eaten and drunk at breakfast time. However, we did not observe mid morning drinks being served during the first day of our inspection. This meant that people would not have a drink between breakfast and lunchtime as they were unable to get a drink independently. On the second day of our visit, we were told by the managers from other services that this drinks arrangement had ceased to take place but was now reinstated.

Five relatives of people who used the service told us their views of the food that was served at the home. Examples of the comments people made included "the food is dreadful, sometimes it's sloshy, sometimes it's undercooked, sometimes the cakes are nice, sometimes they are horrible with fat and dye in the middle". Another person told us "my mum has lost a lot of weight since she has been here. Lunch was a value bowl of rice pudding. I never see any fresh fruit. The brochure says there will be fresh fruit but I never see any". Further comments made included "the food is terrible, last week we had burgers that were raw in the middle".

The five relatives we spoke with told us that they had raised their concerns with the manager on "numerous occasions". They said they had not seen any evidence of improvements in the food as a result of the concerns they had raised. This raised concern about the service's ability respond to complaints made about food and nutrition.

We spoke with one registered nurse and five care workers about people's nutritional needs and how they met them. Every member of staff expressed concerns about the quality and the amount of food people were provided with at the home. Five of the staff told us they had repeatedly made their concerns known to the manager that there was frequently insufficient food to feed all of the people who were residing on the dementia unit. One

nurse told us "the importance of nutrition should be central at the home but it is not. Quite often things come up that were not ordered or things that are inadequate. The food they are given is not enough". Five staff told us that recently beef burgers were served to people at the home that were uncooked in the middle.

On the first day of our inspection we observed the lunchtime meal being served to people on the dementia floor. We saw that there was a choice of broccoli cheese or sandwiches with crisps and side salad. We noticed that the portions looked small in size for the people concerned. The staff on duty told us there was often an insufficient quantity of food served to people. They told us they had told the registered manager about this on "numerous occasions". One of the managers from another home run by the provider assisted us on the first day of our inspection. We showed them the quantity of food that was available to people on the dementia floor. For dessert for 29 people there were nine portions of rice pudding and five individual yoghurts provided. The home manager from the other home took immediate action so that people were offered a sufficient quantity of food for their needs.

On the second day of our visit, we noted that improvements had already been made to the quantity of food available for people living in the area of the home for people with dementia. People were now provided with a choice of meal and were encouraged to ask for more if they required it. Staff noticed where people were not eating and offered them an alternative. Staff sat down to support people who required help and offered support and encouragement in a manner suited to the person's needs.

We also observed the evening meal being served to people identified as having nursing care needs. People were offered a choice of chilli con carne or chicken in gravy. Both options were served with two cooked vegetables and mashed potato. We saw a choice of desserts was offered. We saw that the portions people were served were of a suitable size. Two people told us the meal had been "very nice". We also saw that soft and puréed diets were prepared for people who required them. There was also a vegetarian option for people who did not want the two main meal choices.

We saw that the majority of care workers were polite in manner and when needed they sat next to the person to help to make the meal time a dignified experience for people who needed extra support. The people who we observed ate all or most of their meal. We saw one member of staff stand up next to a person they were helping with their meal. This way of assisting someone is a task led way of supporting them. It also fails to enhance the meal time experience for the person being assisted in this way.

We spoke to one of the chefs at the home and discussed people's individual dietary needs. This chef had a good knowledge of the kinds of foods that people in the home required. We looked at the written records of people's dietary needs held by kitchen staff and found that these were out of date and in need of reviewing. This meant there was risk that people would not be provided with the food they required.

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

On the first day of our visit, we were told that a new system had been implemented by the provider in relation to the administration of medicine. This new process was computerised and would minimise the risks of errors.

Appropriate arrangements were in place to ensure medicines were safely administered. We saw that people's medication was stored in individual containers in a secured room within the home. Each medication had a bar code which could be read by a handheld device, used by the nurses in charge and the senior support worker in the area for people with dementia. There were safeguards within the system to ensure that people got their correct medication at the correct times. We saw that when a medication was scanned, a photograph of the individual for whom it was intended, was displayed on the device. The nurses showed us that the system would flag up if it was not the correct time to administer the dose.

The nurses told us that they had received one days training in the use of the system and felt that once it became established, it would be a good way of managing medications. We were told that the system held information about stock levels so that any new stock would automatically be ordered.

Prior to our visit, the provider had sent us a copy of their most recent medication audits from December 2012. The results indicated that the previous system was monitored and was working. The audits looked at issues such how the medications were stored and whether it was recorded if medication was refused or not administered. The scores for each of these audits were all between 90-100%, suggesting that the system was suitable and safe.

During our second visit to the home, we spoke with the managers from other services who were supporting the home and they told us that they had found a number of errors with medications, for example in relation to stock levels. However we were assured that the errors would be rectified and that the new system in place would reduce the potential for errors in the future. The provider might like to note that an investigation of previous errors, may help identify strategies for minimising errors in the future.

**Requirements relating to workers** ✖ Action needed

**People should be cared for by staff who are properly qualified and able to do their job**

## Our judgement

The provider was not meeting this standard.

People were at risk from being supported by staff for whom checks had not been carried out and were therefore potentially unsuitable to be working in the home.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We found that people were at risk of being supported by people who were unsuitable to work at the home.
During our inspection, we looked at the files of the three most recently recruited staff. We saw that references had been sought from previous employers and that background checks had been completed. These three members of staff had relevant care experience.

We spoke with the deputy manager about the recruitment process and we were told that there would be a period of six months probation for new staff, during which time they would receive supervision to monitor their performance. There were policies in place to manage issues relating to performance. There was a 'capability policy' and a 'discipline' policy.

During out inspection, one registered nurse told us a care worker on duty did not have a criminal records bureau (CRB) check carried out on them. We discussed this matter with the two managers from other services. The two home managers concerned had started working at the home in response to our findings after the first day of our inspection. They told us they had begun a review of the recruitment and selection processes to find out if appropriate checks were undertaken. They showed us the recruitment records of the care worker concerned. They did not have a CRB completed before they had started work. There were two verbal references received about the person, one of which identified a concern that could potentially impact on the wellbeing of people using the service which had not been followed up and checked.

The two home managers told us that "so far" they had found four staff were working at the home without suitable employment checks being carried out on them. The two home managers also told us that the CRB check for one member of staff had conveyed they were not suitable to work at the home. There was no evidence that the matters relating to this person's suitability had been discussed and explored with the person concerned to find out if they were suitable to work at the home or not.

On discovering these failings in the recruitment process, immediate action was taken by

the managers to ensure that there were no further risks to people using the service.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

We looked at staffing rotas for two weeks in February and saw that within the area of the home for people with dementia, there was one senior care staff on duty during the day and at night. Three to four care staff were available during the day and two at night. On the nursing floor of the home, one to two nurses worked during the day and one at night. There were four or five care staff during the day and two at night. We saw from additions to the rotas that agency and bank staff were used to covers shifts where necessary.

We spoke with staff on the nursing floor about staffing levels. We were told that there were times when it could be difficult and it was very busy. We were told that mornings in particular could be rushed and that increasing they were supporting people who required two members of staff to meet their needs in certain aspects of their care. One member of staff that we spoke with told us that they were a 'key worker' and that they would regularly go and see the person that they supported to make sure they were ok and "have a chat". Another member of staff told us that staffing levels were "very difficult", with 8-11am being a particularly busy time. This person told us that they "very rarely" get time to sit with people outside of care tasks.

We spoke with people who used the service who gave a mixed picture of how promptly staff were able to attend to them when they called for help. One person commented that they didn't need a lot of attention but "whenever I have asked for help I got it". Another person told us that "they could do with extra staff". This person also told us that staff were "very good", but that in reference to their key worker "I am lucky to see them even if on duty". This suggested that staff had little time to carry out their key working role effectively.

On the second day of our visit, we observed meal times. We saw that there were sufficient numbers of staff on duty to assist people who needed extra support with their nutritional needs. We saw that the staff were calm and unhurried when they were supporting people. This meant that people were able to eat their meal in a relaxed atmosphere.

Overall, during our visit we found that there were sufficient staffing levels to meet people's basic care needs. However, the provider might like to note that additional staffing would allow staff to increase the time they spend with people as well as meeting their immediate care needs.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Care and welfare of people who use services** |
| | **How the regulation was not being met:**<br><br>People using the service were at risk from their care needs not being met because their care files did not contain sufficient information to allow staff to support them fully. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | **Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Meeting nutritional needs** |
| | **How the regulation was not being met:**<br><br>People were not protected from the risks associated with inadequate nutrition. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | **Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Requirements relating to workers** |
| | **How the regulation was not being met:**<br><br>People were at risk from being supported by staff for whom checks had not been carried out and were therefore potentially unsuitable to be working in the home. |

**This section is primarily information for the provider**

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact –** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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