

Raunds Lodge Nursing Home Limited

Raunds Lodge Nursing Home

Inspection report

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Raunds
Wellingborough
Northamptonshire
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Tel: 01933625404

Date of inspection visit:
12 February 2020

Date of publication:
06 April 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Raunds Lodge Nursing Home provides accommodation for older people with physical and dementia care needs. The service can accommodate up to 33 people, at the time of the inspection 32 people were using the service.

People's experience of using this service

Systems and processes that were in place to ensure oversight of the service, did not always effectively identify issues. For example, audits had not always identified the concerns found on the day of inspection. The registered manager implemented changes immediately after the inspection to reduce any potential risks.

People had risk assessments which contained strategies to reduce the potential risk to people, however some people did not have risk assessments in place regarding the use of equipment such as bed rails.

Although the provider had a dependency tool to identify staffing needs this did not cover the service as a whole. People and staff told us there was not always enough staff on duty. The provider increased the staffing levels immediately after the inspection.

People told us they felt safe at Raunds Lodge Nursing Home and they were supported with dignity and respect from staff who knew them well. People and relatives described staff as, patient, kind and caring. People were supported to engage in activities and maintain relationships with friends and family.

Staff had been recruited safely and completed training in line with the provider's policies. Staff told us that their training was excellent.

Medicines had been administered as prescribed. People were supported to access healthcare. Care files contained which professional had been involved and any advice given.

The home was clean and well maintained. People had personalised bedrooms. The provider had an action plan in place for re-decoration.

People were asked for consent; their care plans identified communication needs and preferences. The provider completed a pre-assessment before offering a place at Raunds Lodge Nursing Home to ensure staff could meet the person's needs.

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.

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 good (published 3 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Raunds Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Raunds Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager and care staff.

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

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 good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- People and staff told us they didn't feel there were enough staff on duty. One person said, "I have fallen twice as I try and get up on my own if there is no body about." Another person told us, "It's [Staffing] 50/50 because there are not always enough staff about."
- We saw that people were left waiting for staff to support them to leave their bedrooms for a long period of time.
- Two people told us that they were woken at 4am for continence care, both people had stated they did not want to be woken at this time. The provider was unaware of this being people's wishes and they informed us that if people did not want to be woken up then they would put this into people's care plans and increase their monitoring.
- The service had a dependency tool in place, however it did not cover the whole service and it was still in its infancy.

Following the inspection, the provider increased staffing levels.

Assessing risk, safety monitoring and management

- People were protected against the employment of unsuitable staff. The provider followed safe recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Assessing risk, safety monitoring and management

- Risk assessments were completed and contained strategies to reduce potential harm. However, people who used bedrails did not have comprehensive risk assessments in place. The registered manager completed these the day after inspection.
- We saw that information relating to people who required equipment to support them with skin care was conflicting and incorrect in some folders. The registered manager corrected these immediately.
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire. However, during the inspection a fire alarm went off. All staff convened by the fire panel, leaving people alone in communal areas. This put people at risk of harm. The provider agreed to liaise with the fire officer to agree the safest way to support people in case of fire.

Using medicines safely

- Medicines were managed safely and were administered as prescribed. Medicine administration record's

(MAR) were signed correctly to indicate medicine had been administered. However, when people had been given a 'as required' medicine, staff had not consistently recorded the reason in line with the provider's policies. The registered manager agreed to discuss this with staff immediately.

- Staff responsible for administering people's medicines received appropriate training, which was updated when required and knew what action to take if they made an error.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and procedures in place to protect people from abuse. However, we saw that some communal areas of the home did not have a call bell within reach for people to summon help if required. The registered manager had other call bell installed immediately after our inspection.
- Staff received training on safeguarding adults and understood their responsibilities in reporting any concerns.
- People and relatives told us they felt safe.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available in all areas of the home.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The registered manager reviewed all accident, incidents and falls to identify any themes, or trends to reduce the risk of re-occurrence. Any identified patterns were then discussed with staff.

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 good. At this inspection this key question has now deteriorated 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

- People told us that staff knew them well.
- The times people went to bed at night and got up in the morning was dictated by staffing levels. One person said, "I go to bed when it's my turn. I often get left in the lounge till late." Another person said, "I like to get up and sorted early, so I can spend time with [person's name]. They [staff] sometimes leave me waiting... I get upset as time is precious."
- People's needs were assessed prior to support being offered. Care plans included people's physical and emotional needs, level of independence, social circumstances, their preferences and communication needs.
- Care files evidenced when people or their relatives were involved in assessments and the planning of care required.

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

- We received mixed views regarding food from people. One person told us, "The food could be better, I don't enjoy it." Another person said, "I have a cooked breakfast, the food is very good."
- We saw people being supported to eat by staff who interacted well with them. However, some people had their food put in front of them while they were asleep. This meant the food could be cold before they woke up to eat it.
- People had snacks and drinks offered throughout the day.

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.

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.

- Where people lacked capacity decision specific mental capacity assessments had been completed.

However, not all best interest decisions had the information of who had been involved and what options had been considered. The registered manager agreed to update these immediately.

- The registered manager had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

- People had their bedrooms personalised. On each bedroom door there was a picture of something important to the person.
- The provider had an action plan in place regarding the redecoration of the service.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care plans documented people's healthcare requirements and clearly identified and recorded any involvement with healthcare services.
- People received care from staff that worked closely with the person's GP, district nurse, and the community healthcare teams.
- People and relatives were confident that staff would refer people to health professionals when needed. One person told us, "The doctor comes out to me, and I have a nurse to do my bandages."
- People had their oral healthcare assessed and staff supported people with any oral healthcare needs.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep them up to date with best practice guidelines.
- Staff were confident in their roles and told us their training was excellent. People and relatives thought staff were trained well. One relative told us, "They [Staff] have a lot of training and know how to manage [person] if they become aggressive."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a staff group who knew their needs. A relative told us, "Staff are very tolerant. [Person] relates much better to male carers, so they make this happen. I feel confident [person] is being cared for in the best possible way."
- Care plans included information about the person's history, culture, religion and significant events. This helped staff to know the person and to be able to talk about things that were important to them.
- People and relatives described staff as, patient, kind and caring. One person told us, "The staff are very nice they do try and chat to me." Another person said, "The staff are helpful and kind to me."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people and their relatives to be involved in their care and support. A relative told us, "I feel involved as staff have discussed things with me."
- People's communication needs were documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- There was information on advocacy services should people need this support. An advocate is an independent person who supports people make their views and wishes known. There was no one at the service who required an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care, knocking before entering a bedroom and discussing any personal tasks sensitively. A person told us, "They knock on my door and keep it shut when I am washing." Another person said, "The door is locked when carers are doing something to me, so nobody can come in. I only want female cares, this is respected."
- Information was kept securely, staff were aware of the person's right to privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a named keyworker. Keyworkers were chosen based on staff skills and personality, to ensure people were matched with the most appropriate person for them.
- One person's care plan stated they required assistance from staff using specialised equipment to enable them to eat safely. We observed this support being delivered during our inspection.
- Cultural preferences had been considered and the service supported people to worship their chosen faith with religious leaders visiting the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to follow AIS and would ensure people received information in the way they preferred and required.
- Policies, procedures and other relevant information could be made available to people in the format that met their needs, such as easy read styles, pictures or another language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had an activities co-ordinator who arranged all the activities for people to participate in. People told us they enjoyed the activities when they occurred.
- When the activities co-ordinator was not at work, we saw no evidence of activities being offered. The registered manager explained this was a recording error. The registered manager agreed to ensure staff recorded all activities offered and if they were declined or participated in.
- People's relatives and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal if they wished.

Improving care quality in response to complaints or concerns

- Complaints policy and procedures were in place. People and their relatives told us they knew how to complain.
- We saw records of any complaints received. All complaints made were fully responded to within the timescales specified within the providers policy. Action plans when required were completed and shared with staff to ensure improvements within the service.

End of life care and support

- At the time of our inspection three people using the service were receiving end of life support. Where appropriate people had a 'do not attempt cardiopulmonary resuscitation order' [DNACPR] in place.
- Care plans did not always record the wishes of a person regarding any support leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they wanted played or in their room.
- Staff received training appropriate to their role in end of life care.

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 good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes had not been effective in ensuring risks relating to the health, safety and welfare of people had been effectively monitored and risks mitigated. For example, we found that mattress settings had been recorded incorrectly, and had conflicting information in two different places. Risk assessments for bedrails had not been completed and staffing levels had not been adjusted to meet the needs of people.
- Although there were regular audit checks in place which covered areas of care provision such as medicines, and food and fluid monitoring charts, these were not always effective in identifying issues and completing follow up actions to help ensure the same issues did not occur up again. For example, medicine audits checked for any missed signatures but had not identified when staff had not followed procedures such as documenting the reason for 'as required' medicines.

The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This is a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- The registered manager and management team were supportive of the inspection process and keen to take on board suggestions and feedback offered. They were committed to driving improvements of the service to deliver consistently good outcomes for people. The registered manager implemented changes immediately after inspection to reduce any potential risks.
- Staff told us they felt supported by the management team. One staff member said, "They [managers] are always there if we need them, it is an open door." "Another staff member said, "They [managers] are very supportive, we work as a team and share ideas."

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 management team had developed systems to ensure compliance with duty of candour.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People and relatives had been sent surveys asking for their views about key aspects of the service. The responses received were generally positive.
- Staff told us they felt able to share their views with the management team and were confident action would be taken if they raised concerns or made suggestions. One staff member told us, "I could raise any issue and it would be listened to and acted upon."
- People and staff told us the management team were visible within the service and they could access them if needed. One person said, "They are both [registered manager and deputy manager] on hand to speak to. I feel informed, as I speak to staff and check the notice boards."
- The registered manager arranged regular meetings with staff, relatives and people, to ensure everyone had an opportunity to feedback and ask any questions.

Continuous learning and improving care. Working in partnership with others

- The provider was committed to continuous learning and improvement. The registered manager listened to feedback and made the necessary changes required immediately.
- Staff worked in partnership with other agencies and made appropriate referrals to healthcare professionals and the local authority.
- Staff shared information with people's family and regular health and social care professionals to ensure the service continued to meet people's needs.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to assess, monitor and mitigate risks to people.