

Raunds Lodge Nursing Home Limited

Raunds Lodge Nursing Home

Inspection report

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Wellingborough
Northamptonshire
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Tel: 01933625404

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19 October 2021

21 October 2021

18 November 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Raunds Lodge is a nursing home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used this knowledge to provide people with flexible, responsive support.

Staff promoted people's dignity and privacy and supported people to enjoy food and drink of their choice. Care planning systems were effective. Staffing resources were managed safely and effectively to meet people's needs, despite ongoing national recruitment challenges. Staff recruitment was safe.

Training and supervision provided staff with the knowledge and skills they required to meet people's needs. Staff worked together in a mutually supportive way and communicated effectively with a range of external organisations.

Systems were in place to ensure effective infection prevention and control (IPC). The provider, registered manager and staff team had implemented and maintained additional IPC measures throughout the COVID-19 pandemic to keep people safe. People's medicines were managed safely.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The provider assessed and managed potential risks to people's safety and welfare. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required.

The service was well-led by the registered manager and the provider took a hands-on approach. They were both well respected in their roles. A range of audits were in place to monitor the quality and safety of service provision.

Lessons were learned when things went wrong and any complaints were managed effectively. The registered manager was committed to continuous improvement.

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 (published 6 April 2020) and there was one breach of regulation. 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.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 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.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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.

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

Our inspection was conducted by one inspector and an Expert by Experience who made phone calls to relatives of people living in the service. 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 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. 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

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the local authority contract monitoring team. 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 conducted our inspection between 19 October and 18 November 2021.

During the inspection we spoke with the registered manager, the provider, the administrator, two nurses, a housekeeper, a cook and two members of the care staff team. We also spoke with five people and seven relatives.

We reviewed a range of written and electronic records, including three people's care plans, three staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on shift to respond to people's needs, although we received some mixed feedback about staffing levels.

Some people, relatives and staff told us they thought the service needed more staff whilst others said there were enough staff. For example, one relative said, "I think perhaps sometimes they're short. We seem to see the same staff most of the time."

- Staff told us staffing levels were a concern during COVID-19 as a number of staff had left. During periods of short staffing, the management team provided support and followed their contingency plan to cover short notice sickness and annual leave. Use of regular agency staff supported people receive continuity of care.
- The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "They look after you here." Staff were trained in safeguarding and knew how to protect people from harm and report any concerns about people's well-being to the registered manager. They understood how to safeguard adults and were aware of the different forms abuse can take.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.
- Safeguarding incidents were identified and reported appropriately including to the local authority and CQC. The service kept detailed records of safeguarding incidents including actions taken and who had been notified about these, including family members.

Assessing risk, safety monitoring and management

- Systems were in place which ensured potential risks to people's safety and welfare were assessed and managed by staff, in a person-centred way. One relative told us their relative had a history of falls and reported staff were, "Very careful to make sure there were none." Another relative told us, "The staff are all very good and patient."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures staff followed to keep people safe. Some relatives said their family member's health had improved since moving into the service due to risk-reducing measures such as regular repositioning and food and/or fluid monitoring.
- People had assessments for areas of risk including nutrition, falls, tissue viability and moving and handling. Care staff reviewed these assessments regularly in order to keep people safe.

Using medicines safely

- Medicines were stored and administered safely. Medicine administration records (MAR) were accurately completed, and details around people's specific needs with medicines, were documented and reviewed.
- Staff received training in the safe handling of medicines and their competency was checked on a regular basis. Staff conducted regular medicine audits, following up any issues as required.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had a reflective, open leadership style and encouraged their team to reflect collectively together on any significant incidents.
- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Management reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since our last inspection, the provider had completed a number of improvements to the physical environment of the home, to improve the quality of service provision.
- People's bedrooms were personalised and there was secure outdoor space for people to use. Space to the side of the porch of the service had been developed into a visiting room so people could enjoy meeting with friends and family safely during COVID-19. The registered manager told us how this had a positive impact on everyone, including the people living at Raunds Lodge Nursing home, their families and staff during this difficult time.
- During the inspection, we noted the call bell alarm in the service was very loud, which potentially could impact negatively on both people living in the service and staff. This was discussed with the provider, who said they would look into what could be done to resolve this.

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

- Everyone we spoke with was satisfied with food and drink provision in the service. For example, a person told us, "Generally the food here is very good. My favourite is a cooked breakfast." A relative told us, "My relative eats well."
- Staff were aware of people's individual nutritional requirements and preferences and used this to guide menu planning. However, some staff felt communication and task co-ordination could be improved between the care staff and the kitchen staff, during mealtimes. Do you have an example?
- At lunchtime there were staff available to support people with their meals. Staff checked regularly on people who ate and drank independently to ensure they were managing their meals and to see if they needed anything. Drinks were offered regularly. The food was of good quality and people said they were enjoying it.
- People's nutritional needs were assessed and planned for. If they were at risk of losing weight staff referred people to dietitians and speech and language therapists for specialised support. Where appropriate, staff kept food and fluid charts to monitor people's intake.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by care staff.
- Care plans were regularly reviewed and updated to ensure they reflected people's changing needs and wishes. Care plans showed people were encouraged to make choices about all aspects of their care. Referrals were made to external professionals as necessary.

- The registered manager and provider used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements.

Staff support: induction, training, skills and experience

- Induction and refresher training programmes were in place to provide staff with the knowledge and skills to support people safely and effectively.
- One relative said, "The staff seem to be very competent in the way they do their job." A staff member told us, "We are a good team, we get on really well and support one another."
- The training record was comprehensive and showed a small number of staff who needed to update some areas of training. The registered manager said this would be addressed immediately. Inspectors also signposted the registered manager to information on training for its staff, in line with the new standards on how to support people when they are distressed.

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

- Staff worked collaboratively with external healthcare professionals to ensure people's healthcare needs were met. For example, if people were at risk of skin breakdown staff referred them to the tissue viability nurse.
- Records showed staff sought advice, where necessary, from healthcare specialists and acted on advice given. Treatment plans were followed, and people were monitored to ensure their healthcare needs were met promptly and effectively.
- Staff at the service had developed good working relationships and respected each other's expertise.

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 were satisfied that appropriate legal authority had been obtained in situations where it was necessary to deprive people of their liberty.
- Care staff made use of best interests decision-making processes to support people who had lost capacity to make certain decisions for themselves. These were documented correctly in people's care records.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Continuous learning and improving care

At our last inspection the provider had 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 was a breach of Regulation 17 HSCA RA Regulations 2014 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had taken action to improve quality assurance processes. Systems were in place to monitor and improve the quality of the service. This included care plan reviews, monitoring of falls, hospital admissions, pressure ulcers and the weekly completion of a 'manager's quality data review'.
- People's satisfaction with the service was also reflected in the thank you messages sent to the staff. For example, a relative gave feedback on their relative's progress since moving to Raunds Lodge Nursing Home, "Many thanks from the bottom of my heart, [relative's] acceptance of being in a home has troubled me for some time and we are seeing progress there."
- The registered manager and provider created a positive organisational culture. Staff told us they enjoyed their jobs and were proud to work for the provider. One staff member said, "I enjoy when I go into work, you feel like you have done a good job at the end of the day."
- The registered manager understood and fulfilled their regulatory responsibilities including submitting notifications and other information to the CQC. They were supported by the provider and the administrator. The registered manager told us how approachable and hands on the provider was at Raunds Lodge Nursing Home.
- Relatives told us the registered manager was available and responsive. One relative told us, "[They] are very pleasant, very helpful. [They are] 'on the ball'. Anything I need to know, [they] let me know. They are very approachable as well."

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

- Systems were in place for seeking the views of people who used the service and others. Meetings were held with people where they were asked about their views and input into the service. There was regular

communication with relatives of people, both informing them of what was happening at the service and seeking their feedback.

- People's equality characteristics were fully considered to ensure they achieved good outcomes. These were detailed in care plans. Staff understood equality and diversity to ensure they did not discriminate against people because of differences such as age, disability, religion, sex and sexual orientation.

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 provider understood their legal responsibilities to be open and transparent about when things went wrong. We saw examples which confirmed this. You have said these things elsewhere, so consider removing this bullet point.