

Leong E N T Limited

# Ralphland Care Home

## Inspection report

Ralphs Lane  
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Boston  
Lincolnshire  
PE20 1QU

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30 May 2022

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Website: [www.bostoncarehome.co.uk](http://www.bostoncarehome.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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

Ralphland Care Home is a residential care home providing accommodation and personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

There were organisational governance processes in place to monitor the quality of the service. However, these were not always operated robustly as they did not identify concerns found on inspection.

Risks were not always managed. Environmental and Infection Prevention and Control (IPC) measures were not effective posing additional risks to people.

Nutritional needs were not always documented correctly, with conflicting information. Mealtime practices posed a risk to people who required a modified diet.

Care plans detailed how to support the person to ensure their assessed needs could be met. We found some clear plans required further work to ensure they contained current up to date information to meet people's needs. The provider was in the process of changing their electronic care planning systems.

Safe recruitment systems and processes were in place, with relevant background checks completed. Training was provided for staff to ensure they could carry out their role safely and effectively, any gaps had been identified and addressed by the registered manager.

People and their relatives told us they felt safe. People and staff provided positive feedback on the management of the service. Staff showed a caring approach to how they supported people.

Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people

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](http://www.cqc.org.uk)

### Rating at last inspection and update

The last inspection for this service (published 26 August 2021) was a targeted due to concerns raised regarding contingency planning in the event of an emergency. We found the provider was in breach of regulation 17. This was a targeted inspection and we did not review entire key questions; therefore, we did not review the rating at this inspection. The provider completed an action plan to show what they would do

and by when to improve. At this inspection the provider remains in breach of regulations.

The last rating for this service was requires improvement (published 16 June 2021). The service remains rated requires improvement.

#### Why we inspected

We undertook this inspection to check whether the provider had met the breaches of Regulations 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 and that the Warning Notice we previously served had been met. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ralphland Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, infection control measures and governance processes 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 from 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 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Ralphland Care 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 Health and Social Care Act 2008.

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

The inspection was carried out by two inspectors 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

Ralphland Care Home 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. Ralphland Care Home 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and ten relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers, care workers, the cook and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 our last inspection we rated this key question good. 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.

### Assessing risk, safety monitoring and management

- Risk was not always assessed, managed or monitored.
- We found during the inspection chlorine tablets had been left in a communal corridor. We asked staff why they were left in the corridor, they told us, "We always do that". We addressed this with the registered manager immediately and was informed staff had felt they were supporting the next shift by doing this. No consideration had been taken regarding the risk of leaving chlorine tablets accessible to people, some of which did not have the capacity to ensure their own safety.
- During lunch observations we witnessed people who had been assessed as requiring a pureed diet, staff then poured gravy over the modified meal, posing a risk of choking due to mixed consistencies. This was addressed and it was highlighted more training was required for staff to understand modified diets and choking risks associated with food.
- We found people's prescribed thickening agent used to support people with swallowing difficulties left out on a breakfast trolley unsupervised. Thickener should be stored safely to mitigate the risk of people digesting the items incorrectly, causing a risk of harm.
- People's care plans did not always contain information to keep them safe. For example, we found conflicting information regarding people's nutritional needs and food consistencies. This meant staff did not always have current information regarding people's needs, increasing the risk of choking.

### Preventing and controlling infection

- We found Infection Prevention and Control (IPC) practices were not always effective. We observed staff wearing masks under their nose, this contravenes government guidelines regarding the correct use of personal protective equipment (PPE), which states all masks should be well fitted to cover the nose, mouth and chin.
- We found used lateral flow devices (LFD) left out and not disposed of correctly. Clinical waste bags were not always available and when they were, they were not in a closed top bin to dispose of LFD test appropriately.
- Some areas of the home were unclean, this included communal areas accessed by people. It was established no cleaning staff are in place over the weekend period, furthermore, no cleaning schedule was in place to ensure staff completed cleaning tasks over the weekend. The registered manager was aware of this and recruiting into this position. However no interim action had been taken to ensure cleaning took place. This placed people at risk and impacted on effectiveness of cleaning.

The provider failed to ensure IPC measure were in place and risk was not always managed effectively. This placed people at risk of harm. This is a breach of the regulation 12 (Safe Care and Treatment) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 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 service facilitated visiting in line with national guidelines.

Using medicines safely

- We found medicines were administered in line with peoples prescribed instruction and their preferred way. However, the coded reason a person did not have their prescribed medicine was not always documented correctly. This had been identified and addressed by the manager.
- We reviewed 'as and when required' (PRN) medicines protocols. These were not always clear and descriptive for staff to follow and understand when to administer medicines to people. This was addressed with the manager who following the inspection put protocols into place.
- During observations of administration of medicines, we found staff treated people with privacy and respect, giving people the choice of pain relief if required and making informed decisions for people unable to express their need.

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

- People were safeguarded from the risk of abuse.
- Records showed the registered manager understood their responsibilities to record and report any incidents of a safeguarding nature. We saw evidence of investigations that had taken place and outcomes with actions for staff to improve their practice. For example, concerns were raised regarding staffs understanding of anticoagulants, the registered manager put additional guidance in place for staff and reviewed any people receiving this type of medicine with robust procedures for staff to follow.
- The registered manager had informed the appropriate professional bodies when an incident occurred and took action to prevent reoccurrence. Staff demonstrated their knowledge of when they would report an incident of a safeguarding nature.

Staffing and recruitment

- There were enough staff to meet the needs of people at the service. On the day of the inspection the service was utilising their contingency plan due to low staff levels and found adequate cover.
- Records showed safe recruitment processes in place. These included checking references of suitability and character and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- As detailed in safe risk associated with people's nutritional and hydrational needs had not always been assessed. However, we found no incidents anyone that people had been harmed.
- We observed people regularly being offered drinks throughout the day. At lunch people appeared to enjoy their food with choice was given prior to meal preparation.
- People told us, "The food is very good, and we get lots to drink as well." When we spoke with relatives, they also told us, "The food smells good and looks good." Another relative said, "They [staff] bring drinks and if he says he is dry, they make him a cup of tea, he has a jug of water and they bring fresh ones."

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

- Following the last inspection further work had been done to ensure people's care plans detailed their needs, giving staff clear guidance and information. The registered manager had identified a new electronic care planning system was required to improve the quality of documents. At the time of the inspection they were in the process of changing to the new system.
- Records showed people's needs were assessed and reviewed to ensure people's needs were met. For example, people's preferences regarding personal care were recorded clearly. One person liked to use mouthwash and a specific soap, this was detailed in the care plan, about what the person preferred and what support they needed.

Staff support: induction, training, skills and experience

- Staff demonstrated knowledge and understanding of the people they were supporting. This was corroborated by the services training matrix evidencing staff received training. Where gaps were identified the manager had taken steps to address this with staff.
- During the inspection it had been identified staff had gaps in their knowledge around nutrition, planned training was in place however, the registered manager and provider took steps to put in place interim training to support gaps in knowledge.

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

- Where people required regular healthcare professional input this was in place and supported by the home. Staff took appropriate action when additional emergency or urgent services were needed, when external delays were experienced staff took action to ensure the safety of the person.

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

- Communal spaces had been optimised within the care home, to give people the option of where they would like to spend their time. Signage throughout the home, supported people to be familiar with areas they needed to access.
- Peoples bedrooms had been personalised with their own belongings, one person told us, "I bought all my things from home, it's nice having my photos around me."
- The home had the services of a handyman, meaning repairs and maintenance took place as and when needed, supporting improvement plans within the home.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed people who had a DoLS in place. The provider had made applications for legal authorisation where people needed to be deprived of their liberty. Records showed that the provider had followed up where authorisations had lapsed for the local authority to reassess authorisation.
- Records showed staff were provided with training relating to the MCA. Staff demonstrated a good understanding of the mental capacity act by seeking consent from people before completing care tasks such as giving people medicines.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- The registered manager and staff were caring and kind to people, we witnessed good interactions between staff and people.
- People we spoke to told us staff were, "Extremely nice", we also spoke with a relative who told us, "They [staff] speak nicely to my relative, there is a little bit of banter, they always ask them is there anything else they can do for them."
- A person spoke a different language as well as English, staff had taken time to learn phrases to have meaningful conversations with the person.

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

- During the inspection we observed, and people told us they were given choices about their care. For example, food choices and when administering medicines, time was taken to support and encourage safe administration. This ensured people's health and wellbeing could be maintained.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible. One person told us they used their mobility walker to keep them safe and steady when walking, and it gave them the freedom of movement around the home.
- We were informed of a further example of staff promoting and supporting people's wellbeing and independence by relatives, they said, "They [staff] gave my relative their confidence back and got them to the lounge with others and they were singing with others. I am really grateful to them, it's a lovely home."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Care plans reflected people's needs. However, where people were living with dementia and were distressed, care plans did not always provide staff with clear guidance in how best to support them.
- In contrast we saw robust care plans in place, with clear information for staff regarding people's medical conditions, supporting staff to monitor the person's well-being and take appropriate action when necessary.

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

- On the day of the inspection no activities were taking place due to staffing pressures and redeploying staff to ensure people's needs were met. However, we did see past activities had taken place, the home was decorated for the upcoming platinum jubilee celebrations with planned entertainment.
- People told us they had things to do, they would choose if they wanted to stay in their room or join in with communal activities. Relatives also told us their relatives were supported with activities. For example, we were told, "My relative watches TV, does jigsaws, painting and colouring, there is plenty of that."
- Overall feedback from relatives regarding social activities was positive, but some felt they were not consistent, and they were not always informed of events that were taking place. One relative told us, "They need more inclusive social activities with families, I found out from another relative that they had a singer in."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to identify people's information and communication needs by assessing them. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read.

Improving care quality in response to complaints or concerns

- People living at the home and their relatives told us that they were happy to raise concerns. One relative told us, "I mentioned to the registered manager that my relatives curtains and armchair were looking tatty, they were changed in four days, I was impressed."
- Records showed the registered manager had investigated complaints and responded to people

appropriately.

#### End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms were in place detailing if people wished to be cared for in the care home rather than being admitted to a hospital.
- We found evidence of appropriate care and support in place, including input from medical professionals when people were at the end of their lives.

# 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 requires improvement. The rating for this key question has remained 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We found the provider had met the warning notice requirements and implemented effective contingency planning in the event of an emergency, ensuring people's needs could be met.

We found further improvements were needed with the provider's governance systems to ensure they were embedded, sustained and developed to ensure the quality and safety of the service. This meant not enough improvement had been made at this inspection and the provider was in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found a range of audits in place to monitor the quality and safety of the home. However, some of the audits systems in place had failed to identify the concerns we found as detailed in safe. This meant the registered manager had not always been able to sustain and embed the improvements needed. For example, ensuring people didn't have access to inappropriate objects posing a risk to them.
- We reviewed IPC audits and governance processes and found them to not always be effective. This was evidenced by the failure to identify issues raised at this inspection regarding infection control concerns. Whilst the registered manager had identified additional cleaning staff were required, no interim action had been put into place to ensure IPC measures were effective.
- Additionally, since the last inspection some areas of care planning had improved, whilst high risks associated with people's nutritional needs had not been documented. Further work was needed to develop and embed systems and processes for quality monitoring. During the inspection, the registered manager and provider were responsive to feedback and told us about the actions they had taken to resolve the issues identified.

The provider's failure to develop and sustain systems to monitor and mitigate risks, placed people at risk of avoidable harm and was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Since the last inspection relatives have continued to tell us communication needed to be improved. We

received mixed feedback from relatives. One relative told us, "Since the new Manager there have been no zoom calls, no newsletter, no communication, you have to go there and ask." Another relative commented, "I can go and find the Manager, they do answer our questions and we are satisfied with what they say. We ring every day, we get answers and it appears they are cared for, they don't fob us off."

- Since the last inspection the provider had put in to place effective contingency planning in the event of an emergency. During this inspection due to low staff levels the newly developed contingency plan was utilised and demonstrated it was effective by sufficient staff being sourced and information available to staff to ensure the safe running of the home in the event of low staffing.
- Staff told us they felt supported in their roles and were complimentary of the registered manager. They told us they could raise concerns and felt they were listened to.
- Effective monitoring of incidents in the home and trends analysis had improved. For example, a review of falls which had taken place in the home, identified people who required necessary equipment, we found this was put into place for people.

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

- Documented evidence showed monthly meetings in place, where all members of the management team had the opportunity to discuss the service, share progress and update on areas of improvement.
- The meetings included an overview of complaints, accidents and incidents and any other specific events. Details of events which had occurred, action taken and what lessons were learnt or what working practices required changing to prevent reoccurrence were discussed at meetings.
- The registered manager understood their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Working in partnership with others

- People and relatives were positive about their experience of using the service. For example, one relative told us, "Five stars is all I can give them, so caring and patient. I think it is a genuine caring home." Another relative told us "The manager has changed attitudes; staff seem more professional. We went to meet them; they are very professional and is building on last manager's work."
- Since the last inspection the registered manager and provider have continued to develop and support a positive staff culture. One member of staff told us, "The home is lot more positive; we work as a team. The registered manager is trying to make changes, they are a good influence."
- Effective collaborative working within the senior management team had improved, changes to the management structure had supported a more effective and joint way of working. As a consequence, we saw improvements in the quality of care provided and responsive attitudes from the registered manager and senior management to continue improvement.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure IPC measure were in place and risk was not always managed effectively. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's failure to develop and sustain systems to monitor and mitigate risks, placed people at risk of avoidable harm