

Raunds Lodge Nursing Home Limited

Raunds Lodge Nursing Home

Inspection report

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Tel: 01933625404

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11 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 11 July 2017 and was unannounced.

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 30 people were using the service.

At the last inspection, in August 2015, the service was rated Good. At this inspection we found that the service remained Good.

The 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was not in post at the time of the inspection; however, there was a manager who was in the process of applying to be the registered manager.

People continued to receive safe care. Staff were appropriately recruited and people were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People were treated with respect, kindness and empathy; they had developed positive relationships with the staff that were caring. People had detailed personalised care plans in place which enabled staff to provide consistent care and support in line with people's personal preferences. End of life plans had been sensitively developed; people and their families could be assured that their wishes were followed.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The manager and provider were committed to develop the service and actively looked at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Raunds Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 11th July 2017 and was undertaken by one 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. In this instance our expert-by experience had cared for an older relative and supported them to find an appropriate care setting to live.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in June 2017 and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and also information about the service received from other agencies.

During our inspection we spoke with 12 people who used the service, six members of staff from the care team, the activities co-ordinator, a member of staff from housekeeping, the deputy manager, the manager and provider. We also spoke with seven people's relatives. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at records relating to the care of three people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, staff training information, staff duty rotas and arrangements for managing complaints.

Is the service safe?

Our findings

People were safe. There were risk assessments in place which gave staff clear instructions as to how to keep people safe. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. People told us that they felt safe within the home. One person said "I like being here, it's like home, they're very good to me."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the inspection staff responded to people's care needs in a timely way.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made they had been appropriately investigated.

Medicines were safely managed. The deputy manager monitored the medicines system closely and action had been taken when any shortfalls had been identified. We saw that people received their medicines on time. Staff explained the medicines people were to take and ensured they had sufficient liquid to take their medicines with.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people which included regular fire tests and maintenance checks.

Is the service effective?

Our findings

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and there was a programme in place to ensure all staff received specialist training in areas such as end of life care and dementia care. One person said "The staff know what they are doing; they are all very good to me." A relative said "I can't fault the home, the staff are well-trained."

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. We saw from staff training records that training such as manual handling and safeguarding were regularly refreshed. Staff received regular supervision, which gave them the opportunity to discuss their performance and personal development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider and manager were able to demonstrate they worked within the principles of the MCA and where appropriate DoLS authorisations had been requested.

People were encouraged to make decisions about their care and their day to day routines and preferences. Detailed assessments had been conducted to determine people's ability to make specific decisions.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. There was a variety of meal choices each day. People told us the food was good, one person said "The food is marvellous." Another person said "There is plenty of food; they keep coming round with food and drink."

People had regular access to healthcare professionals and staff sought support from health professionals when needed. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

Is the service caring?

Our findings

People looked happy and relaxed around staff and we observed positive relationships between people and staff. The general atmosphere was friendly and calm. One person said, "The staff are all very nice; they are polite and never rude to you; I feel cared for."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff it was clear they knew people well and understood their individual needs. One relative said, "The staff are helping [relative] to be mobile again."

Staff spoke politely to people and protected people's dignity. We observed they knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. Staff described to us how they maintained people's dignity by covering them up with towels when they were giving personal care and ensuring doors were shut and curtains drawn.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. People told us that their wishes were respected; where appropriate end of life plans had been put in place to ensure people's specific wishes were followed.

If people were unable to make their own decisions and had no relatives to support them the provider had ensured that an advocate would be sought to support them.

Visitors were welcomed throughout the day. One relative said "When my husband was admitted the staff were very welcoming, they gave us a cup of coffee and gave me lunch to have with him."

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Raunds Lodge Nursing Home to ensure that their needs could be met. Individual care plans were developed from the information gathered.

Care plans detailed the care and support people needed which ensured that staff had the information they needed to provide consistent support for people. There was information about people's past lives, hobbies and interests which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

We observed staff were able to respond to someone whose first language was not English. A number of staff spoke different languages which enabled them to communicate with people and share their understanding of people's wishes with other staff. Relatives told us they felt the staff knew their loved one and responded to their needs.

People were encouraged to take part in activities both as part of a group or individually. We observed a number of activities taking place which involved several people. One person said, "I've never done painting before I came here"; they were pleased to show us a portfolio of pictures they had painted. There were opportunities for people to take part in trips out, watch entertainment or to do arts and crafts if they wished. The involvement with activities could be strengthened for those people who spent the majority of their time in their rooms.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. People and relatives told us if they had any concerns they were happy to speak to the manager or the provider who were both available most days.

Is the service well-led?

Our findings

There was a manager was in post at the time of the inspection who was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. There were also regular meetings with the people living in the home and their families which enabled everyone to contribute to the development of the home and address any issues of concern.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

People told us that they felt all the staff were approachable and we saw that both the manager and provider spent time speaking to people. We read a number of positive comments from families which included 'Thank you, nothing was ever too much trouble'; 'Thank you for making us feel welcome.'

The provider had procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. People's experience of the service was captured and acted upon.