

Leong E N T Limited

# Ralphland Care Home

## Inspection report

Ralphs Lane  
Frampton West  
Boston  
Lincolnshire  
PE20 1QU

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Tel: 01205722332

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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ralphland Care Home is a residential care home providing personal care, it can accommodate up to 39 people aged 65 and over. There were 20 people using the service at the time of the inspection.

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

Governance systems and processes were not fully developed and operated effectively. This meant there was a risk possible issues and shortfalls would not be identified and addressed. The nominated individual had recently changed and there was no evidence that they had clear oversight of the service.

Accidents and incidents were recorded by staff. However, reviews of accident and incidents did not always take place in a timely manner which reduced the providers ability to identify trends and patterns and could increase the risk of people experiencing recurrent accidents.

Processes and systems to review the administration of medicines were not always operated effectively. This meant there was an increased risk of shortfalls not being identified. People received their medicines as prescribed, staff were trained to administer medicines.

Staff were not always recruited in line with current legislation. Checks needed to assure the provider of the previous employment history of new employees were not always undertaken.

There were sufficient staff to meet the assessed needs of people living in the service.

People's relatives told us the care they received kept them safe and protected them from harm.

Risks were managed and reduced. For example, one person who was at risk of choking had a professional assessment carried out for swallowing. The recommendations from this assessment were written into the care plan and risk assessment to ensure choking risks were reduced.

Records were kept ensuring people who were at risk of dehydration and skin breakdown received necessary fluids and repositioning.

Infection control procedures were being followed. The staff team were following the latest government guidance regarding COVID-19. The service was clean and free of malodours.

Assessments were carried out and people had care plans which described their assessed needs.

People were supported to access healthcare services and relatives told us they were confident the staff team would ensure their relative received the care they needed.

Staff were provided with the training they required to carry out their roles safely and competently.

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.

Relatives spoke very positively about the leadership of the service and felt assured that their concerns would be listened to and acted upon. All relatives we spoke with told us the service had improved since the previous inspection.

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 rating for this service was inadequate (published 22 May 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

This service has been in Special Measures since October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 and 25 September and 7 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. 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 Ralphland Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance and fit and proper persons employed at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

#### Service and service type

Ralphlands Care 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

We gave the provider 48 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the relatives of six people who used the service about their experience of the care provided. We spoke with eight members of staff including the deputy manager, senior care workers, care workers and the chef. We reviewed a range of records. This included five 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. We spoke with two professionals who regularly visit the service.

# 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 inadequate. At this inspection this key question has now improved 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.

### Recruitment

At our last inspection the provider had failed to assess the risks relating to the safe recruitment of staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- Recruitment records showed the provider had not carried out sufficient checks relating to the previous employment of new staff. Two staff recruitment records did not contain references or evidence relating to interviews being conducted. We spoke with the deputy manager who assured us that references would be obtained without delay.
- Criminal records checks were carried out prior to staff commencing employment.

### Learning lessons when things go wrong

- The provider had a process for ensuring accidents and incidents such as falls were responded to and recorded. Staff were aware of this process and described what they would do if someone fell. One staff member told us, "We would immediately assess the person as they may need to go to hospital. We would make sure they are comfortable and then a senior member of staff would record and report it."
- The provider had a system for reviewing accidents and incidents to ensure trends and patterns could be identified and lessons learned. Records of the reviews were inconsistent and showed they were not carried out every month as required, this placed people at risk from recurrent accidents.
- Care records showed when people fell, medical assistance was sought, and people were referred to specialist falls teams to establish what intervention may be required to reduce the risk of falls in the future.

### Using medicines safely

- Administration of people's prescribed medicines was carried out by staff who had been trained. Records of administration were completed, and staff were observed administering medicines competently.
- Protocols were in place for people who required medicines on an 'as needed' basis. Information about how people take their medicines and known allergies was clear.
- Audits of medicines administration and storage were not always carried out in line with the providers own policy. Records showed monthly audits had not been carried out for four months and weekly checks had only been carried out 10 times since the start of the year. This increased the risk of errors not being identified and addressed in a timely manner.

### Staffing



At our last inspection the provider had failed to ensure safe staffing levels were maintained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider used a dependency calculator to determine how many staff would be needed to meet people's assessed needs.
- Records of rosters showed staffing levels mostly met the number of hours determined by the dependency calculator. We considered the additional staffing pressures associated with the COVID-19 pandemic when reviewing this information.
- People's relatives and staff mostly confirmed that staffing levels were sufficient to meet people's assessed needs. Some people's relatives and staff stated that they thought an additional staff member would improve people's care but didn't feel that staff levels were having a negative impact on people.

Systems and processes to safeguard people from the risk of abuse

- People's relatives consistently told us their relatives were safe living at the service. One relative told us, "Oh yes, we looked after [relative] at home until we couldn't anymore, but at least we know there is someone there for them. [Relative] looks so well. We have been catching up on Facetime and they moved the bed near the window so we could chat to [relative]."
- Records showed and staff confirmed they received training to ensure they could recognise the signs of abuse and could report them confidently. One staff member said, "We have the e-learning training, we learned all the different sorts of abuse, financial and physical and what to do if we suspect someone is being abused. I would go straight to [deputy manager] and tell her if I suspected anything."
- The provider had a safeguarding and whistleblowing policy which had been reviewed recently and staff were aware of this.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from risks associated with their health needs. For example, one person was at risk of choking. They had a professional assessment carried out which described how to avoid choking when eating and drinking. The guidance in the assessment was written into the care plan and risk assessment for staff to follow.
- People who were at risk from dehydration and skin breakdown had assessments carried out by staff to determine what care they would need to reduce risks and keep them safe. Staff kept clear records of fluid intake and when repositioning had been carried out to alleviate pressure and reduce the risk of skin breakdown.
- Staff took action to reduce the risks associated with falls. People had assessments in place and where people used walking aids, the support they required was recorded clearly. Where people had experienced falls, records showed staff sought medical advice and referred people to the specialist falls team.
- People were protected from environmental risks such as fire. The provider had utilised the services of a professionally qualified assessor to carry out a fire risk assessment. Actions identified in the assessment were signed off as completed by the registered manager. Staff received fire training and fire equipment was regularly maintained.

## Preventing and controlling infection

- The staff team were following national guidance in relation to the COVID-19 pandemic. Staff wore personal protective equipment (PPE) throughout the service. The staff took steps to check temperatures of visitors and a designated area had been established for staff and visitors to put on and take off PPE.
- The home appeared clean and was free of any malodours. Regular checks were undertaken to ensure cleanliness and hygiene standards were achieved.
- Records showed staff were provided with training regarding infection control. The registered manager had enrolled some staff on to a higher-level infection control training which was provided by the local college.

# 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 this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made, we have not rated this key question as good; to improve the rating to good would require a longer-term track record of consistent good practice.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant processes and systems were not yet consistent and fully embedded into the service.

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

At our last inspection the provider had failed to provide care to service users that was appropriate and met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Peoples needs were fully assessed, and each person had a care plan which reflected their needs. Since the last inspection the provider had invested in an electronic care planning system which staff told us had improved the quality of care plans. One staff member said, "I do enjoy using [electronic care planning system]. I have put my heart and soul into [electronic care planning system] it is so much easier now."
- Care plans included information about people's preferences and wishes. For example, one person had expressed their wishes regarding the end of their life and how they wanted this to be. Other people had described their personal interests and hobbies and their favourite choice of food and drink.
- Peoples wishes regarding personal care were recorded clearly, for example one person preferred a bath rather than shower. Information was recorded in the care plan about how the person liked to have a bath and what support they needed to achieve their wishes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received appropriate support training or professional development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Records showed and staff confirmed they received an induction and ongoing training to ensure they were competent in their roles. One staff member said, "Yes. I was shown round had four shadow shifts. I am more confident after doing my moving and handling training. I would not do the job without training."
- Staff were provided with service specific training so they could meet the individual needs of people living in the service. One staff member said, "I think we are getting a lot of training; I've done dementia training. We are doing regular infection control training which is enhanced to level two. Training has much improved"

since the last inspection. I asked for resuscitation training and was given it."

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

- At the previous inspection we found people were at risk of dehydration due to poor record keeping and information regarding fluid intake. At this inspection we found the staff culture around promoting fluids was much improved. Records confirmed that people were regularly offered drinks and records were kept demonstrating how much people drank.
- People's relatives confirmed to us their relatives were provided with food and drink to maintain a balanced diet. One relative told us, "[Relative] is very pleased with the food, she lost weight when she was ill but has put it all back on, they [staff] keep me up to date with her weight." Another relative said, "Whenever you go, people have a drink next to them."
- People were supported to eat their lunch by attentive staff. They were offered choices of main courses and deserts and had pictorial menus showing what food choices were on offer."

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

- Records showed people were supported to access a range of healthcare services. For example, one person required two-hour repositioning during the night-time to alleviate pressure and reduce the risk of pressure damage. The person had expressed discomfort and records showed staff consulted with the district nurse to seek professional advice about this. Following the advice of the district nurse changes were made to the frequency of repositioning which improved the persons quality of life.
- People's relatives told us they were kept informed of changes to people's health and were confident staff would contact health professionals if their relative was ill.
- During the COVID-19 pandemic, the managers and staff team were taking part in a pilot scheme where they were provided with equipment and technology to enable staff to record people's temperatures and blood pressures which would be sent directly to the GP. GP visits were also being carried out remotely using technology.

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

At our last inspection the provider had failed to ensure the premises were suitable for the purpose in which they were being used. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements had been made to the configuration of the communal spaces in the service. This meant people were able to interact with each other in a more meaningful way.
- The registered manager and staff team had begun to make improvements to signage around the service so people living with dementia would find it easier to navigate their way around the building.
- Concerns we identified at the previous inspection relating to the safety of electrical wiring in the service were rectified following our last inspection. The provider furnished us with the relevant certification to confirm the electrical wiring met safety standards.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people consented to their care or follow the Mental Capacity Act 2005 for those who were unable to consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans included clear information about people's capacity to make decisions. Capacity assessments were carried out and where people lacked capacity there was evidence of best interests' meetings taking place. Where people had a lasting power of attorney acting on their behalf this was recorded.
- Where people were being deprived of their liberty authorisations were in place with the relevant legal authority.
- Records showed and staff confirmed they were provided with training relating to the MCA. Staff demonstrated a good understanding of what The Act meant in practice.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Systems and processes to ensure governance were not fully developed and embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have systems in place to effectively assess, monitor and improve the quality and safety of the service and mitigate risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since the last inspection the provider had recruited a new registered manager and appointed a nominated individual, a nominated individual is someone who has responsibility for supervising the management of the regulated activity. The nominated individual had since left the organisation and the provider is now the nominated individual. Records showed the previous nominated individual had begun work to develop a governance framework and was undertaking regular visits to the service. Since they have left, the development of the governance framework has ceased and there was no evidence to demonstrate how the provider was monitoring safety and quality across the service to drive improvements.
- The registered manager had developed some systems to ensure the safety and quality of the service was being monitored, but this was inconsistent. For example, audits and checks of infection control were being carried out by the housekeeping staff, but there was no evidence of the registered manager validating this. Audits of medicines were not consistent and did not take place regularly. Analysis of accidents and incidents were taking place, but not consistently each month. This meant there was a continued risk of lessons not being learned.
- The lack of a clear governance framework meant that some processes had not yet been developed. We identified a continuing breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was directly attributable to the fact that a process had not been developed to regularly check recruitment records.
- Systems and processes to track and record staff supervision and DoLS applications had not been developed. This meant there was an increased risk that staff would not be supervised regularly and that renewals for DoLS applications would not be made in a timely manner.

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

- People's relatives told us they attended residents and relatives' meetings and were able to make suggestions about the service. However, most relatives told us the provider had not sent them satisfaction surveys to ask them formally about their opinions of the quality of the service. Relatives we spoke with felt

this would be a good idea and would welcome this.

- Staff told us they felt supported in their roles and were treated as individuals, they complimentary of the management team. They told us team meetings took place regularly and they were listened to.
- Records showed staff were consulted about their views. However, there was no evidence of how their views had been listened to or addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Peoples relatives consistently told us the service had improved since the last inspection. One theme which emerged was around the improvement of person centeredness in the service. One relative said, "They have created more of a homely atmosphere, [my relative] loves it [the registered manager] has really sorted things out. The staff at Ralphland have really pulled her round and I feel I gave got [my relative] back."
- Relatives gave praise to the way the staff team had enabled them to keep in touch with family members during the COVID-19 pandemic. We were told how the staff team used technology and facilitated visits through the window, so people could keep in touch. One relative told us, "They [staff] did a great job of explaining about COVID-19 to [my relative] staff had sat down and explained everything."
- Staff confirmed to us that changes made since the last inspection had resulted in better outcomes for people. One staff member said, "[The registered manager] is more person centred, not institutionalised, a lot better in that way. She is all about the person. She treats people as individuals, people can have whatever they want when they want. She has made a positive impact."

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

- Since the last inspection the registered manager has developed an open culture and has actively sought to engage with the Commission and notify us about events that the provider is required to by law.
- Relatives consistently confirmed that incidents such as falls, and ill health are reported to them immediately and without delay.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure appropriate recruitment checks were undertaken for staff.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not fully developed and embedded systems to effectively assess, monitor and improve the quality and safety of the service and mitigate risk.

### **The enforcement action we took:**

Impose a condition on the registration which requires the provider to furnish the commission with a clear process for auditing the service and confirmation each month that the audits have been completed.