

MPS Care Homes Limited

Lound Hall

Inspection report

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Lound
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30 March 2016

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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

Lound Hall provides accommodation, nursing and personal care for up to 30 people with or without dementia. On the day of our inspection 20 people were using the service. The service is provided across three floors; with a passenger lift connecting the floors

The service did not 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. The Regional Manager told us that a new manager had just been recruited for the service and would be starting soon.

We carried out an unannounced comprehensive inspection of this service on 1 July 2015. Four breaches of the legal requirements were found. This was because the provider had not always ensured there were sufficient numbers of staff available to meet people's needs and these staff did not receive all of the training and support required. Where people lacked the capacity to provide consent their rights were not protected. Additionally, records and systems were not being used effectively to check on the quality of the service and ensure that people had received the care they needed.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. We undertook this focused inspection on the 30 March 2016 to check that they had followed their plan and to confirm that they had now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lound Hall Care Home on our website at www.cqc.org.uk

At the focused inspection on the 30 March we found the provider had followed all parts of their plan which they had told us they would completed. All parts of the legal requirements had therefore been met.

There were sufficient staff to keep people safe. Peoples care needs had been assessed and the staffing had been planned to enable these needs to be met. People were supported by staff who had received the training and supervision they needed to support people effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The principles of the MCA were being applied appropriately when decisions were made for people living at Lound Hall. Although no applications to the relevant authorising body had been made, staff aware of their requirements to ensure that people's freedom was not unnecessarily restricted.

Records of the care provided to people were being maintained and the systems that the provider had to check on the quality of the service were being used. Any deficiencies that were identified were being addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service people received.

There were sufficient staff on duty to meet people's planned care needs and keep them safe

We could not improve the rating for safe from requires improvement because sufficient improvements had not been made. We will check this again during our next inspection.

Requires Improvement ●

Is the service effective?

We found that action had been taken make the service people received more effective.

People were supported by staff who had the knowledge and skills to carry out their role effectively.

People gave their consent to decisions about their care. The principles of the MCA were used to determine people's ability to make their own decisions Applications for Deprivation of Liberty Safeguards were still to be made.

We could not improve the rating for effective from requires improvement because sufficient improvements had not been made. We will check this again during our next inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the leadership of the service people received.

There was a process in place to check on the quality of the service and also to check that any improvements made were sustained.

We could not improve the rating for well led from requires improvement because sufficient improvements had not been made. We will check this again during our next inspection.

Requires Improvement ●

Lound Hall

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Lound Hall on 30 March 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 1 July 2015 had been made. We inspected the service against three of the five questions we ask about services: is the service safe? Is the service effective? and is the service well led? This is because the service was not meeting the legal requirements in relation to these questions when we visited in July 2015.

The inspection 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.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements following the last inspection.

During our inspection we spoke with seven people who were using the service, two visitors, and three visiting healthcare professionals. We also spoke with seven members of the staff team and the Area Manager.

We looked at the care records of four people who used the service, as well as a range of records relating to the running of the service including the quality audits carried out at the service.

Is the service safe?

Our findings

At our comprehensive inspection of Lound Hall on the 1 July 2015 we found that people were at risk because the registered person had not employed and had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had followed their action plan and improvements had been made. There were sufficient staff on duty to keep people safe and meet their needs.

People we spoke with told us they felt there were enough staff to keep them safe. One person told us, "There are usually enough staff and they are lovely and helpful." Another person said, "I feel safe, I can hear people around and it is perfect how they help me." We were also told by several people that staff were usually available when they needed assistance. Visitors we spoke with had been concerned about changes in the staff team, but told us how they could always find someone to speak to if they needed anything. We spoke with visiting healthcare professionals who told us that overall they felt there were always sufficient care staff on duty at Lound Hall.

Staff we spoke with told us that they would like to have more time to spend with people but were aware of the need to balance the budget, reiterating to us that there were enough staff to keep people safe and meet their needs. One staff member told us how, with new staff starting, there was a 'bigger pool' to draw from to cover absences which was reducing the use of agency staff. This meant that there was greater consistency in the staff on duty. The staff worked as a team to cover absences and ensure that there were sufficient staff available. The Area Manager told us that the manager that had recently been appointed was a registered nurse, and when they were in post, this would reduce the demands on the nurse on duty.

On the day of our inspection, people received their care in a timely way. They had been able to rise when they wished and call bells were answered quickly when they were sounded. The Area Manager showed us how they identified the number of staff that were required, based on people's assessed dependency levels. The duty rota showed that the identified number of staff were on duty on the day of our inspection and the records showed that this was planned in future weeks and had been the case in other weeks previously.

There were some remaining vacancies within the staff team, and recruitment for these posts was on-going. While there were sufficient staff available to meet the needs of those living at Lound Hall at the time of our inspection, if the home became fully occupied there would be pressure on the staff team if vacancies were not filled. The Area Manager told us how the location of the home was a factor in being able to attract staff and gave examples of how they were trying to mitigate this. For example, one staff member had been transferred from another nearby home run by the provider to enable consistency while these posts were filled.

Is the service effective?

Our findings

At our comprehensive inspection of Lound Hall on the 1 July 2015 we found that the registered person had not provided staff with appropriate support, training, professional development, supervision and appraisal. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had followed their action plan and improvements had been made. People were supported by staff who were provided with the skills and support they needed.

One person told us, "The staff seem to know what they are doing." Another person told us, "The lasses are perfect." People also told us how they had more confidence in the longer standing members of the team who had got to know them well. Visitors we spoke with confirmed that they felt the staff had the skills the required – a view which was also shared by the visiting healthcare professionals we spoke with.

The staff we spoke with told us they had, "loads of good support and training." Team members in 'non-care roles' told us that were also undertaking the training that care staff completed in order that they could develop their skills at work and provide support to people when they needed to. One member of staff told us about three courses that they had been on and how this had introduced them to updated practices and changed the ways that they undertook their duties.

We heard from the Area Manager that the role of a 'lead' had been introduced for areas such as moving and handling, pressure areas, diabetes, and continence. This enabled staff to attend training initiatives in the area, link with community practitioners and then share best practice with each other informally. Staff we spoke with were enthusiastic about this initiative which was being embraced by newer and longer standing team members alike.

The Area Manager also shared with us the training matrix that they used to ensure that staff received the training they needed, and that plans were being made to ensure any courses still required were booked and completed. A mix of distance learning and taught courses was being used. New staff were provided with a comprehensive induction comprising of shadowing experienced colleagues as well as completing various training courses to ensure that they were confident and competent to deliver care to people alone.

The staff we spoke with felt well supported. They told us they had recently begun receiving supervision and appraisal of their work. The records we looked at confirmed this. The views of staff we spoke with accorded with the area member telling us how they, and other members of the provider's leadership team, made an increased number of visits to Lound Hall to support the team in the absence of a registered manager.

At our comprehensive inspection of Lound Hall on the 1 July 2015 we found that the registered person had not acted in accordance with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. During this inspection we found that the provider had followed their action plan and improvements had been made. People we spoke with told us, "It's quite free here, if you want to go out for a walk, you just tell them (the staff)."

Staff had an understanding of the MCA and DoLS and could explain how this related to the support that they gave. One staff member told us, "The MCA is not just about the big decisions people make, it is about the day to day things too, like whether someone wants to shave or eat." Another staff member said, "MCA is about making sure people have their needs met in the way that they want them met; if they can't make choices then decisions can be made that are in their best interest."

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. We saw that people's capacity to make their own decisions relating to each aspect of their care plan had been assessed and recorded in people's support plans. Staff told us that they found these helpful if they were ever in doubt and could access them easily to check if they needed to.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. A member of staff told us, "DoLS is where we make sure we don't stop people doing what they want to; and went on to tell us how they promoted several people's choice and independence. The Area Manager told us that there were no DoLS in place as people were able to go wherever they wanted to and the garden had been made secure to enable this. However there was a risk that people were being restricted if they wanted to go outside of the premises alone. We raised this with the Area Manager and they agreed they would take action and make any applications needed to the authorising body. When we asked people and their relatives whether they felt their or their relative's freedom was restricted they told us it was not.

Is the service well-led?

Our findings

At our comprehensive inspection of Lound Hall on the 1 July 2015 we found that the registered person had not properly assessed, monitored and improved the quality and safety of the services provided. In addition, the registered person had not securely maintained an accurate, complete and contemporaneous record in respect of each service user. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had followed their action plan and improvements had been made. The service provided was being monitored and steps were taken to address deficiencies identified. Records were kept of the care provided to each person.

There was no registered manager in post at the time of our inspection. The Area Manager told us that someone had just been appointed and was hoping to confirm their start date imminently. Accordingly the people we spoke with were not aware who the manager was. While family members told us that they knew who the Area Manager was and confirmed that, "They always seemed polite when they see us," we also heard from families that they did not always feel informed about what was happening at the service.

Staff told us that they were confident that they could raise any issues or seek advice if they needed to. One staff member told us, "We are a good team, we'll work together and sort out and problems while we are without a manager." Another staff member we spoke with explained, "It is not hard to get support, there is always someone to go to like a nurse or the Area Manager."

We saw that dates had been set throughout 2016 for meetings of those living at Lound Hall, the staff team and relatives so that clear and consistent messages could be delivered to each group. The quality audit system that the provider had in place was being used and this was identifying things that needed to be improved. This covered areas such as the kitchen, medicines and infection control. We saw that where a shortfall had been identified by the audit action was taken to resolve the issue. For example, the infection control audit had identified shortfalls in the condition of the bathroom tiling and shower room flooring, both of which had been replaced. Copies of care plan audits were in people's care planning files, which identified aspects that were in need of further work so that these could be addressed.

We saw that people's care plans had been updated, and that day to day care planning records were being maintained by staff so that they could ensure that people were receiving the care and support that they needed. Each person's care record was kept separately, and the files used to make daily records were kept together in the dining room, where staff came to update them. People's support plan files were kept in a lockable cabinet in the main entrance lobby, from where they were taken, used and returned as needed. However, there was a risk that visitors to the home could have access to people's personal information if they came to the desk while the files were being used.