Risedale Estates Limited

Risedale at Lonsdale Nursing Home

Inspection report

Risedale at Lonsdale, Albert Street
Barrow In Furness, Cumbria LA14 2JB
Tel: 01229 870050
Website: www.risedale-carehomes.co.uk

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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We carried out this unannounced inspection on 27 November 2014. We last inspected this service on 19 November 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Risedale at Lonsdale Nursing Home provides accommodation for up to 42 people who need personal and nursing care. The home is close to the centre of Barrow-in-Furness and shares a site with Risedale at St Georges Nursing Home. Accommodation is provided on two floors and there is a passenger lift to help people to access the first floor. The home has a range of equipment suitable to meet the needs of people living there. The home mainly provides support to older people. There were 38 people living in the home when we carried out this inspection.

There was a new manager employed at the home and they had applied to be the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 new manager had previously been the registered manager at another home carried on by the provider and had extensive experience of managing a residential service for older people.

We found that some aspects of the service were not responsive to people's needs. Care was not always planned and delivered in a way that met people's needs and ensured their welfare. Some information in people's care records was inaccurate, this meant care staff did not always have accurate information about how to support people. We also found that action was not always taken promptly when a person's needs changed.

Everyone we spoke with told us people were safe and well cared for in this home. People knew how they could raise a concern about their safety or the quality of the service they received.

There were enough staff to provide the support that people needed. People received their care from staff who they knew and who knew how they wanted to be supported.

People were included in decisions about their care. The staff knew how people communicated and gave people the time they needed to make choices about their lives and to communicate their decisions.

The staff spent time with people and understood that this was an essential part of their role. The staff were trained and supported to provide people with the care they required.

People were provided with meals and drinks that they enjoyed. People who required support to eat or drink received this is a patient and kind way.

The manager of the home was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

The atmosphere in the home was open and inclusive. People who lived there and their visitors were asked for their views and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care had not always been planned and delivered in a way that met people's needs or ensured their welfare. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was safe. People were protected against abuse because the staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

There were enough staff to provide the support people needed. Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

Is the service effective?

Good

The service was effective. Staff were trained to ensure that they had the skills and knowledge to provide the support individuals needed.

People's rights were protected. Their agreement was sought before they were provided with care and the Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People were provided with meals and drinks that they enjoyed. Where people needed support to eat or to drink this was provided.

Is the service caring?

Good

The service was caring. People received the support they needed from staff who they knew and who treated them with kindness and respect.

The staff spent time with people and understood that this was an essential part of caring for people.

People were included in decisions about their care and their lives. The staff supported people to maintain their independence and protected their privacy and dignity.

Is the service responsive?

Requires Improvement

Some aspects of this service were not responsive to people's needs. Care was not always planned and delivered in a way that met people's needs and ensured their welfare. Some information in people's care records was not accurate and action was not always taken promptly when a person's needs changed.

There were no restrictions on when people could receive their visitors. People could see their families and friends when they wanted to and could maintain relationships that were important to them.

Summary of findings

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Is the service well-led?

Good

This service was well-led. The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

There was a manager employed. The manager had applied to the Care Quality Commission to be registered.

The manager and registered provider were open to feedback about the service and took prompt action to address areas which required improvement.

Risedale at Lonsdale 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 inspection took place on 27 November 2014 and was unannounced. The inspection was carried out by two inspectors. During our inspection we spoke with 22 people who lived in the home, five visitors, five care staff, two ancillary staff, three nurses and the manager. We observed care and support in communal areas, spoke to people in private and looked at the care records for ten people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at records that related to how the home was managed.

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. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local authority and local health care providers to obtain their views of the home.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe living in this home. People told us that they would speak to a member of staff if they had any concerns about their safety or about how the staff treated them. People who lived in the home and the visitors we spoke with told us that they had never heard or seen anything that concerned them and said that all the staff treated people well.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. They all said that they had never had any concerns about how people were cared for or protected from harm in the home. They showed that they understood their responsibility to ensure people were protected from abuse. One staff member told us, "If I saw or heard anything I'd speak to the staff member myself and tell them to stop and I'd report it to the nurse on duty or to the manager".

We saw that risks to people's safety had been assessed and measures had been put in place to reduce the identified risk. For example, some people had been assessed as being at risk of developing pressure areas. We saw their personal records showed how their care had been planned to reduce the risk of them developing a pressure area. One person told us that they had been advised that they needed to spend some time each day in bed. They said they had been told this was necessary to protect their skin and to reduce the risk of their skin breaking down. The risk had been discussed with them and they had been included in agreeing to the planned care to manage the risk.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow including in the event of a fire or of the lift breaking down while a person was using it. The staff we spoke with told us that they had regular training in the actions they needed to take if there was a fire. This meant the staff knew how to protect people if there was an emergency in the home.

All the staff told us that they had to complete training before they were allowed to use equipment to assist people. We observed two staff using a piece of equipment to assist a person to move into their bedroom. We saw that they did this safely and explained to the person what they were doing. The staff were patient and ensured the person was comfortable and safe while they were being moved.

We saw records that showed that the equipment in the home was serviced and maintained regularly to ensure that it was safe to use. The training given to staff and the regular maintenance of equipment ensured that people who lived in the home were protected against the unsafe use of equipment.

People told us that there were enough staff to provide the support they required when they needed it. We observed that, when people used their call bells to request for staff to attend to them, the bells were answered promptly. People who were being cared for in bed had their call bells where they could reach them and told us that the staff always responded quickly if they used the call bell. They told us that the staff "always" checked that the call bell was within their reach when they were in bed. This meant that the staff ensured people who were in bed were able to request assistance when they needed it.

All the staff we spoke with told us that there were enough staff to meet people's needs. They said they were able to provide people with the care they required because there were enough staff employed in the home. The home provided nursing care and there were qualified nurses on duty at all times to ensure people received the support they needed.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service. New staff had to provide evidence of their previous employment and good character before they were offered employment in the home. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work with vulnerable people.

People told us that they received their medicines when they needed them. We looked at how medicines were stored and handled in the home. We saw that medication was stored securely to prevent it being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. People received their medicines as they had been prescribed by their doctor.

Good

Is the service effective?

Our findings

All the people we spoke with said that the staff in the home knew the support they needed and provided this. They told us that the staff had the skills and knowledge to provide the care they required. One person told us, "The staff know me and the help I need, they are all very good and they do what I ask".

All the staff we spoke with told us that they received good training to ensure that they were able to provide the support people required. They told us that new staff completed thorough induction training before they started working in the home. The staff told us that they felt confident that the training they received gave them the skills and knowledge to provide the support people required. One staff member told us, "There's lots of training, we have mandatory training that we have to do and have to keep updated, and then there are extra courses we go on, for example if someone has a particular need". All the staff said they felt well supported by the manager and registered provider. They said they had formal supervision meetings where their practice was discussed and where they could raise any concerns.

People told us that they agreed to the support they received in the home. Some people had signed their care plans to show that they had agreed to them. People told us the staff in the home asked for their agreement before providing care and we observed this taking place throughout our inspection.

We saw that people were supported to make choices about aspects of their daily lives such as the meals they had, where they spent their time and the activities they followed. Some people were not able to make major decisions about their lives. We saw that most people had chosen a friend or relative who would support them when important decisions needed to be made. One person did not have the support of friends or relatives to help them to make decisions or to express their wishes about their care. We saw that they had been supported by an Independent Mental Capacity Advocate, (IMCA). An IMCA is a person who is not connected with the home but who is trained to support people who are not able to make major decisions themselves and who have no family or friends to represent them. The IMCA's role is to ensure that a person's rights are protected when major decisions have to be taken.

We saw that the staff knew the people they were supporting and knew how they communicated their choices and wishes. Throughout our inspection we saw that the staff gave people the time they needed to consider choices and to express their decisions.

The manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). They showed that they knew how to follow the Mental Capacity Act Code of Practice to ensure that the rights of people who could not make their own decisions were protected. One person had a DoLS in place when they had moved into the home. The DoLS had been agreed in order to protect the person and to ensure that any restrictions that were in place ensured their safety and wellbeing. The manager was aware of why the DoLS had been authorised and of how they needed to protect the individual's rights.

People who lived in the home told us that they enjoyed the meals provided. People said they had a choice of meals and that they could have a hot or cold drink whenever they wanted one. They said they could choose whether to eat in one of the communal areas in the home or in their own rooms. Some people required specialist equipment to support them to eat independently. We saw that the staff knew the equipment people needed and ensured this was provided promptly when they needed it. Some people needed support from staff to eat. We saw that this was provided in a patient and discreet way. People received the assistance they needed to eat and to drink.

People told us that they received support from a range of health care services such as their doctor, chiropodist and optician. Everyone we spoke with said that the staff assisted them to contact their doctor if they were unwell. One person told us "I haven't needed to see my doctor for a bit, but the staff keep an eye on me and send for the doctor if I ask them to".

Good

Is the service caring?

Our findings

Everyone we spoke with told us that people were well cared for in this home. People who lived in the home said the staff provided the support they needed and treated them with "kindness and respect". They told us the staff were caring and one person said, "All the staff are nice, there isn't one who isn't".

We saw that the staff spent time with people and understood that this was an essential part of their role. One staff member told us, "People need my time as well as my care". The staff gave people time to communicate their wishes and were gentle and patient when supporting individuals. The staff knew the support people needed to be able to make decisions about their care. They gave people choices and explanations about their support in a way that they could understand. We saw that people were given choices about their care throughout our inspection.

Some people who lived in the home were supported by a friend or relative when they needed to make decisions about their care. We saw that people had been asked if there was someone they wanted to be included in supporting them to make decisions and this was recorded in their personal records. Some people did not have family or friends who could support them. The home had links to a local advocacy service that could assist people in making and communicating decisions about their lives. An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

People told us that they were happy living in this home. They said they knew the staff and told us that this was important to them. One person told us, "It's nice to see the same faces and to know who is coming into your room. There are a few staff who are my favourites, but they are all nice and very pleasant". People told us that the staff were considerate and looked after them well. They said that the staff identified if they felt unwell and responded to this. One person told us, "To me, caring is when the staff see I'm not feeling well and take time to look after me, I know I'll never be left alone worrying".

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. One person told us, "I like to be independent, I need help with some things, but I do what I can for myself and the staff know that and let me". We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence.

The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care. When staff were using equipment to assist people, we saw that they ensured the person's clothing was arranged properly to protect their dignity.

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity.

Requires Improvement

Is the service responsive?

Our findings

Some aspects of this service were not responsive to people's needs. Care was not always planned and delivered in a way that met people's needs and ensured their welfare. One person had not been referred to specialist support services when their needs changed and some people's care records did not show that their needs had been properly assessed. We also found that there was inaccurate information in some people's care records. This meant staff did not always have accurate information about how to support people to ensure their needs were met.

We looked at the care records for one person who was at high risk due to having complex needs around eating and drinking. We saw that this risk had been identified when they had moved into the home and they had been referred to a dietician to support them. The person's care records showed that their food and fluid intake were being monitored and recorded. They were also weighed regularly to check if they were losing weight. The person's care records showed that they had lost a significant amount of weight over one month. Their care plan had been changed so that their weight was monitored more frequently but there was no evidence of any additional support that been planned or provided in response to the rapid weight loss. Advice had been taken from the dietician when the person had first moved to the home and again before the significant weight loss. However the dietician and the person's GP had not been contacted for advice when the significant weight loss was identified.

The registered provider had tools to assess if people were at risk of falling, of malnutrition and of developing pressure areas. The assessment tools asked a number of questions about the person and their health and gave a score that showed the level of risk. This was then used to develop a plan of care for the person to reduce the identified risk. One person's initial assessment stated that they were at risk from falling, as they had suffered a number of falls before they moved into the home. However the assessment around the risk of them falling stated that they had "No previous history of falls". This meant that it was inaccurate. Another person had been assessed around their risk of developing a pressure area. We saw that one area of their needs assessments identified that they could be at risk due to their skin being very thin. However, the assessment around the risk of them developing a pressure area did not include this information. This meant the assessments, which were used to develop care plans to protect the individuals, were not accurate.

Some people had rails attached to the sides of their beds to reduce the risk of them falling out of bed and injuring themselves. Although there were risk assessments in place around the use of the bed rails, we saw that some of these were not specific to the person and some were not completed fully. The risk assessments were not centred on the person, their needs or their preferences. The registered provider could not show that the bedrails were used to ensure the individuals' safety and welfare.

This evidence demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that people and their families had been included in developing their care plans. Some people had signed their own care records to show that they agreed to them. However, we saw that some care records had been signed by a person's relative, but there was no explanation for why the individual had not signed their own care records.

People told us that they received the care they needed at the time they needed it. They said the staff knew their preferences about how they wanted to be supported. One person told us, "I have to rest in bed for part of each day, I like to watch my television and do my puzzles. The staff make sure I have the TV remote and that my books are where I can reach them."

Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One person told us, "We visit anytime, there's never been a problem". People were able to maintain the relationships that were important to them.

No one that we spoke with raised any concerns about the support they or their relatives received. People told us they knew how they could make a complaint but said they had never needed to do so. One person told us, "I don't have any complaints about the staff or the home". People told us that if they had any concerns they would speak to the

Requires Improvement

Is the service responsive?

manager, a member of the care staff or to the senior nurse on duty. A visitor told us that they had raised a concern with a member of the nursing staff and said this had been dealt with immediately and to their satisfaction.

The registered provider had a procedure to receive and respond to complaints. We saw that a copy of the complaints procedure was displayed in the entrance to the home. People could speak to the manager of the home or refer a complaint to the Director of Nursing. This meant that people could raise concerns with a senior person in the organisation who was not directly responsible for managing the home.

Good

Is the service well-led?

Our findings

People told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. We saw records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said the staff in the home asked for their views and took action in response to their comments. One person told us, "They, [staff], ask if there's anything I want them to change, but there's nothing I can think of that they need to do differently for me, I'm very happy".

People who lived in the home and their families had also been asked to complete a questionnaire to share their views about the home and the care provided. The completed questionnaires that we saw were all positive about the service provided. The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

The atmosphere in the home was friendly and inclusive. We saw that the staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff on duty and people who lived in the home. One person told us, "The staff always take the time to chat to us, they're like friends or family really". Another person told us that living at the home was "The next best thing to being at home".

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the manager and registered provider and said that they enjoyed working in the home. One member of staff told us, "There's lots of support here, there is always someone we can speak to if we need advice" and another staff member said, "I love my job, I come to work knowing I can do my job properly and give people the good care they have a right to expect".

The staff said they were confident that people were well cared for in the home. They said they had never identified a concern about the behaviour or performance of any other staff member. They said they were encouraged to report any concerns and were confident that action would be taken if they did so. One staff member told us, "I've never had any concerns, but I'd speak up if I saw something I thought wasn't right".

The manager had been in post for approximately one month when we inspected the service and had sent us an application to be registered.

The registered provider used a range of methods to monitor the safety and quality of the service. Regular checks were carried out to ensure the safety of the environment and the equipment used in the home. Senior managers in the organisation also carried out unannounced visits to the home. During these visits they spoke with the people who lived in the home, their visitors and the staff in duty. This meant people who lived in the home and the staff employed there had the opportunity to share their experiences with a senior person in the organisation who was not directly responsible for managing the service.

At the end of our inspection visit we told the manager about the concerns we had identified. They shared these with the registered provider and within 24 hours we received an action plan showing how the registered provider and manager were addressing the issues we found. This showed that they were open to feedback about the service and took immediate action to address areas that required improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered provider had not taken proper steps to ensure that accurate needs assessments were carried out or that care was planned and delivered to meet people's needs and to ensure their welfare. Regulation 9 (i)(a) (b)(i)(ii)**