

KRG Care Homes Limited

Lound Hall

Inspection report

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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

Lound Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lound Hall is registered to provide personal care to a maximum of 43 older people. At the time of inspection there were 20 people using the service.

In November 2017, January 2018 and May 2018 the service was rated inadequate following inspection visits. The service was found to be in breach of multiple regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed into special measures and we placed conditions on their registration. This included a condition which prevented them from admitting further people to the service. The service implemented a new management team, with a new manager starting in January 2018.

At this inspection we found that the service had made the significant improvements which were required to comply with the regulations. This meant people were protected from the risks of receiving care which was unsafe, inappropriate or not in their best interests.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) 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 service supported this practice.

People and their relatives told us they felt safe living in the service and that staff made them feel safe. Staff demonstrated a good understanding of keeping people safe in discussions with us. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

Checks were carried out to ensure that the environment and equipment remained safe. Improvements had been made to the safety of the premises to reduce the risk of people coming to harm. The service was clean and measures were in place to limit the risk of and spread of infection.

People and their relatives told us there were enough suitably knowledgeable staff to provide people with the care they required and our observations supported this. Staff had received appropriate training and support to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration. Care planning now provided staff with the information they required to protect people from the risks of malnutrition or dehydration.

People and their relatives told us the staff were kind, caring and considerate. Relatives told us staff respected their family member's right to privacy and that staff supported people to remain independent.

Our observations supported this.

People and their relatives were encouraged to feed back on the service in a number of different ways and participate in meetings to shape the future of the service. People and their relatives told us they knew how to complain, and complaints had been investigated and responded to appropriately.

People received personalised care that met their individual needs and preferences. Some improvements are still required to further personalise care records to include people's preferences and to include life histories for those living with dementia.

People and their relatives were actively involved in the planning of their care. People were supported to access meaningful activities and follow their individual interests.

The registered manager, clinical lead and provider created a culture of openness and transparency within the service. Staff told us that the registered manager, clinical lead and provider were visible in the service and led by example. Our observations supported this.

Improvements had been made to the quality assurance system in place and this was reflected in the significant improvements that had been made to the service.

Further information is in the detailed findings below.

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.

Risks to people were identified, monitored and managed.

Medicines were managed and administered safely.

There were enough staff to meet people's needs.

The premises were safe and clean.

Is the service effective?

Good ●

The service was effective.

The service was complying with the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts.

Staff had the training and support to deliver effective care to people.

People were supported to have contact with external health professionals such as doctors.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people.

People were supported to be involved in the process of their care planning.

People were enabled and encouraged to be independent.

Staff upheld people's dignity and right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in meaningful activity.

People received personalised care. However, some improvements were still required to further personalise care records.

People and their relatives were made aware of how they could complain.

Is the service well-led?

The service was well-led.

The service had a robust and effective quality assurance system in place capable of identifying areas for improvement.

People and their relatives were provided with opportunities to feedback on the service.

The registered manager and clinical lead were visible and led by example. They engaged with other organisations to keep up to date with best practice.

Good ●

Lound Hall

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 comprehensive inspection was carried out by two inspectors on 27 November 2018 and 5 December 2018 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received from the service. Services have to notify us of certain incidents that occur in the service, these are called notifications.

Some people using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection. We spoke with two people using the service, three relatives, two care staff, a nurse, a visiting health professional, the registered manager and the clinical lead.

We reviewed four care records, three staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in May 2018 we identified shortfalls which placed people at risk of harm. The service was rated 'inadequate' in this key question. At this inspection, we found that the service had made the significant improvements required to comply with the regulations. The service is now rated 'good' in this key question.

People told us they felt safe living in the service. One person said, "I feel safe, when being moved about too." Another person told us, "Safe as can be." A relative said, "I don't have to worry now. Things are better." Another relative commented, "[Relative] is definitely safe now, I'm sure of it."

At previous inspections, we identified that risks were not always being planned for, managed and mitigated appropriately. At this inspection we found that risk management processes and procedures had significantly improved. Risks were managed well by the service. Each person had a set of individualised risk assessments. These assessed the level of risk to the person in areas such as pressure care, malnutrition, choking and falls. Where people were identified as at risk, there were clear instructions that staff could refer to in order to minimise the risk to people. Staff we spoke with were aware of risk management, as was the registered manager and clinical lead. In response to concerns raised at the previous inspection around how the risk of choking was managed, staff had been provided with specific guidance on reducing this risk and what action to take in the event of someone choking.

There were appropriate processes and procedures in place to protect people from the risk of potential abuse. Improvements had been made to the system of identifying and investigating potential abuse, for example unexplained bruising. Staff now fully understood their responsibilities in reporting bruising to senior staff and the registered manager ensured robust investigations were carried out into all unexplained injuries. Staff had a better understanding of safeguarding and who they could report concerns to outside of the service. Safeguarding policies and procedures had been reviewed and updated since our last inspection and staff were aware of these.

The service continued to ensure there were sufficient staff deployed to meet people's needs in a timely way. People and their relatives told us that the staffing level had improved since previous inspections. The service had been successful in recruiting more permanent staff which meant the use of agency staff was reduced and there was a better continuity of care for people. A person using the service told us, "Staff come when I call them. They have time to do what I want them to do." A relative said, "The staffing level has improved a lot. That's the best thing. Before there were always new faces and no one knew anyone. Now everyone knows everyone and they know us. It's a lot nicer." Another relative told us, "The staffing is much better, someone comes as soon as [relative] needs. The staff are more regular, you know everyone now, not lots of new faces." Recruitment procedures for new staff were safe and appropriate checks were carried out to ensure prospective staff had the appropriate skills, experience and character for the role.

Significant improvements had been made in the management of people's medicines. At this inspection we found that medicines were stored, managed and administered safely. We audited the number of remaining

medicines against the number of medicines signed off as administered in Medicines Administration Records (MARS). We found that these indicated people's medicines had been administered in line with the instructions of the prescriber. There was an appropriate system in place to identify any shortfalls in medicines administration and robust action had been taken to learn from errors and previous shortfalls.

Improvements had been made to ensure that the environment was kept hygienically clean and free from unpleasant odours. The flooring in people's bedrooms had been replaced to make it easier to disinfect and reduce the risk of the spread of infection. There were cleaning rota's in place which delegated duties between domestic staff and the registered manager carried out regular audits on the cleanliness of the service. People and their relatives told us the service was cleaner. One said, "I think the cleaning has been better recently, they seem more au fait with it." A relative told us, "It's got a lot cleaner. They replaced [relatives] carpet which was all stained and there was a smell, it's much better now."

There was an appropriate system in place to monitor the safety of the premises and manage environmental risks. Records demonstrated that the service had an external company service the fire detection and prevention systems regularly. The service also carried out tests of the fire alarms to ensure they remained in working order. The service had employed an external company to risk assess and carry out checks on the water systems to look for the presence of legionella bacteria. Additionally, the maintenance staff carried out regular flushes of the water system and checked water temperatures to ensure the risk of the presence of legionella bacteria was reduced. Appropriate testing was carried out of electrical appliances to ensure they remained safe for use. Regular audits and checks on the safety of the premises were carried out by maintenance staff. Any issues identified were recorded and signed off when they were resolved.

Is the service effective?

Our findings

At our last inspection in May 2018 the service was rated inadequate in this key question. At this inspection the service had made significant improvements and is now rated good in this key question.

Since our last inspection, the registered manager had consulted best practice guidance such as guidance produced by the National Institute for Health and Care Excellence and the Gold Standards Framework for end of life care. The content of care records reflected that best practice guidance had been referred to when they were written.

Improvements had been made to the training and knowledge of the staff team. Staff we spoke with and observed demonstrated a good knowledge of subjects they had received training in. Staff received training in subjects such as the Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding, food hygiene, health and safety, first aid, dementia, fire safety, infection control, care planning, medicines and manual handling. At the time of our visit all staff were up to date with the services mandatory training. The registered manager carried out competency assessments to ensure they could identify any areas for improvement in staff practice.

Staff were positive about the training and support they received from the registered manager. They told us they had regular supervision sessions where they could discuss any issues, training needs or make suggestions for the service provided to people. The registered manager was rolling out annual appraisals shortly after our visit to set goals for staff in the coming year. New staff we spoke with told us the induction process was thorough and that they were supported to carry out several shadow shifts before they started delivering care to people independently.

Improvements had been made to care planning around managing people's nutrition and hydration. Care planning now set out in sufficient detail the support each person required to reduce the risk of malnutrition and dehydration. People's weight was monitored and records demonstrated that where people's weight decreased, prompt action was taken to obtain support and advice from a dietician. The advice provided by dieticians was now transferred into care planning to ensure it was implemented consistently by staff. Some people were having their food and fluid intake monitored. Records demonstrated that people with low weights or who were at risk of malnutrition were offered regular snacks between meals to boost their intake.

People were provided with a choice of suitable foods and made positive comments about the food they were provided with. One person said, "The food has always been good, the choice is good. They do these theme days now which is interesting because its different food you don't normally get." A relative told us, "We eat here regularly with [relative] and the food is restaurant quality. Always plenty and a good choice." Another relative commented, "[Relative] is spoilt for choice when it comes to food. [People] can request anything they like and it'll be done." The service had been running regular 'foods of the world' days where people could sample dishes from other cultures if they wished. On the most recent theme day a variety of Chinese food was served. People spoke positively of these events and the variety it brought.

People were enabled to access support from external health professionals such as doctors, dentists, opticians and mental health professionals. The support people required from these professionals was set out in their care records. The contact details of professionals involved in people's care were also included so that they could be contacted promptly where required. Advice provided by professionals was transferred into care planning and discussed in staff handover each day. We spoke with a visiting health professional during our visit who was very positive about the changes that had been made by the current management team. They told us that the communication from the service had been much better and that engagement from all staff had been much improved. They made positive comments about the service being proactive in contacting them, engaging their support and taking advice on board and putting this into practice quickly. We also had positive comments from the local GP surgery who felt that the service had improved.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People and their relatives told us they were enabled to make decisions. One person said, "They ask me if I am ready to have things done and I can say yay or nay." A relative told us, "They are very respectful, they always ask him what he wants and check it's okay before they start doing anything." Staff we spoke with had a better understanding of their responsibilities under the MCA and DoLS. Observations demonstrated that people were enabled to make day to day decisions according to their abilities. The service had carried out mental capacity assessments to assess people's ability to make specific decisions, such as decisions which may impact upon their safety and welfare. People who were assessed as not having capacity to make some of the bigger decisions in their lives were still encouraged to make other decisions. This promoted people's independence. We observed that staff asked for people's consent before supporting them with tasks and knocked before entering their private bedrooms.

Improvements had been made to the décor to make it more stimulating and dementia friendly. There was appropriate signage to make it easier for people to find their way to key areas such as the toilet or dining room. Corridors and rooms were decorated differently to make it easier for people to orientate themselves in the building.

Is the service caring?

Our findings

At the last inspection in May 2018 we rated the service 'requires improvement' in this key question. At this inspection we found that significant improvements had been made in all areas of the service and it is now rated 'good' in this key question.

People and their relatives told us the staff were kind and caring towards them, this was confirmed by our observations. One person said, "They are all very nice. Kind natured." A relative told us, "The staff are lovely, such nice people." One other relative commented, "Such kind, caring people. The staff are so much friendlier now."

We observed that the interactions between staff and people using the service were kind and caring. There was a pleasant and much improved positive atmosphere in the service. We observed many genuinely kind interactions between people using the service and staff. Staff showed genuine interest in people's wellbeing and their life, asking them how relatives were or talking with them about their interests. We observed staff making time to spend with people in a meaningful way, supporting them with hobbies and interests or engaging them in conversation.

People and their relatives told us they were enabled to be independent. One person said, "I can do as much as I like. They don't take over." A relative said, "They definitely encourage [relative] to do what they can." The service promoted people's independence, upholding their dignity and right to privacy. People's care records made clear what parts of tasks they could complete independently to reduce the risk of staff over supporting them. Staff were aware of people's capabilities and demonstrated a knowledge of why it was important to uphold people's independence.

Since our previous inspection, the care plans for people had been rewritten. People and their relatives had been involved in the process of formulating new care plans, ensuring that they were happy with the content. One person said, "I have been spoken to about my care plan." A relative said, "We sat down to talk about the new care plan. I've been through everything and I'm happy with it." Care records clearly reflected people's views on their care and the views of their relatives or representatives.

Relatives told us they were free to visit their relatives at any time without restriction. They told us the service was accommodating and enabled them to have quiet time with their relative. Relatives were invited to events organised at the service and had the option of dining with their relative whenever they wished. This meant people were supported to maintain meaningful relationships with those close to them.

Is the service responsive?

Our findings

At the last inspection the service was rated 'requires improvement' in this key question. At this inspection we found that improvements had been made and the service is now rated 'good' in this key question.

People were provided with personalised care based on their individual preferences. People's care records had been completely rewritten since our previous inspection and transferred to a new electronic format. The quality of these had been much improved but the service was still in the process of further personalising these care plans to include more of people's specific preferences, likes and dislikes. Despite this, we observed that staff knew people very well and knew of their specific preferences, likes and dislikes. People and their relatives told us staff knew them well. One said, "They know me inside and out." A relative told us, "They all know her so well and they know me by my Christian name." Another relative commented, "[Relative] is very happy here, all the staff know [relative] and [relative] knows all the staff. They know [relative's] little foibles." Discussions with care staff and the management team demonstrated they knew people as individuals and this meant they could provide them with personalised care.

Discussions with staff and our observations demonstrated that they knew about the past history of people living with dementia. The registered manager told us they were planning further improvements to their care records to include more detailed and in-depth life histories for those living with dementia.

The registered manager and clinical lead had enrolled on a training course in the Gold Standards Framework for end of life care since our previous inspection. Information in care plans we reviewed demonstrated they were using this knowledge to create more meaningful end of life care plans for people. As part of their training course, they had arranged an event at the service which people, their relatives and health professionals were invited to. People were invited to bring a photograph of someone special to them that they were remembering and the event provided an opportunity for the service to raise awareness about the Gold Standards Framework and the importance of talking about people's wishes and preferences in coming to the end of their life.

Significant improvements had been made to the provision of meaningful activities in the service. People and their relatives made positive comments about the new member of activities staff and the range of activities now on offer. One person said, "I used to play darts. I mentioned it to the new activities co-ordinator and she got me a magnetic dartboard." They also told us, "I like reading a lot, the staff brought me some books yesterday and the mobile library comes. I asked about the mobile library at a meeting and now we are getting visits from that." A relative told us, "There are more things to do, more activities. [Relative] doesn't like to participate in much activity but [relative] did enjoy the entertainers and the food events." Another relative commented, "There is more going on. They have the option to go on trips now and they went to the garden centre. [Relative] really enjoyed that. They were asking for suggestions for trips at the meetings we go to." On the day of our visit the member of activities staff told us that they had recently changed the activities plan to accommodate people's suggestions. They said people had suggested that they made Tuesdays 'pamper days' because that was when the hairdresser came. People had suggested they could do nail painting, facials and massages on Tuesdays. We saw this taking place during our visit and people were

showing us the colours they had chosen to have their nails painted. The member of activities staff was also mindful of spending time with people who chose to stay in their bedrooms. One person told us, "The activities co-ordinator comes here to see me as I don't like to go out. We played darts, talked about my books."

People and their relatives knew how to make complaints. One person said, "I know how to complain and would do if I wasn't happy." A relative told us, "I know how to complain and I am confident [registered manager] would get it all sorted." Another relative commented, "I'd go straight to [registered manager] if I wasn't happy about something and it would be resolved, I'm sure of it." There was a copy of the complaints procedure displayed near the entrance to the service and an anonymous suggestions box. We reviewed the contents of complaints recently received and these were investigated and responded to appropriately.

Is the service well-led?

Our findings

At the last inspection the service was rated 'inadequate' in this key question. At this inspection significant improvements had been made to the service provided to people and the service is now rated 'good' in this key question.

The registered manager and provider had acted on areas for improvement identified at previous inspections. Action had been taken to develop the management team further and to develop and implement more robust systems to monitor the quality of the service.

There was an open, honest and transparent culture in the service. People and their relatives told us that the new management team had been positive in improving the service. One person said, "The new manager is good. They come in and chat to me." A relative said, "The management are better, they know [relative] and us." Another relative told us, "I was reasonably happy before, [relative] has been here three years, but now I can really see a difference. [Relative] seems very contented, [they] seem a lot more with it and [relative] has been trying to talk, [relative] recognises us all now and seems more present." The registered manager and provider had been open and honest with people, their relatives, health professionals and staff about the shortfalls in the service and the improvements that were required. People and their relatives had been invited to regular meetings where they were encouraged to feed back their views and raise any continuing concerns or areas for improvement. Suggestions people made in these meetings had been acted on. One person had requested a wheelchair ramp so they could access the garden from the doors leading from their bedroom. The service had accommodated this request, getting a ramp custom made to suit their wheelchair. The person was very pleased about this and told us about it when we spoke with them. People and their relatives had also been encouraged to feedback their views as part of regular surveys which they could submit anonymously. We saw that the results of these surveys were analysed and any areas for improvement identified. The results of the most recent round of surveys were all positive.

Staff were invited to regular meetings and were encouraged to feed back on the service and make suggestions about its future. Minutes of these meetings demonstrated that staff were open and honest about their views and they told us they felt able to share these with the registered manager without reservation.

Staff told us the registered manager and clinical lead led by example and that there was management cover seven days a week. They told us that if there were any issues they could contact the registered manager out of hours and would feel confident in doing so.

Quality assurance systems had been further developed so that shortfalls were identified more promptly and that robust action was taken to address them. For example, closer monitoring of staff practice meant that the poor practice of a nurse had been identified which allowed the service to take action to protect people from harm. The implementation of a new electronic care records system meant that the management team were able to identify more promptly when necessary care may not have been delivered. For example, staff each had a tablet upon which they would record care interventions such as repositioning. If the staff did not

record that they had repositioned someone at the frequency specified in their care plan, an alert would stay on the system to highlight this. The registered manager and clinical lead told us they were able to access the system to check whether all the care interventions had been carried out from wherever they were, and this meant they were able to contact staff promptly to ensure they went and carried out the care task. Some further improvements were required to implement a system to analyse repositioning records to see whether staff consistently repositioned people at the frequency specified in their care plans.

The management team carried out a variety of other audits to assess the quality of the service. These included audits of the meal time experience, infection control, maintenance of the premises, medication, care planning, food quality and health and safety. We saw that where issues were identified, these actions were signed off when complete.

The management team were looking at improving engagement with the community. For example, they were speaking with local schools to see whether the children would like to visit the service. Plans had already been made with one school for children to come and sing Christmas carols to people. The management team were keeping up to date with best practice and were better utilising best practice guidance such as that produced by the National Institute of Health and Care Excellence (NICE).