

Leong E N T Limited

Ralphland Care Home

Inspection report

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Date of inspection visit:
20 July 2021

Date of publication:
27 August 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Ralphland Care Home is a residential care home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

Systems and processes to ensure effective contingency planning in the event of emergency had been ineffective. This meant shortfalls were found placing people at risk of harm.

Ineffective planning led to staff shortfalls, nutritional risk and information regarding risk to people had not been available to staff.

Medicines had been administered and Infection control practices had been well managed by staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 16 June 2021).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this targeted inspection to check on a specific concern we had about staffing and risk management. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 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 at this inspection. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we 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?

Details are in our safe findings below.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

Details are in our well-Led findings below.

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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.

This was a targeted inspection to check on a specific concern we had about staffing and risk management.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Ralphland 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, care workers and kitchen assistant.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas and quality assurance records. We spoke with one professional who regularly visited 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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of a specific concern we had about risk management and staffing during a period of contingency. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Using medicines safely; Staffing; Preventing and controlling infection

- During the inspection we found enough staff had been deployed to meet the needs of people. This included agency staff to ensure safe staffing levels. Management had been redeployed into the kitchen to ensure people's nutrition and hydration needs could be met daily. However, we found staff had been working excessive hours which posed a risk of exhaustion and lack of information meant people were potentially at risk of harm.
- Risk to people's safety had been identified and were detailed in their care plans. However, no consideration had been taken in regards of access to information for agency and redeployed staff. This meant information was not always available to ensure people's needs could be fully met.
- People were supported with their medicines administration and medicines were managed safely. We viewed the medicine administration records (MARs) the information in the records showed people had received their medicines in their preferred way. As required medicines had protocols in place to provide staff with guidance on how and when to administer these medicines.
- We were assured effective infection control measures were in place. We found housekeeping staff on duty during our inspection who told us a housekeeping staff member was in the service every day, rotas collaborated this. All staff were observed wearing the correct personal protective equipment (PPE) and demonstrated a good knowledge of how to don and doff, this is how to put on and remove PPE.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of a specific concern we had about ensuring the safety of people during a period of depleted staffing and effective contingency planning. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Records showed a contingency plan in place in the event of an emergency situation in the service. However, we found this document had been ineffective when the service experienced an emergency due to COVID-19. For example, no plans had been put into place in the event of insufficient staff to meet the needs of people.
- The manager had identified that a replacement staff team and agency staff would be needed if high numbers of staff were absent. The provider has authorised the use of agency care staff during this period of low staffing but failed to make adequate plans for the absence of senior staff, of whom are the only trained staff to administer medicines. Which has resulted in senior staff working excessive hours to ensure people receive their medicines.
- Records showed people had received their medicines however, information had been added incorrectly. For example, a medicines administration record (MAR) for August was in use for two medicines and the remaining medicines were using the correct July MAR. This meant incorrect information could lead to errors and potential harm from wrong administration of medicines.
- People were at increased risk of nutritional risks. We found kitchen staff who didn't fully know all residents' dietary needs didn't have access to information to ensure the nutritional safety of people. Interim kitchen staff told us there were aware a folder had peoples dietary needs detailed but was unable to locate this. Due to this information not being available to the kitchen staff it resulted in people with intolerances and specific dietary needs having the incorrect food prepared for them. Staff did stop this food getting to the person which could have potentially caused harm. The provider failed to ensure sufficient information was available to all staff
- We found there was no evidence of any document in place within the COVID-19 contingency plan to support agency staff and ensure they had sufficient information to support people. Agency staff we spoke to told us they had joined the handovers before commencement of shift and were initially with another regular member of staff whilst working which allowed them to get to know the service users. However, they had not been given any form of comprehensive information about service user needs, risk and dietary risks this had just been picked up as they went along with their shift.
- Systems and processes had not been developed to demonstrate suitable admissions during a period of contingency. One person was admitted into the service whilst staffing had been decreased. The registered

manager confirmed they could not meet the person's needs. This had directly impacted on their physical and emotional wellbeing, and restriction were placed on the person due to low staff levels and insufficient risk management.

- Collaborative working had not been effective within the management structure of the provider, governance manager and registered manager, this led to lack of information shared, duplicate and conflicting information regarding staff cover. Information was initially not presented to the manager to effectively cover the staff shortages, meaning adequate cover was not sourced. Due to the intervention from external professional bodies this was then shared to ensure adequate cover was in place. This lack of collaborative working posed a risk to people

Systems and processes in place failed to ensure effective contingency plans meaning people were at risk. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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 Systems and processes in place failed to ensure effective contingency plans meaning people were at risk.

The enforcement action we took:

Warning Notice