Monread Lodge Nursing Home Limited

Monread Lodge

Inspection report

London Road
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Knebworth
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Tel: 01438817466

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 18 October 2016 and was unannounced. At their last inspection on 15 September 2015, they were found to not be meeting all the standards we inspected. This was in relation to infection control and management of medicines. We requested an action plan to set out how they would make the necessary improvements, however we did not receive this. At this inspection we found that they had made the required improvements. However, we also found that staffing at the service was an issue.

Monread Lodge is registered to provide accommodation for up to 62 people. The home provides support with personal care and nursing care for older people, some of whom live with dementia. At the time of the inspection there were 60 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People received care that met their needs. However, people, relatives and staff all told us that staffing was an issue. On the day of our inspection we noted people had their needs met in a timely fashion in the main part of the house, however, in the smaller unit there was a delay in people receiving support. People were supported by staff who had undergone a robust recruitment process and were sufficiently trained and supervised. .

People's medicines were managed safely and individual risks were assessed and monitored. People were supported in accordance with MCA and DoLS, were given choice and involved in the planning of their care. People had a choice of healthy food and received support to eat as needed.

There was regular access to health and social care professionals and communication in the service was effective. People were treated with dignity and respect. They told us staff were kind. Confidentiality was promoted.

People had their own care plans which gave staff clear guidance. Activities on offer supported hobbies and interests.

People, their relatives and staff were positive about the management of the service. Staff enjoyed working at the service and people liked living there. There were systems in place to identify and address any issues and the registered manager was enthusiastic about looking for ways to improve the service. Complaints were investigated and responded to and people's feedback was listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People, their relatives and staff told us that staffing was an issue, however, we saw needs being met in a timely way on the day of the inspection.

People's medicines were managed safely.

Individual risks were assessed and monitored.

People were supported by staff who had undergone a robust recruitment process.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supervised.

People were supported in accordance with MCA and DoLS.

People had a choice of healthy food and received support to eat as needed.

There was regular access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People and their relatives were involved in planning their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People received care that me their needs.

Care plans included information that enabled staff to support them safely.

People enjoyed the activities.

Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was well led.

People and their relatives thought the home was well run.

There were systems in place to monitor and improve the quality of the service.

Staff enjoyed working at the service.

Monread Lodge

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with eight people who used the services, three relatives, five staff members, the registered manager and the quality manager. We received information from service commissioners. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

When we last inspected the service on 15 September 2015 we found that medicines were not always managed safely and slings were being used for more than one person. At this inspection we found that they had made the necessary improvements.

People's medicines were managed safely. We found that medicine records were completed consistently, a sample staff signature list was available, the temperature of the treatment room was monitored and there were plans in place for medicines that needed to administered covertly or on an as needed basis. We also saw that audits were in place to monitor medicines practice and also competency assessments for staff who administered medicines. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

People had their own individual slings for use of the hoist and these were labelled and stored in their bedrooms. We saw that there was a list in the nurse's station so staff could see what code related to which person. Staff told us they were aware of the list and coding system. We saw staff use the correct sling for each person.

People and their relatives told us that they felt the service needed more staff. One person said, "Staff are very nice but they don't answer my bell quickly enough." Another person said, "It is definitely a shortage of staff. I am waiting on occasions because they are busy, days however are better than nights." A relative told us, "They (staff) are so busy it`s a shame they don't have more staff." Another relative said, "You will never see any of the staff sitting down, they are always rushed and on the go." Relatives told us that the staff issues they observed meant that people had to wait to use the toilet, or at times, activities were not provided. Staff were seen working to ensure people had their needs met and on occasions this meant that they had limited time to spend with people on a one to one basis when people needed this. For example, we observed one person who was very anxious asking constantly about their relatives and wanting to go home. The only time they settled was when somebody sat next to them and gave them reassurance and diverted their attention from their anxiety by having a conversation. We saw, and staff told us, they had no time to spare especially in the mornings and although they stopped between jobs and responded to the person and gave reassurance, they had no time to sit and give the person their full attention. We shared this with the management team who told us that the staff on that unit were well trained for meeting the needs of those living with dementia and should comfortably be able to manage with the current dependency levels and would therefore address this.

Staff also told us that they felt the service needed more staff. One staff member said, "I do like it, it is a nice staff team. The one thing is that we don't have time to sit and talk to residents. We are so short staffed." Another staff member told us, "It is not always possible for us [staff] to get people up when they want to get up. We are very stretched and we need to prioritise on the needs of the people not necessarily on preference." On the main part of the house we found that people seemed to get their needs met in a timely fashion on the day of inspection and the rota showed that shifts were covered. Call bells were answered in an acceptable time and when people asked to go to the toilet, they were taken. We also saw that people got

the appropriate support to eat, there were few pressure ulcers and people looked well presented, which all indicated that staff were meeting people's needs.
However, on the smaller unit, Knebworth Court, although staff met people's physical needs, at times when people were anxious staff did not have the time to spend with them and the lunchtime experience was busy. For example, drinks were served whilst people already had their meals and staff were rushed so there was a constant hurry around people who were having their meals. Two staff sat to support two people to eat and there were no other staff present to oversee the other 12 people present in the dining room to ensure they were eating as they were supporting people in their rooms. We discussed the concerns we received with the registered manager and the quality manager, who both told us that staff hours were calculated against people's dependency needs. However, we also discussed that if all the feedback we received about staffing highlighted that people felt there were not enough, this needed to be reviewed. The management team told us that they would meet with people and their relatives and the staff to find out what areas were lacking and what impact this had on people.
Due to the issues in relation to staffing, this was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "I trust staff and I feel safe." Another person said, "I do feel safe." Relatives also felt that people were safe. One relative said, "I feel [person] is 100% safe here." Staff had a good understanding about how to safeguard people from all forms of abuse. They were able to confidently describe signs and symptoms of abuse and how they would report their concerns internally and externally to local safeguarding authorities. We saw that there was information displayed to remind people and staff on how to report any concerns. However, we did note that although they were investigated internally and there were only a small number of these, unexplained bruises or skin tears were not reported to the local authority or to the CQC. We discussed this with the registered manager who told us that they would ensure these were reported going forward.

People had their individual risks assessed and staff were familiar with these. These included assessments for moving and handling, skin integrity and bedrails. One person told us, "I do feel safe having the bedrails as I know I cannot fall out of bed." We noted that people were supported to transfer safely using the correct equipment and technique. Where people were identified as high risk of falls they had alarm mats in front of their bed to alert staff in case they got up and they needed assistance from staff to stay safe. However, we found that the falls risk assessment tool had not been accurate when staff completed this due to an error in the form. This caused the scoring to be lower than it should have been for people at risk of falling. This had no impact on people because staff took action to mitigate risks. The management team took immediate action to address this. The registered manager reviewed all accident and incidents to ensure all appropriate action had been taken. This was then reviewed monthly by the quality team to help identify any themes and trends.

People were supported by staff who had been through a robust recruitment process. Staff told us before they could start work they had undergone appropriate pre-employment checks. These included criminal records checks, references and proof of identity. We confirmed this from reviewing staff files. This helped to ensure that staff employed to work at Monread Lodge were fit to work in a care setting.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. A relative told us, "Staff are very knowledgeable and if they see something not right they always go to the nurse or manager."

Newly employed staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. They told us that after their training they worked with experienced staff for three days to ensure they were ready to work independently.

Staff told us they were supported and listened to by managers. They told us they had regular supervisions and staff meetings. One staff member said, "I really enjoy my work. The manager is very supportive. I have regular supervision and appraisal."

Staff told us they had enough training to ensure they had the appropriate knowledge. One staff member said, "We have regular training. Most of it is e-learning but we have practical ones as well." We saw that training included safeguarding people from abuse, moving and handling, dementia care, first aid and other areas relating to health and safety. The training records showed that the service were above 98% compliant with their internal training monitoring. We also saw that there were other targeted sessions such as pressure care and nutrition and staff had also received training in relation to MCA and DoLS. The registered manager has also arranged for short sessions on specific subjects, to start the following day with MCA and DoLS to help staff keep their knowledge up to date.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that service was working in accordance with the MCA and DoLS guidance.

We saw that people had capacity assessments completed which also stated that their ability may fluctuate. A record of best interest decisions was also included which documented the best way to support people to ensure their safety and welfare. During the inspection people were asked for their consent before support was given. Staff had a clear understanding of their role in relation to consent. One staff member said, "We try to give people as many choices as possible and help them take decisions."

People had a choice of healthy food and received support to eat as needed. The chef was knowledgeable about people's nutritional needs and planned menu's to ensure people were provided with a healthy

balanced diet. One person said, "The food is nice and if I don't like something they always give me another choice." Another person told us, "I do like the food and we have plenty of choices." A relative also told us, "Everybody seems to be happy with the food. I saw so many times when people wanted something else not what was on the menu and they got it." In the main part of the house we saw that people were offered choices at breakfast and for lunch. We also saw that when people did not like their chosen choice, an alternative was offered. We saw staff moved around tables, checking people were ok, if they wanted seconds and offering drinks. However, on the smaller unit, Knebworth Court, people were living with dementia and were not given visual prompt to help them make their choices, such as being shown the meals they could pick from or a picture menu. We also noted when people didn't eat their food, alternatives were not offered. We did see that throughout the home there were several tea and coffee rounds made and fresh fruit and snacks offered throughout the day should someone be hungry after lunch.

Two staff sat down to each assist a person with their meal. One staff was seen engaging with the person whilst assisting them to eat and ensured the person finished and swallowed the food before they gave them another spoonful. The other staff member was assisting a person quietly with no conversation. We discussed this experience with the management team who were surprised at our findings as staff responsible were those with specialist dementia training and they agreed this would need to be reviewed.

People were assessed in records to risk in relation to nutrition and hydration. Those who were assessed as at risk had a record of what they consumed maintained. Weights were monitored and were concerns were raised, the appropriate referral was made to a healthcare professional. One relative told us, "They involved the dietician because [person] was losing weight and they respected the plan so [person] is now fine."

There was regular access to health and social care professionals. We saw that the GP and district nurse attended on the day of inspection. Staff told us that the GP visited twice per week to complete a 'ward round' but they also came in between those visits if it was needed. People also had access to other professionals such as a chiropodist and optician and were supported to attend hospital appointments.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. One person told us, "Staff introduces themselves when they come in and knock on the door. They make me comfortable before they go." Another person said, "I feel comfortable when staff offers me personal care." All interactions between staff and the people they supported were kind and attentive. Staff took time ensuring the person had heard them and gave time for them to respond. We heard staff compliment people on their appearance. For example, one staff member was heard telling someone, 'I love your jewellery, you look lovely."

People also told us that staff were kind. One person said, "The staff is very nice and I am happy here." Another person told us that they felt like they had made friend at the service. They said, "I met some nice people here, I like living here." We found that relationships with friends and family were promoted and there were no restrictions to visiting. One relative told us, "I am here every day because I want to be." Another relative said, "[person] is treated with dignity and respect and I am too."

People and their relatives were involved in planning their care. One person told us, "I met the manager and I had an assessment before I came in." A relative told us, "We are very involved in the care and [person] is as well. We had regular reviews since [person] moved in." Another relative said, "Staff will always let me know if the GP visits or dietician. Communication is good."

However, although the care plans gave guidance to staff, the amount of information about peoples` likes, dislikes and their preferences regarding the care they needed, varied. For example, some care plans were person centred but others had no detail about when people wanted to get up or go to bed, if they wanted their bedroom door open or closed when they were in bed, if they liked showers or baths or if they had any preference regarding the gender of the staff offering them personal care. The registered manager told us that this was an area that they were working on and were going to introduce reflective writing with staff to ensure plans were much more person centred.

Bedrooms were personalised to reflect people`s personality and help create a homely environment. Areas were clean and odour free and bedrooms kept tidy. The environment had been decorated to provide items of interest and trigger memories of the past for people who lived with dementia. There were rummage items and pictures on corridors. People had personalised reminiscing boxes fitted on their bedroom doors which contained familiar photographs or items which belonged to them to help people with orientation and remember their bedroom.

Confidentiality was promoted. We saw that records were held securely and staff spoke discreetly when discussing people or when asking a person if they needed support. We also noted that a member of the management team left a room so that a person could see the GP in private.
Advocacy was available if it was needed. However, at the time of the inspection people did not need their support.

Good

Is the service responsive?

Our findings

People received care that me their needs. One person told us, "This is my home now and I like it. I go along with everything they [staff] does for me, I am easy going." A relative said, "They (staff) are very good." People were helped to look presentable by staff and they were well groomed. People had care plans to help staff provide the appropriate care. Care plans included information that enabled staff to support them safely. These plans informed staff what type of support people needed with their mobility, communication and personal care. We saw that they were reviewed regularly.

People enjoyed the activities. They told us they joined in with most things and these were displayed on the notice board. We saw the activity organiser going round inviting people, and accompanying them, to the quiz that was to be held in the lounge. The registered manager told us that they had been working with a local training provider to develop the activities for people who spend most of their time in their rooms. This was to provide opportunity and stimulation to those who may not otherwise participate. As a result, all people living at the service were having an assessment completed which looked at hobbies and interests, and their ability to join in. Following this, activity plans and risk assessments were completed. We saw that notes relating to what people enjoyed, were reflected in the activity planning. We also saw that there was a regular record of each person taking part. One relative told us, "Staff will put [person`s] favourite music on to play when they are in bed."

Complaints were responded to appropriately. People and their relatives told us that they felt confident raising any concerns. One relative said, "I would raise any concerns I may have with the manager. I had no complaints as yet."

People and their relatives were asked for their views during meetings and a recent survey has been sent out. However, the return date has not yet passed so we were unable to see the outcome. One relative told us, "I helped [person] complete a survey recently. They are not very good with writing these days. [Person] said they have no concerns regarding the care." During meetings a range of items were discussed. The registered manager told us that people and relatives at times raised concerns about staffing and they explain to them how staff hours were calculated. They told us they would include this on the agenda for the next meeting in light of feedback we received. We saw that when people and their relatives made suggestions, they tried to action them. For example, we saw that blackcurrant jam and apple juice was requested and provided.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives thought the home was well run. All told us that they would approach a member of the management team if they needed to.

Staff enjoyed working at the service. One staff member said, "I have full support from the manager, they have an open door policy and we can have a chat about anything we want." Staff also told us that they found the management team to be open and approachable. Staff felt as though they had a voice, and were listened to, in every aspect except staffing. One staff member said, "We have regular staff meetings and the only issue is really that we are short staffed. We have discussed this several times with the manager, however they tell us that staff is the right ratio for the needs of the residents." We found that concerns about staffing were shared by people, their relatives and staff. Their concerns, although they had been shared with the management team, had not been resolved. therefore this was an area that required improvement.

The registered manager told us that staff were listened to and strived to be as supportive as possible. For example, a new form was introduced by the provider, but staff found it difficult to use, then they challenged this on their behalf. There was also a visit from a HR manager who held a staff clinic to ensure they had a voice outside of the home.

There were systems in place to monitor and improve the quality of the service. These included audits and checks. We found that where these identified shortfalls, an action plan was developed, and there was also a record of the action being completed. During our inspection we identified that some equipment needed to be deep cleaned. We saw that this had already been picked up by the registered manager, added during a meeting and a staff member had been allocated to commence a cleaning schedule. This was also the case for a discrepancy in medicines that we had found, as a result of a dispensing change. However, as part of their lessons learned process, staff were asked as part of their supervision to complete a reflective practice to see why the issue occurred. It was found that disturbances during a medicine round had been the main issue so a memo had been distributed.

The local authority had provided the service with an action following a recent monitoring visit. We saw that the registered manager had completed the actions that we reviewed.

The registered manager was looking at ways to continue to improve the service. They told us that they recently downloaded CQC reports for other providers to see what areas they needed to improve upon. They then discussed what they needed to do during team meetings. As a result, they had been working with a training provider to develop the provision of activities.

The provider ensured that the registered manager received the appropriate checks and support. Members of the senior management team visited the service regularly to carry out checks and offer support, but also to ensure all appropriate actions were completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always get their needs met due to insufficient staffing or deployment of staff.