

Leong E N T Limited

Ralphland Care Home

Inspection report

Ralphs Lane
Frampton West
Boston
Lincolnshire
PE20 1QU

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ralphland Care Home is a residential care home providing accommodation and personal care to 21 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

Risks were managed and reduced. However, inconsistent recording increased the risk to people.

People and staff provided positive feedback on the management of the service. Relatives raised some concerns regarding communication; the provider was taking action to address this.

There were organisational governance processes in place to monitor the quality of the service.

Initial assessments took place, which were ongoing and reviewed. Care plans detailed how to support the person to ensure their assessed needs could be met.

Safe recruitment systems and processes were in place, with relevant background checks completed.

Training was provided or planned for staff to ensure they could carry out their role safely and effectively.

People and their relatives told us they felt safe with the staff who supported them. Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 25 November 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to staffing, nutrition and risk management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ralphland Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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.

Inspection team

The inspection was carried out by one inspector

Service and service type

Ralphland 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, administrator, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Recruitment

At our last inspection the provider had failed to assess the risks relating to the safe recruitment of staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment records showed sufficient checks had been carried out by the provider relating to the previous employment of new staff. Background checks had been completed, these included checks with the Disclosure and Barring Service to show that the staff concerned did not have criminal convictions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People who required repositioning to maintain their skin integrity were supported by trained staff. There was a protocol to guide staff on how they should support the person and what medical intervention was required. However, we found recording of repositioning was inconsistent. No direct impact was found for people, but the provider had failed to identify these issues.
- Staff understood their responsibility to assess and manage risk for people who use the service. A member of staff told us "We get to know all the residents well and we are also updated at handover of any changes".
- Records showed the provider had a system for reviewing accidents and incidents to ensure trends and patterns could be identified and lessons learnt.

Staffing

- The provider used a dependency calculator to determine how many staff would be needed to meet people's assessed needs.
- Records showed staffing levels mostly met the number of hours determined by the dependency calculator. The registered manager had contingency plans in place when staffing levels were not met, office staff performed dual roles when support was required.
- People's relatives told us that staffing levels were sufficient to meet people's needs. Some people's relatives and staff stated that they thought an additional staff member would improve the visiting process in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe. When we asked people and their relatives if they felt safe with staff who supported them, one relative told us, "Yes, feel very safe." Another relative told us "The last 12 to 18 months have been different, it's felt safer and the environment felt safe as well."
- Staff received safeguarding training and were able to demonstrate their knowledge and responsibilities to

reduce the risk of harm to people. One staff member told us, "I would report any concerns immediately to the senior or manager and make sure the person is ok."

- The provider had a safeguarding policy in place. Safeguarding issues were identified and reported in line with the providers legal responsibility.

Using medicines safely

- People received their medicines as prescribed and in their preferred way. Staff kept accurate records and ensured medicines were stored and disposed of correctly.
- We viewed medicine administration records (MARs) the information in the records gave staff clear guidance on how people should take their medicines. As required medicines had protocols in place to provide staff with guidance on how and when to administer these medicines.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed the provider assessed people's needs. Following an initial assessment from a trusted assessor the registered manager would further assess the person's needs to ensure they could be met at the service.
- One person's care plan included guidance on how to support them with hydration. The guidance clearly detailed what consistency the person's drinks should be and approaches to be used by staff to reduce the risk of choking.

Staff support: induction, training, skills and experience

- Records showed staff received an induction and ongoing training had been completed or planned to ensure they were competent in their roles. One staff member said, "I had four shadow shifts in total, which gave me chance to understand what I needed to do and get to know people. The manager has told me about my planned training as well".
- The registered manager had introduced face to face training again following COVID-19 restrictions, all staff had gained fire safety training, more was planned for the future.

Supporting people to eat and drink enough to maintain a balanced diet

- At this inspection we found continued and sustained improvement with the staff culture around promoting fluids. Records confirmed that people were regularly offered drinks and records were kept demonstrating how much people drank.
- People's relatives confirmed to us their relatives were provided with food and drink to maintain a balanced diet. One relative told us, "There is always drinks available, and they measure [name of relative] fluid intake, they are given lots of food choices." Another relative said, "The food is very good here."
- People were supported to eat their lunch by staff. We saw staff support people with dementia to eat and drink by offering different environments and when required encouragement and prompts.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed staff ensured people attended their medical appointments, this included outpatient appointments when necessary. One relative told us, "They are supporting [name of person] to a hospital appointment. I don't have to worry about it as they are doing it".
- The registered manager had liaised with adult social care professionals when a person they supported had health and wellbeing difficulties during respite care.

Adapting service, design, decoration to meet people's needs

- We found continued and sustained improvement with the configuration of communal spaces in the service. This meant people could interact in planned activities or spend time on their own.
- An improvement plan was still underway at the service, and the recent employment of a handyman meant repairs and maintenance could be addressed in a timely way, alongside the long-term plan of improvement.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed people who had DoLS in place, had the relevant documentation in place with authorisation from the legal authority.
- Records showed staff were provided with training relating to the MCA. Staff demonstrated a good understanding of the mental capacity act. One staff member told us "We always try to offer choice".
- Care records included detailed information regarding people's choices and preferences, where people lacked capacity there was evidence best interest meetings had taken place.

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. At this inspection this key question has remained the same. This meant the service management and leadership was at times inconsistent.

At our last inspection the provider did not have systems in place to effectively assess, monitor and improve the quality and safety of the service and mitigate risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection the provider had recruited a governance manager who undertook regular visits to the service to support with quality assurance. Records showed a governance framework in place, which demonstrated how the provider was monitoring safety and quality across the service to drive improvements.
- We found the registered manager had worked to address the concerns we had raised in relation to the auditing processes as highlighted in our safe section. Records showed there were a range of audits in place to monitor the quality of the service people received. We saw actions had been completed to address any outstanding issues.
- Some of the audit tools were still being introduced and information inputted. This meant the processes in place needed time to be embedded and further improved to show the improvements found would be sustained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives told us they had the opportunity to join a virtual relative meeting during the pandemic, but were disappointed this had not continued.
- Communication with relatives needed to be improved. We received mixed feedback from relatives. One relative told us, "We get a letter telling us they are updating their visiting guidance and will inform us when this is complete, but we don't receive any follow up, I have to ring to find out." Another relative commented, "Overall I'm happy with Ralphlands".
- Records showed staff were consulted about their views. Staff told us they felt supported in their roles and were complimentary of the management team. They told us team meetings took place regularly and they could raise concerns and felt they were listened to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a system in place to obtain the views of staff and people using the service by sending out an annual survey. Response and information received from the surveys were used to improve the service.
- People and relatives were positive about their experience of using the service. For example, one relative told us, "I asked [name of person] if they were happy here, they said, 'yes, love it,' that's good enough for me." Another relative told us "[name of registered manager] is very dedicated, it's much better now."
- The provider had developed an open culture, promoting person centred values. One member of staff told us, "I feel supported and can raise any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had monthly quality meetings in place, where all members of the management team had the opportunity to discuss the service, share progress and update on areas of improvement.
- The provider had a system in place to monitor and record complaints, accidents and incidents in the service. Records showed details of events that had occurred, action taken and what lesson were learnt or working practices changed to prevent reoccurrence.
- The provider understood their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed for example, injury's.