

Bramling Cross Care Limited

Lound Hall

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lound Hall is a residential care home providing accommodation for persons who require nursing or personal care to up to 30 people. At the time of the inspection the home was not providing nursing care. The service provides support to people older adults, some of whom were living with dementia. At the time of our inspection there were 18 people using the service. Lound Hall is an adapted building accommodating people over three floors.

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

People were kept safe by staff who were trained to meet their needs. Staffing had improved and people were happy with the care they received from staff. Risks associated with people's individual health needs were assessed and measures were in place to reduce the risk.

The home was managed well and there were ongoing refurbishments works to improve the environment. People were supported with their medicines well.

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.

The home had a new registered manager who had made significant improvements and understood their duties. Staff and people had confidence in the registered manager.

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 14 July 2022). 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 carried out an unannounced comprehensive inspection of this service on 25 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. 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. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those

requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Lound Hall

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 Health and Social Care Act 2008.

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

This inspection was carried out by an inspector, a specialist advisor whose area of expertise was nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lound Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lound Hall is a care home with nursing care, how they were not providing any nursing care at the time of the inspection. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people living at the home and 2 visiting family members. We spoke with 6 members of staff including the registered manager as well as auxiliary and care staff. We checked how medicines were managed and reviewed related documentation. We looked at 4 care plans and documentation relating to the running of the service, including training data, audits and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

Staffing and recruitment

At our last inspection the provider had failed to have a systematic approach to determine the number of staff and range of skills required to meet the needs of people using the service. This was a breach of regulation 18 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 18.

- Staffing had improved significantly at this inspection. The registered manager demonstrated how they looked at people's individual needs to establish how many staff were required on each shift.
- People told us they were happy with the staff and our observations confirmed there were enough staff on the day of inspection to meet people's needs safely.
- A breakfast assistant and an additional member of care staff for twilight hours had been introduced to support staff at busier times.
- Staff continued to be recruited safely, relevant pre-employment checks such as seeking references and Disclosure and Barring Service (DBS) checks were carried out. DBS check provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance around managing and monitoring both environmental and individual risks in a care home. At this inspection we found the provider had made improvements.

- Risks associated with the environment and with people's individual needs were identified, monitored, assessed, managed, and mitigated well.
- Where people had risks associated with their physical or mental health needs plans of care were in place. For example, where someone was at risk of pressure damage, a detailed personalised plan was in place to mitigate risk.
- Nationally recognised assessment tools were being utilised to assist in establishing the level of risk people were at. For example, malnutrition universal screening tool (MUST) was used to establish if people were at risk of malnutrition.
- Kitchen staff were aware of the needs of people in relation to choking risks and weight loss. They actively

worked with the care staff team to manage and support these needs.

- The home had undergone and continued to have refurbishment works to reduce risk to people. Environmental and fire risks were managed well, with regular maintenance checks now being carried out. The home now had an emergency grab bag that contained people's personal emergency evacuation plans (PEEPS).

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager understood their duty to safeguard people. There were systems and processes in place to protect people from the risk of abuse.
- Staff were aware of the safeguarding policies in place and understood their individual responsibilities.
- People felt safe in the home and when being cared for by staff. For example, people told us, "Staff are very good, and I'm looked after well," and "This is a nice place, and they are all good to me and help me. I like the manager, he's very good and makes me feel safe."
- The registered manager analysed incidents and accidents to identify any learning. They said, "I follow through with actions and lessons learnt."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager understood their duties under the MCA.
- We found there was the appropriate paperwork and assessments in place to ensure where decisions were made in people's best interest this was done legally.

Using medicines safely

- Medicines were managed and administered safely.
- We observed a medicines round. For people who were prescribed 'as and when required' (PRN) medicines, such as pain relief, we saw people were asked if they required any.
- People were happy with the support they received. One person explained to us, "I don't need to worry about taking my tablets. They look after them for me."
- Medicines were stored and disposed of in a safe way.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider supported people to continue to have visitors in line with current government guidance. There were plenty of areas within the home people could spend time with their visitors as well as a lovely gardens.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, whilst systems had been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service, these had been neglected in the absence of a manager. This placed people at increased risk of harm. This was a breach of regulation 17 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.

- Since the last inspection, the provider has recruited a registered manager who has made significant improvements to the running of the home and the quality of care delivered.
- The registered manager had implemented new processes and reinforced existing ones to ensure everyone was clear on their roles and responsibilities. For example, supporting heads of department with regular supervisions and daily flash meetings to ensure they all had insight and oversight of the service.
- Audits and quality monitoring checks were now being carried out regularly with any issues identified and actioned.
- The registered manager had made improvements to people's lived experience to make it more positive and person-centred culture. For example, we saw major improvements to the dining experience, with people getting more choice in a more restaurant style environment.
- Staff we spoke with said they felt improvements were being made all the time. One staff member explained, "I have noticed a lot of change within the home since I started there. It has become very bright, welcoming and homely."

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

- The registered manager understood their responsibilities when and if something went wrong, such as an incident.
- They were aware they had to submit statutory notifications and contact relevant people for transparency.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The registered manager had a proactive approach to including people, staff and the community.
- Staff said they were very happy with the support they received from the registered manager. Regular meetings took place and staff felt listened to and encouraged to speak up. A member of staff said, "I feel in my role I am supported, if we are unsure of things management is always on hand even if they are at home there is support within the team." Another said, "The management department listen very well to the staff members and their concerns."
- People were now included more. Resident meetings had been arranged, however the registered manager listened to people, and they preferred to have one on one chats with them.
- Community events were being organised, such as a BBQ. People were happy living at the home. A person told us, "I'm very happy here. I have looked at another home but it's not for me. This is where I want to be."
- The registered manager was gathering regular feedback from staff and people. This was via surveys, chats and observations. The registered manager then took action based on feedback received.

Working in partnership with others

- The registered manager worked in partnership with others to improve the quality of care provided.
- To support with people's health and wellbeing the registered manager and senior staff held a weekly ward round with an external multi-disciplinary team of healthcare professionals.
- The service also worked alongside the local authority and fire service to ensure they met their responsibilities of keeping people safe and providing quality care.