

## Monread Lodge Nursing Home Limited

# Monread Lodge

### Inspection report

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23 February 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Monread Lodge is a purpose-built residential care home with nursing. It is registered to provide accommodation with personal and nursing care support for up to 62 people, some living with dementia. It is also registered to provide treatment of disease, disorder or injury. At the time of our inspection there were 39 people using the service.

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

Improvements had been made to the quality of the service provided since our last inspection. There was an improved organisational oversight from the management team. Audits were undertaken to monitor the quality of the service provided and meetings held to review, discuss, learn and act following an accident, incident or near miss. However, some records held within the service were not always accurate and up to date. This meant that the improved governance system had not yet been fully embedded as improvements to records held were still needed.

Staff now knew the people they supported well and were knowledgeable about individual people's known risks. Staff demonstrated how they used their improved knowledge when assisting people, in line with people's wishes and choices. However, people's records held within the service did not always match staff's knowledge. Some records were not always accurate and up to date to guide staff, particularly new staff or agency staff.

There were now enough suitably trained and knowledgeable staff to help support people in a timely manner. This was an improvement from our last inspection. Improvements when inducting new staff to the service had been put in place. Staff had received further training since our last inspection including positive behaviour support training to help support people with complex behaviours. Potential new staff to the service had a series of checks carried out to try to make sure they were suitable to work with the people they supported. Again, the records to evidence this were not always accurate and up to date.

Staff had improved their infection prevention and control practices in line with government guidance since the last inspection. This helped reduce the risk of cross contamination within the service.

Staff demonstrated a much better understanding of how to report safeguarding concerns promptly. The registered manager and provider were now open and transparent with people's family and friends when an incident, accident or near miss had occurred. People and their relatives told us communication was good and they felt listened to. Lessons were learnt and shared with staff when improvements were needed to help reduce the risk of incidents recurring.

Staff supported people to take their prescribed medicines safely. Staff worked with external health professionals. This helped make sure people received joined up care and support. People and their relatives were asked to feedback on the service provided by staff. Suggested improvements were acted upon

wherever possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 21 December 2021) and there were 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 did not inspect all the breaches of regulation. We found improvements had been made in the majority of the breaches of regulation that we inspected. However, there remained an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures since 21 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

The inspection was also prompted in part due to concerns received about poor moving and handling, staff not following professional advice and unsafe use of bedrails. We also received concerns about a lack of reporting incidents and incidents occurring between people, high use of agency staff and infective actions of management teams. These were similar concerns we found in the previous inspection. A decision was made for us to inspect and examine those risks to ensure the provider was making the necessary improvements as they detailed in the action plan, they sent to us. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 inadequate to requires improvement. This is based on the findings 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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Monread Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. Improvement had been made at this inspection; however, it was too soon to demonstrate that improvements to the governance systems in place were robust and had been fully embedded.

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 monitor the service and will take further action if needed.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Monread Lodge

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

#### Inspection team

The inspection team consisted of two inspectors 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

Monread Lodge 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. Monread Lodge is a care home with nursing care. 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought information from the local authority 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 seven people who used the service about their experience of the care provided and two relatives. We spoke with seven members of staff including, the registered manager, the regional director, the quality excellence partner, clinical lead and deputy manager. We also spoke with a care assistant and an agency staff member.

We reviewed a range of records. This included three people's care records, accident and incident records and medication records. We looked at records relating to the management of the service including policy and procedures, audits, meeting minutes, governance records, rotas, and three staff recruitment files. We provided verbal feedback at the end of our site visit to the registered manager, regional director and quality excellence partner on 16 February 2022. We then gave formal feedback to the registered manager and senior management team including the nominated individual on 23 February 2022. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.



# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to robustly assess or take action to mitigate the risks relating to the health safety and welfare of people. Staff did not always review people's care following an incident or make referrals to health professionals to seek specialist guidance promptly when needed. People's 'time specific' medicines were not always administered at the prescribed time. Staff did not always follow good infection control practices to reduce the risk of cross contamination. This was a breach of regulation 12 (Safe care and treatment) 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 12.

Assessing risk, safety monitoring and management

- Improvements had been made since our last inspection. Staff were now able to confidently demonstrate their knowledge about people's known individualised risks. This included people being at risk of falls, at risk of poor skin integrity, specific health conditions and being at risk of choking. Staff explained how they now monitored these risks and tried to reduce these where possible.
- However, whilst staff knew the people they cared for, people's risk assessments and care plans did not always reflect staff's knowledge. We found some missing information to guide staff, particularly new staff and agency staff, on how to support people, monitor risk and what actions should be taken by staff when needed. We fed this back during the inspection. The management team acknowledged this finding and confirmed the necessary improvements would be worked on.
- People had equipment in place such as air mattresses when they were at a higher risk of developing pressure ulcers. At the last inspection we found air mattresses were incorrectly set and put people at an increased risk of developing poor skin integrity. At this inspection we found improvements had been made. We checked a selection of air mattresses and found they were now at the correct setting. We also observed a staff member, as part of the implementation of new safety checks, checking the setting of another air mattress and the setting changed as required.
- At our last inspection injuries such as skin tears and bruising had been reported to the management team. However, we found following these incidents, reviews of care and where needed referrals made to specialist health professionals for guidance were not always actioned. At this inspection improvements had been made. Concerns were investigated, reported to local authority safeguarding teams, the CQC, and where needed external health professional guidance sought to reduce the risk of recurrence wherever possible.



- People and their relatives were happy with the care and support from staff. A person told us, "[A family member] felt I would be safer here as my falls were becoming more frequent... Since I've been here, I haven't collapsed at all and I hardly use my walking frame as well. Yes, I feel a lot safer and better here, plus there's always plenty of staff." A relative confirmed, "Yes we feel [named person] is, safe here."
- People had a personal emergency evacuation plan in place to guide staff in the event of an emergency such as a fire.

#### Using medicines safely

- At our last inspection people did not always receive their medicines on time. At this inspection improvements had been made. An electronic medicine management system had been set up to alert staff when a medicine needed to be administered (time specific) or had been missed. This system enabled staff to take prompt action and administer people's medicines safely and on time.
- Staff administered, recorded, stored and disposed of people's medicines safely. People had no concerns about how medicines were managed by staff. A person confirmed, "[Staff] always watch me take my tablets, it's all in a little white cup and they know me, and I will take them anyway, but yes they do watch me."
- Staff were trained to administer people's medicines safely and had their competency checked by more senior staff.

#### Preventing and controlling infection

- At our last inspection we found that staff were unclear as to how often frequently touched surfaces should be cleaned. We also found some bathroom floors were stained and had a strong odour. Bins for staff to dispose of their used PPE were overfilled. At this inspection we were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Enhanced cleaning and decontamination schedules were in place for staff to follow. Bins for staff to dispose of their used PPE were not overflowing, the service was visibly clean, with cleaning happening during our visit. Also, we saw the bathrooms floors were being replaced. A member of the management team undertook daily walkarounds of the service. These now checked the cleanliness of the service, that staff were wearing their PPE correctly, and were following good infection control practices.
- 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 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

- We saw that the staff at the service were following current government guidance around relatives and friends visiting people who resided in the service. Relatives were seen visiting during our inspection.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting

professionals were vaccinated against COVID-19.

### Staffing and recruitment

At our last inspection there were not enough staff deployed to safely meet people's needs in a timely manner. People experienced delays when summoning assistance from staff. This was a breach of regulation 18 (Staffing) 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.

- At our last inspection there were not enough staff to support or assist people promptly. At this inspection improvements had been made and there were enough staff to meet people's needs. Rotas showed and staff told us how a mix of staff skills and knowledge were now used to determine the suitable number of staff to be on shift. A staff member explained, "The number of staff is calculated based on (people's) dependency (needs)." People told us they were happy with the staffing levels now. Staff were seen spending time with people chatting and undertaking activities with them in addition to supporting them with care. A person confirmed, "We've all got buzzers (care call bells to summon staff) in our rooms too and somebody turns up if you press it."
- Improvements had been made by the management team since our last inspection to improve new staffs' induction. This included a supernumerary staff member working alongside new staff to support them. A staff member told us, "When I started, I had an induction. I got to know people and adapt my knowledge to elderly people with nursing needs." Following our last inspection, additional training had also now been put in place with nurses trained on positive behaviours support. This knowledge would help support staff when dealing with people with increased anxiety due to their dementia.
- Rotas showed and we saw there were plans in place to cover staffing, should staff take leave, had to self-isolate, or were unwell due to COVID-19. The registered manager used agency staff to cover vacant hours and we were told consistent agency staff were used. Consistent agency staff meant they knew the service and the people they were supporting.
- Potential new staff had a series of recruitment checks undertaken by an external recruitment department contracted by the provider. These checks helped ensure that staff were suitable to work with the people they would be supporting. Checks included, previous employer references, a disclosure and barring services check (a criminal records check) a right to work in the UK check, qualifications and employment history and a health declaration.
- At this inspection, two out of the three staff recruitment records we looked at did not have the most up to date or correct information in them. The management team acknowledged this finding and said they would make the improvements needed regarding having the most up to date information held within their records. They were able to demonstrate the updated information after the inspection as these documents were held at their external recruitment office rather than in the services records held. This included proof of an in-date permit to work and maximum hours staff could work that were in line with their work permits conditions.

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

At our last inspection people were not kept safe from the risk of harm and abuse as learning from safeguarding incidents and accidents were not fully embedded. Safeguarding concerns were not always reported to the local authority safeguarding team. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- Since the last CQC inspection a more robust lessons learnt process had been developed. Significant events such as weight loss and falls and safeguarding incidents such as unexplained bruises and skin tears were analysed. Meetings were held as reflective practice to establish if there was anything that could have been done better and what had gone well. Actions were put in place to try to reduce the risk of recurrence.
- Staff told us about the improvement they had seen being put in place as a result of our last inspection. A staff member said, "We look at [people's] mattress settings, and monitor our paperwork a lot more. We are working with the kitchen (staff) re menus and have more equipment (for people) ...Staff are working together."
- At our last inspection safeguarding concerns were not always reported to the local authority. At this inspection records showed that staff had a much better understanding of what was expected of them. This included how they reported any incidents that had occurred or concerns they had. They told us and records showed they reported both internally and externally on unexplained bruising, skin tears as well as any incidents or concerns about people's health or safety. Governance records we looked at confirmed this.
- Staff told us, "(At the last inspection) there was a lack of understanding from staff of what needs reporting...The reporting has all improved. Any incidents are triangulated, and we see what lessons are learnt." And, "I know about people and risk. In handovers and meetings, we are told what we need to do and report."

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection systems and processes in place did not effectively or robustly assess, monitor, and take action to mitigate the risks relating to the health, safety and welfare of people using this service. People's care plans and risk assessments did not always have complete or up to date information in them and were not individualised as there was a lot of duplicated information across people's records. People's food and fluid charts did not guide staff on how much people should be encouraged to eat and drink. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found that people's care records did not always have the most up to date information in them. At this inspection records looked at, including people's care plans and risk assessments, still did not always have the most up to date information in them. We found some gaps in information, including known behaviours and specific health conditions and people being at risk of choking. Up to date information to guide staff to monitor, and support people safely to reduce the risk of poor care, would be particularly important to new staff and agency staff in the service. We fed this back to the registered manager with examples during the inspection.
- Two out of three staff recruitment files did not have accurate or up to date information in them. We found an expired right to work permit and incorrect handwritten information about the maximum number of hours staff employed with conditions on their right to work permit should work. This out of date information had not been identified as part of the services governance systems of checks.

Improvement had been made at this inspection; however, it was too soon to demonstrate that improvements to the governance systems in place were robust and had been fully embedded. Records held at the service still needed to be reviewed to ensure they were current and held all information needed to guide staff. As such, the provider continues to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and management team had oversight of the improvements needed following their last inspection. This included the on-going work needed to improve records held at the service. They demonstrated how they had worked on and were still making the necessary improvements required. However, the management team were open about the work they still had to do to completely embed these

improvements.

- At the last inspection monitoring charts such as food and fluid intake records did not guide staff on how much a person should try to eat and drink. Improvements were found at this inspection with nurses reviewing these records and assessed whether a person had met their target goal. This information was monitored on a daily and weekly basis and acted upon. A relative said, "She always seems to be drinking so we know she's hydrated and we put juice in her room so she knows it's there if she wants it, plus there's a measuring jug with water in it all the time."
- At the last inspection some staff were unclear about their roles and responsibilities. At this inspection staff told us they had a much better understanding of what was expected of them and they felt they were working better as a team. A staff member told us, "I feel confident and supported in my role. We are trying our best."
- The management team completed a monthly 'key clinical indicator' analysis. The report included falls, accidents, incidents, pressure ulcers etc. Following this report, the management team attended clinical governance meetings to review, discuss, and act on what was happening within the service. This included a discussion about incidents, accidents, near misses, and reviewed any patterns and trends that were occurring. Actions taken included referrals to specialist health professionals such as speech and language therapists, and a lesson learnt session with staff regarding documentation.
- Reflective practice meetings took place with the staff involved when an incident occurred. This was to discuss learning and what had gone well and what needed to be improved. Root cause analysis was also in place to review incidents such as skin tears and unexplained bruises, with actions taken where needed. Improvements included updating people's care records and further moving and handling training for staff.
- Staff carried out audits to monitor the quality of the service provided including infection control audits. Audits clearly set out who was responsible for implementation of the action and the deadline it should be achieved by. We saw that actions were completed or on-going.
- The registered manager notified the CQC of incidents and events they were required to notify the CQC about.
- The provider had displayed their last CQC inspection rating on their website for people to review when required.

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

At our last inspection the provider and registered manager did not always act in an open and transparent manner when things went wrong. When an incident had occurred people, their relatives and advocates were not always informed. This was a breach of regulation 20 (Duty of candour) 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 20.

- Records showed that the duty of candour was being followed by the registered manager and management team when incidents had happened, or things had gone wrong. This included setting up a meeting, sending a letter, or having a conversation with a named family member of a person following an incident or accident.
- The registered manager and management team had set up a relatives meeting following our last inspection. The meeting discussed the inspection findings with relatives and friends and updated them about actions to be taken to make the required improvements.

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

outcomes for people;

- At this inspection staff were able to demonstrate a good knowledge of people's individual care, support and nursing needs. Staff talked to us about people's individual preferences and choices on how they wished to be supported. Staff were now clearer on how to promote and maintain people's health and well-being wherever possible.
- People and their relatives were positive about the service they or their family member received and how well staff at the service communicated with them. A relative said, "[Family member] came here after respite last summer and we've had no issues ever since. She's got dementia so we rely on the service to update us, which they do very well. They will always ring when she's poorly or if the doctors been called. They ring us when she's upset, yes they do really keep us informed."
- Staff told us they felt supported by the management team and talked through the improvements they had seen since our last inspection. A staff member said, "After the last inspection there was communication with staff in a staff meeting and we discussed the report." Staff told us they also had supervisions and meetings to talk about the safety of people and how important it was for people to be well looked after.

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

- Links with the local community had been on hold during COVID-19 and with government restrictions in place. As restrictions were being reduced a person told us, "We can go out from next week." A relative also said, "We can take [family member] out soon which will be good for her."
- People's protected characteristics and human rights were respected by staff. Staff had a clear understanding about how people wished to be supported by them, including people's individual likes and dislikes. People and relatives told us communication was good and they felt listened to. They told us staff and the management team made themselves available when needed. One person told us, "Yes, if you have a problem you can speak with management." They then went on to tell us how their complaint had been resolved. A relative said, "We just can't fault them, we come in often, at least once a week. We can always find someone to speak to, [staff] let us know what [family member's] doing, yes really can't fault them."
- At this inspection improvements had been made following people's feedback on the service. The registered manager talked us through actions taken as a result of people's feedback and concerns.
- A relatives meeting was organised following our last inspection. A relative said, "We feel [family member] is well looked after here and know the last report was poor but we can only speak from our own experiences about what we've found."
- Staff meetings were held to update staff on the service, and any changes in people's health and care needs. The minutes of the previous meeting were agreed and matters arising from the last meeting were also on the agenda to be discussed.

Working in partnership with others

- Staff involved health and social care professionals to promote and maintain where possible people's well-being. Referrals had been made and included referrals to the stoma nurse, speech and language therapists, GPs and tissue viability nurses.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Improvement had been made at this inspection; however, it was too soon to demonstrate that improvements to the governance systems in place were robust and had been fully embedded. Records held at the service were not always a complete and accurate record. As such, the provider continues to be in breach of regulation 17.