

## Monread Lodge Nursing Home Limited

# Monread Lodge

### Inspection report

London Road  
Woolmer Green  
Knebworth  
Hertfordshire  
SG3 6HG

Tel: 01438817466

Date of inspection visit:  
21 November 2018  
22 November 2018

Date of publication:  
20 December 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection took place on 21 and 22 November 2018 and was unannounced. At our last inspection on 25, 27, 29 September and 9 October 2017, the service was found not to be meeting the required standards in the areas we looked at. There were breaches against regulations of the Health and Social Care Act (Regulated Activities) 2014.

The breaches included regulation 9. Care and treatment of service users did not always meet their nutritional needs.

Regulation 12. The provider had not ensured people's changing needs were reviewed and actions put in place to mitigate risks.

Regulation 13. The provider had not ensured all incidents had been reviewed and investigated to ensure people were safe.

Regulation 17. The provider had not ensured effective systems to monitor and improve the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe, effective, caring, responsive and well-led to at least good. At this inspection we found that the provider had made the improvements required.

There was a manager in post who had 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.

The service was safe. Staff received training in safeguarding and understood how to report concerns. Recruitment practices ensured that suitable staff were employed. Accidents and incidents were monitored to identify any trends or patterns to ensure appropriate actions could be taken. Identified risks to people were reviewed regularly to ensure people's changing needs and risks were managed. Medicines were managed safely by staff that received appropriate training. People were protected from the risk of infections by staff who followed correct infection control procedures.

The service was effective. People's nutritional needs were managed appropriately. Staff received training to meet people's needs effectively. Staff had inductions and supervisions and were supported to do their job. Staff worked in line with the principles of the mental capacity act. People's care was reviewed regularly.

The service was caring. Staff knew people well and staff cared for them in a compassionate way. Staff respected people's privacy and dignity and supported people to maintain relationships. Staff delivered care that was supportive, kind and caring. People were involved in deciding how their care was provided and staff promoted their choice.

The service was responsive. People received person-centred care. People`s needs were assessed to ensure they received the support they required. People were involved with their care plan reviews. People were given the opportunity to think about what was important to them regarding end of life care. People had a voice and the opportunity to discuss and raise concerns.

The service was well-led. The registered manager was very clear about their vision regarding the purpose of the home. Staff understood their roles and responsibilities and worked well as a team. There was an open culture and staff felt they could approach the management team at any time. There were effective systems to monitor the quality of the service, identified issues were actioned and lessons learned. People, relatives and staff were positive about how the home was run.

Further information is in the detailed findings below.

## 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.

People were kept safe by staff trained to recognise and respond effectively to the risks of harm.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff.

Infection control systems were in place and staff received the appropriate training.

### Is the service effective?

Good ●

The service was effective.

People had their mental capacity assessed and best interest decisions were completed to promote people's choice.

People were supported by staff that were trained to meet people's needs effectively.

People's nutritional needs were met. People were provided with a healthy balanced diet.

### Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been

maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to take part in meaningful activities.

People received care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and how the home was operated.

Staff understood their roles and responsibilities and were supported by the registered manager.

# 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on the 21 and 22 November 2018. The inspection was carried out by two Inspectors, a specialist nurse advisor to review the nursing care at Monread Lodge 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also 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.

During the inspection we spoke with 10 people, seven relatives, 12 staff, one community professional, the deputy manager and the registered manager.

We looked at eight care plans, three staff employment files, quality monitoring records' and other relevant documents relating to how the service operated.

# Is the service safe?

## Our findings

At our last inspection the provider did not have effective systems to ensure service users were safe from harm. We found not all incidents had been reported or investigated appropriately to ensure people were safe. At this inspection we found the provider had made the required improvements.

People confirmed they felt safe living at Monread Lodge. One person said, "Oh yes, very safe. [All staff] are so friendly and helpful. They all run around doing jobs. None of them say 'you can't do this or that'." A relative commented, "[family member] is safe there. The staff are great." Staff we spoke with demonstrated an understanding of safeguarding and how to report their concerns internally, and externally to local safeguarding authorities. Staff were aware of how to prevent and recognise the different types of harm and neglect. One staff member said, "If I had any concerns I would report it. Pass it on to the nurses or the senior and always document it."

There were systems in place for the recording of accidents and incidents. We found staff had managed these appropriately by documenting, investigating and taking appropriate actions to ensure people were safe.

Lessons were learned, and improvements made. For instance, we saw an example of a person at risk of falls from their bed. The registered manager had ensured the person had a low bed and a crash mat in place to keep them safe. We found that risk assessment and management plans were in place and up to date. The management plans were specific to the risk identified, responded to emergency situations and review of risk management was observed to be effective and consistent.

Where people used technology to help promote their safety when getting out of bed, we found that it was effective. We noted when the alert mat was triggered, staff responded immediately. This demonstrated the equipment was positioned for effectiveness and staff responded to ensure the person was safe.

Staff rotas were planned and records we reviewed confirmed there were enough staff to meet people's needs safely. Although staff gave us mixed feedback such as one staff member telling us there were enough staff. Another felt that they could do with more staff during busy periods, we found that there were enough staff with the right skills to meet people's assessed needs safely. The registered manager monitored people's changing needs regularly to ensure people's needs could be met.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We found that all the required documentation was in place which included two written references and criminal record checks which were clear. The staff recruitment process helped ensure that only suitable staff were employed. Checks undertaken for prospective staff included those which established their good character, for a clear criminal record, recent photographic identity and satisfactory previous employment references.

The registered manager of Monread Lodge had a system in place to ensure the home was cleaned daily and staff took appropriate measures to ensure infection control was managed. For example, wearing

appropriate gloves and aprons when providing personal care.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. One staff member said, "I recently completed fire and infection control training."

## Is the service effective?

### Our findings

At our last inspection the provider did not ensure people's nutritional and hydration needs were met. We found some people's dietary requirements were not met and some people were not always weighed, or records of their weight completed as required.

At this inspection we found the provider had made the required improvements.

We found that people's nutritional and hydration needs were managed appropriately. Where required specialist advice was sought from dieticians and speech and language therapists. This was to ensure people's dietary needs were managed appropriately. Peoples weights were monitored as required and reviewed regularly. We found that records of people's weights showed that issue of weight loss were picked up quickly and referrals sent to dietician. We also found other professionals' input such as, dietician, dentist, neurologist, speech and language therapist team, chiropodist and optician. Where people had issues with swallowing these were referred to relevant specialists and the guidance was in place to ensure appropriate support.

Staff were aware of people's dietary requirements for example, pureed diets. The chef had systems in place to manage people's dietary requirements to ensure they received appropriate food. There was access to food throughout the day including snack boxes to ensure people could have food when they wanted. One person said, "The food is good." Another commented, "The food is quite good, and it's cooked well too. Drinks are fine."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found staff were working in line with the principles of the MCA.

We also found where required people had capacity assessments and best interest decisions in place. Staff promoted people's choice and people preferences were sought and respected. One staff member said, "People's choices are important. We always ask what people want." We saw staff offered people choices throughout the day and sought their permission to support them.

People received pre-assessments to ensure their needs could be met. People's needs were regularly reviewed to ensure any changing needs were supported. For example, changes to a person's mobility or nutritional requirements.

Staff received inductions and appropriate training to ensure they had the skills to meet people's needs. There were systems to monitor staff training requirements and training was provided on a regular basis. One staff said that they had just started a level 5 National Vocational Qualification in social care. Staff confirmed they received regular training and felt supported. Another staff member told us, "The training is good."

Staff confirmed they felt supported by the registered manager and confirmed improvements had been made since the last inspection. One staff member said, "It is just a much better place to work since the new [registered] manager came. I can see them when I want, and they listen to what we have to say. Staff were supported with regular meetings to discuss important information and share ideas.

Staff received supervisions and training to help them develop and they told us they felt supported. One staff member said, "I have supervisions every three months. I am happy and feel that I am progressing. I have the opportunity to talk about how I am feeling, It's a two-way conversation within my supervision. The [registered] manager is approachable, [they are] great."

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "The staff are always kind and caring, always. Staff seem to know what they're doing. They look after me."

Staff supported people with dignity and respected their privacy. We saw staff knocking on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person said, "[Staff] always close my curtains. I might be old, but I still need my dignity." A relative said, "The staff are lovely. They have really looked after my [family member]. Staff really care." One staff member told us, "The care is good here, I would have my own mother stay here."

There were caring interactions between care staff and people. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. We observed during lunch one person had become distressed and staff managed the situation in a kind and respectful way. They spoke with the person discreetly and the interaction was caring, the person was supported back to their room by their request. We observed staff managed situations that arose with kindness and respect and gave people the time and reassurance they needed. One relative said, "Staff are always very friendly."

Staff considered people's communication skills and took the time to find out about who they were. One relative told us about the care their family member received, despite their difficulty with communicating, staff had been able to engage with the person. The relative said, that staff had taken time to get to know their family member and that staff always gave the person time to listen to what they had to say. People's private and confidential information was stored securely and staff all understood the importance of maintaining confidentiality.

People and where appropriate relatives were involved with the care plan reviews. People's preferences were sought to determine how the care and support people wanted was provided. One relative said, "I recently sat down with a nurse and we discussed the care plan."

## Is the service responsive?

### Our findings

People received care that was flexible and responsive to their changing needs. One relative said, "My [family member] has done really well here. They look happier here and the communication with staff is excellent." Another relative told us that staff met their family member's needs well and that the person had "settled in really well".

Care plans had been further developed since the last inspection took place and were now more detailed in providing staff with information they required to support and care for people. Care plans were person centred and gave staff appropriate guidance.

Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support. Care plans showed involvement of service users and relatives, comments and contribution made by residents and relatives were clearly stated. There was an individual support plan folder in people's rooms that gave a highlighted summary of support required. This gave staff a quick reference check of people's needs.

People were provided with a range of opportunities to feedback their views on the service. People's views were sought through meetings and people were able to give their feedback through completion of questionnaires. One relative said, "This is a good home, [staff] really listen to you." Another relative told us, "Staff spend the time to update you with what's been happening."

People and relatives felt comfortable raising any concerns or complaints with the management team should they need to and that they were confident that appropriate actions would be taken. One person said, "I would have a word with a nurse or the management. They're helpful." We saw that there was a process in place to investigate and report findings when a complaint was raised. One relative said, "I know who to talk to if I had any concerns." They told us they could speak with various staff including the registered, and deputy, manager.

People who lived at Monread Lodge were supported with their end of life care needs. People's end of life preferences were sought, to ensure peoples wishes were respected. Anticipatory medicines for pain and anxiety relief were obtained should they be needed. This ensured people received the appropriate care when required. One relative told us about the end of life support their relative had received. They confirmed although this was a difficult time, it was made easier by the caring staff at Monread Lodge. They said, "[Staff] gave us the space we needed but were also there when we needed them. They did everything, I was glad they were there."

# Is the service well-led?

## Our findings

At our last inspection we found care plans did not always reflect people's likes and dislikes and lacked up to date information on some people's needs. There had been unreported incidents and the monitoring of people's weights had been ineffective.

At this inspection we found the provider had made the required improvements.

We found that the quality assurance and oversight systems had improved the accuracy of records which showed that issues of weight loss were picked up quickly and referrals sent to a dietician. The audits were also now effective in identifying when other professionals input was needed such as, dentist, neurologist, speech and language therapist team, and chiropodists. In addition, this information was used to improve the quality of care people received by having and using relevant specialist's guidance that was in place to ensure appropriate support. In addition, this showed us that where required, the registered manager shared information and worked in partnership with others involved in people's care.'

The management team used information from audits to drive consistent improvements. These audits were carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. The registered manager confirmed that the quality manager attends the home monthly to complete audits and ensure action plans were put in place where required. Health and safety staff completed bi-monthly audits and the regional director looked at any outstanding actions.

The registered manager received support from their operations' manager and they had regular meetings to support learning. They also met with other local managers to discuss ideas and share knowledge. The registered manager confirmed they felt supported. We saw there were systems in place to ensure the registered manager was up-to-date with best practice.

People their relatives and staff were all positive about how the home was run. They were complimentary about the registered manager who was described as approachable and supportive. One staff member said, "The [registered] manager's door is always open."

The registered manager was very clear about their vision regarding the purpose of the service, how it operated, and the level of care provided. They told us they completed at least three daily walks about the home. They talked to people and staff to check everything was alright. They observed and checked staff competency and ensured the environment was safe. Staff we spoke with confirmed the registered manager was visible around the home, as was the deputy manager.

There were meetings held every day with the heads of the departments to discuss any issues and talk about what was going on. This enabled the registered manager to have an overview on the day's events and it also gave them the opportunity to pass on any relevant information or updates they wanted passed to staff.

The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member said, "We have a good team here." Staff confirmed they received handovers and were aware of their responsibilities. Another staff member told us, "You can trust [registered manager]. Staff know what we are doing."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.