

Risedale Estates Limited

# Risedale at Lonsdale Nursing Home

## Inspection report

Risedale at Lonsdale  
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09 January 2020

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## 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

Risedale at Lonsdale Nursing Home is a residential care home providing personal and nursing care. There were 85 people living in the home when we inspected.

The home accommodates up to 93 people across three units. One unit specialises in supporting people who are living with dementia.

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

There were enough staff to support people. The provider used thorough recruitment procedures to check new staff were suitable to work in the service. All staff were trained in how to identify and report abuse. The provider identified and managed risks to people's safety. The provider had systems to learn from incidents to further improve the safety of the service. The staff handled medicines safely and people received their medicines as their doctors had prescribed.

The staff were trained and competent to support people. People received support to enjoy their meals and to maintain a healthy diet. The staff worked effectively with other services to ensure people received the care they needed to maintain good health. The staff and registered managers understood their responsibilities under the Mental Capacity Act 2005 and people's rights were respected. 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 staff were kind to people and attentive to their needs. They supported people to be involved in decisions about their care and to express their views and wishes. The staff respected people's privacy and dignity and promoted their independence.

The staff planned and delivered care to meet people's needs and to take account of their wishes and preferences. People were able to see their visitors as they wished and were provided with a range of activities they could take part in. The provider had a procedure for receiving and responding to complaints and people knew how they could complain about the service. People received high-quality support as they reached the end of their lives and were asked for their wishes regarding their end of life care.

People received person-centred care which focused on what was important to them and took account of their preferences. The provider and registered managers were committed to the continuous improvement of the service. People valued the service and said they would recommend it. The staff worked with other services to ensure people received appropriate care promptly as their needs changed.

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

The last rating for this service was good (published 6 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating. Before we inspected we received concerns about a serious allegation of abuse. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. We looked at how the provider protected people from the risk of abuse. We found no evidence during this inspection that the provider had failed to take appropriate actions to protect people from the risk of harm from this concern. Please see the safe section of this full report.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Risedale at Lonsdale Nursing 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 three 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

Risedale at Lonsdale Nursing Home 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 two managers 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

The first day of this inspection was unannounced. The lead inspector arranged to return to the home on 9 January 2020 to look at records related to the management of the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority and healthcare services which worked with the home to gather their feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and six visitors about their experience of the care provided. We spoke with 11 members of staff including the registered managers, eight members of the care team, and the provider's catering manager. We also spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at five staff files in relation to recruitment and training. We also reviewed records relating to the management of the service and how the provider and registered managers maintained oversight of the quality of the service. We walked around the home and observed how the staff interacted with people.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Staffing and recruitment

- The provider and registered managers had systems to protect people from the risk of abuse. All staff had training in how to identify abuse and report concerns. Details of who staff could contact if they had any concerns a person was at risk were available for staff to refer to, as they needed. The contact details included organisations outside of the home such as the local authority and CQC.
- The provider carried out robust checks on all new staff before they were employed in the home. These included checking people's conduct and confirming their good character by taking references from their previous employers. All new staff were checked against records held by the Disclosure and Barring Service. This checked applicants had not been barred from working in a care service and that they did not have criminal convictions which would make them unsuitable to work in the home.
- Before we carried out our inspection the provider had notified us of a serious allegation. The allegation was being investigated by the police and subject to safeguarding procedures. The provider and registered managers were cooperating with the police investigation and safeguarding procedures. The provider and registered managers had taken action in response to the allegation, as required.
- People who lived in the home and the visitors we spoke with all told us they were confident people were safe. One person told us, "I feel cared for and very safe." People told us there were enough staff working in the home and said the staff usually responded promptly when they required assistance. One person told us they had, on one occasion, had to wait for a significant time for staff to support them. We passed this to the provider to look into.

Assessing risk, safety monitoring and management

- The registered managers had carried out risk assessments to identify and manage risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way and how to manage any risks.
- Where people had capacity to make choices which involved risks to their safety staff had given them clear information about the risks and how they could try to reduce them. One person told us, "They [staff] advise you, they don't stop you."

Using medicines safely

- The registered managers had systems to ensure people received their medicines safely and as they needed. Medicines were stored, administered and disposed of safely. People told us they received the support they needed with taking their medicines. One person said, "I get them [medicines] same time every day, they are good at that."
- All staff who handled medicines had been trained to do so. The staff made accurate records of the medicines they had given to people.

- The provider carried out audits on medicines and medication administration records to check people had received their medicines as their doctors had prescribed.

#### Preventing and controlling infection

- The home was clean and people were protected against the risk of infection. People told us the staff helped them to keep their rooms cleaned to a high standard. One person told us, "They [staff] do keep the room clean."
- The staff were trained in infection control and food hygiene. They used appropriate personal protective equipment, such as disposable gloves and aprons, to protect people from the risk of infection. We saw the staff handled food safely.

#### Learning lessons when things go wrong

- The provider analysed incidents and accidents in the home to ensure any lessons were learnt to keep people safe. Learning from incidents and accidents was shared with the staff team and appropriate external agencies to ensure learning was shared.



# 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 good. At this inspection this key question has remained the same. 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

- The registered managers assessed people's needs and planned their care in line with best practice. The needs assessments had been used to develop individual care plans which guided staff on how to support people.
- Some people had complex needs. Appropriate specialist services had been included in assessing and planning their care.

Staff support: induction, training, skills and experience

- The staff were trained, skilled and competent to care for people. The provider ensured all staff received training relevant to their roles and to meet people's specific care needs.
- All staff received thorough induction training before working in the home. The provider had developed a training programme with a local and national university to give the staff opportunities to study for nursing qualifications. This helped the provider to ensure they had nursing teams with the appropriate skills and qualifications to care for people.
- The staff felt well supported and had regular meetings with a senior staff member where they could discuss their performance and development.

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

- The staff supported people, as they needed, to eat and drink and to enjoy their meals. People had a choice of meals and snacks were available as people wanted. One person told us, "Even at three o'clock in the morning they [staff] would make you something."
- Most people told us they enjoyed the meals provided. Two people said the quality of the meals varied but they had noticed meals were improving. The provider had employed a catering manager to oversee the meals provided. The catering manager was speaking to people to gather their feedback on the quality and variety of meals provided. They were planning changes to the meals based on people's feedback.

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

- The staff worked cooperatively and effectively with other agencies to ensure people received the care they needed. They had good links with specialist services which supported people and made appropriate referrals to external services if people's needs changed.
- The staff supported people to access local services such as their doctors, dentists and opticians as they needed.

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

- The home had been adapted and designed to meet people's needs. People were involved in decisions about the décor of their own rooms. The provider had ensured suitable equipment was available as people needed.
- The provider was committed to the continuous improvement of the service to ensure people's needs were met. They had purchased land adjacent to the home to create a secure garden area for people to enjoy.

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.

- The staff involved people in all decisions about their care and people's rights were protected. The staff and registered managers understood their responsibilities under the MCA. People were asked for their consent to their care. The staff knew how people expressed their decisions about their care.
- Some people required restrictions on their liberty to ensure their safety. The registered managers had applied to the local authority, as required, for DoLS authorisations.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff treated people with kindness and respect. One person told us, "I think they [staff] are caring, and they are loving." We saw the staff were attentive to people's needs and gave people prompt attention if they felt anxious.

Supporting people to express their views and be involved in making decisions about their care

- The staff supported people to be involved in decisions about their care and to express their views and wishes. One person told us, "They always listen to what I have to say."
- People could identify relatives or friends who they wanted to support them to make important decisions. The registered managers were aware of how to contact local advocacy services if people needed independent support to make or to express their decisions.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity and promoted their independence. They provided all personal care in private and knocked on doors to private areas before entering.
- The staff gave people time to carry out tasks themselves and supported people to maintain their independence. They were attentive and offered support and guidance to people promptly when they needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

#### End of life care and support

- People received high-quality support as they reached the end of their lives and were asked for their wishes regarding their end of life care.
- The home had a clear and well-established strategy for supporting people and their relatives as they reached the end of their lives.
- The provider had links with local organisations who specialised in best practice in supporting people as they reached the end of their lives. They had worked with the specialist organisation to ensure people in the home and local community received excellent care at the end of their lives.
- The staff had the skills and knowledge to provide high-quality care to people. The home had achieved accreditation to the nationally recognised 'Gold Standard Framework' (GSF) for end of life care. This model of good practice enabled a 'gold standard' of care for all people at the end of their lives.
- The GSF focuses on systems changes within a service that are centred on the highest standards of end of life support, communication systems, training, collaborating with healthcare organisations and quality auditing. The approach being taken meant staff responded quickly to changing health needs and had reduced people being transferred to hospital for care when they wanted to stay in the home with familiar staff and surroundings at the end of their lives.

#### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff planned and delivered care to meet people's needs and to take account of their wishes and preferences. People and those who knew them well had been included in planning their care and sharing their views and wishes.
- Each person had a detailed care plan to guide staff on how to support them. People and their relatives told us they were aware of their care plans and had been included in developing and reviewing them. One person told us, "I am aware of my care plan." A relative said, "I was involved in [relative's] care plan."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider followed the AIS and people received information in the way they needed. The provider had systems to identify, record and share information about how people communicated and any assistance they needed to understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to see their visitors as they wished and were provided with a range of activities they could take part in. Visitors told us they were made welcome by staff when they visited the home. They told us they could see their relatives any time with no restrictions on times they could visit.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints and people knew how they could complain about the service. Most people told us they had never had to complain about the service. Where concerns had been shared with the staff in the home these had been resolved. One person told us, "I did complain about something once ... it was sorted out straight away."

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered managers were committed to providing people with high-quality, person-centred care which respected their rights and promoted a good quality of life. They included people and their families in decisions about their care to ensure the care focused on what was important to individuals and took account of their preferences.
- People valued the service and said they would recommend it. One person told us, "It is a nice place I would recommend it to anybody." A relative said, "I used to get scared when they mentioned care homes but not anymore."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 managers, staff and the provider were all clear about their roles and responsibilities. The provider and registered managers monitored the safety and quality of the service to ensure they were meeting legal requirements.
- The registered managers had notified us, as required, of significant events which had happened in the home. This meant we could check they had taken appropriate action in response to incidents. The notifications showed the provider had acted on their responsibilities under the duty of candour, sharing information about incidents with appropriate people and giving an apology, where appropriate, when incidents had occurred.
- There were clear lines of accountability and the staff were aware of who they could contact if they required guidance or advice.

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

- The provider and registered managers sought people's views about the service and how it could be further improved. People and their families could share their views at regular meetings held to discuss their care and by completing an annual survey to share their views with the provider. The staff also held meetings where people could raise any concerns or suggest changes they wanted to see to the service.

Continuous learning and improving care

- The provider and registered managers were committed to the continuous improvement of the service.

They monitored the service to identify if there were any areas where further improvements could be made. They learnt from any incidents to identify where the service could be further improved.

Working in partnership with others

- The registered managers and staff worked cooperatively with other services to ensure people received appropriate care promptly. They identified if people's needs had changed and if they required support from specialist services and arranged for this to be provided.