

Lound Hall Limited







Lound Hall

Inspection report

Jay Lane
Lound
Lowestoft
Suffolk
NR32 5LH
Tel: 01502 732331
Website: www.loundhall.com

Date of inspection visit: 4 September 2015
Date of publication: 30/10/2015

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	

Overall summary

Lound Hall is a care home providing nursing care to a maximum of 43 people. At the time of our visit there were 38 people using the service.

The inspection was unannounced and took place on 4 September 2015.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers they are registered persons; registered persons have legal requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

People told us they felt safe and secure living at the service and one person said the staff made them feel, "Comfortable," and, "Secure." There were systems in place to reduce the risks to people and protect them from avoidable harm.

Summary of findings

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. People told us they were confident in the skills and experience of staff. There were enough suitably trained and supported staff available to support people during our inspection.

People told us they received their medicines when they needed them. There were robust systems in place to ensure that medicines, including controlled drugs, were stored and administered safely.

Staff told us they felt supported by the manager of the service and the managing director. They said that the training they received provided them with a good understanding of topics such as the Deprivation of Liberty Safeguards (DoLS). People spoke highly of the staff and told us they were, “Completely comfortable,” raising concerns or issues with them.

The service was complying with the requirements of the Mental Capacity Act (2005) and the DoLS. Appropriate DoLS applications had been made where required, and assessments of people’s capacity were completed appropriately.

People were supported to engage in meaningful activity which they enjoyed individually. At the time of inspection the service was recruiting a new staff member to coordinate activities within the service.

People were positive about the care they received from staff. People and their relatives had input into the planning of their care. Staff demonstrated they knew people they cared for well.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. There was an open culture at the service. People using the service, their relatives and staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren’t happy.

Summary of findings

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.

There were enough staff to meet people's needs. Recruitment procedures were robust.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service.

Good



Is the service effective?

The service was effective.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Staff and the registered manager complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff treated people in a kind, caring and respectful manner.

People formed positive relationships with the staff caring for them, and a caring atmosphere was promoted by the management of the service.

Good



Is the service responsive?

People received care which was planned and delivered in line with their personalised support plan. People had input in the planning of their care.

People and their relatives were encouraged to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

People were supported and encouraged to engage in meaningful activity.

Good



Is the service well-led?

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the home, with staff and people using the service encouraged to help improve the service they received.

Good



Lound Hall

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.

This inspection took place on 4 September 2015 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give key

information about the service for example what the service does well and any improvements they intend to make.

Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

Many people using the service were very unwell and were unable to speak with us about their care, so we observed the support they received from staff to help us understand their experiences. We spoke with three people, one relative, four members of staff and the manager. We looked at the care records for seven people, including their care plans and risk assessments. We looked at staff recruitment files, medicine records, minutes of meetings and documents relating to the monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe and secure living at the service. One person said, “I have never felt safer.” Another person commented, “There’s always people here day and night which makes me feel safe.” One other person told us, “The staff make me feel really comfortable and secure here. I don’t have to worry about security.” A relative said, “I know [relative] is completely safe. [Relative] wouldn’t be here if I had any concerns.”

There were detailed risk assessments in place for each person using the service, which informed staff on how to reduce the risks in their daily living and protect the person from harm. Assessments included hazards such as specialist nursing equipment, bed rails, and mobilising independently. Staff told us about the risks to people and how they minimised these. One said, “Lots of people here have special equipment which you have to check a lot to make sure it’s working.” Another member of staff told us, “Checking the equipment all the time, it’s important because if it fails it could be really bad for the person.”

Staff were proactive in reducing the risks to people and protecting them from avoidable harm. For example, we saw one member of staff supporting a person to change their body position to reduce the risk of them developing a pressure ulcer. The understood why this was important to support the person’s wellbeing and overall health.

Incidents, accidents and any safeguarding concerns were monitored and investigated.. Systems were in place to track these for trends, and to inform measures which may reduce the risk to people in the future. We saw that an investigation had taken place when a safeguarding concern was raised with the service by the local authority. Appropriate actions had been put into place following this to inform future learning. Staff demonstrated an understanding of safeguarding processes and procedures and their responsibility in protecting people from abuse and reporting any concerns.

There were enough staff to meet people’s needs. The manager told us that the staffing levels were regularly reviewed and were dependent on the needs of the people using the service. One person told us, “There is loads of

staff, I never have to wait.” Another person said, “They’re there quick.” One other person said, “Sometimes I wait a bit but only a few minutes after I call my bell. They don’t seem to be too rushed off their feet and have time to stay for a talk.” A relative commented, “The manager does put on enough staff. They’re always free to talk to me when I visit and update me on how [relative] has been doing.” Staff told us they felt the staffing levels were appropriate to meet the needs of the people they were caring for. One said, “I don’t feel under pressure a lot, most of the time I think we have enough time to give people what they need but also a bit more than that.” Another said, “[Manager] makes sure we don’t struggle.”

There were robust recruitment procedures in place in order to ensure that prospective staff had the appropriate skills, qualifications and background for the role. These included ensuring staff did not have any relevant criminal convictions which would make them unsuitable to work with people made vulnerable by their circumstances. The service had processes in place to ensure that nursing staff employed by the service had a current registration with the Nursing and Midwifery Council.

People told us they received their medicines when they needed them. One said, “I’d forget but luckily I don’t have to remember because they do it for me.” Another commented, “I only have to ask for more pain relief and I get it straight away.” A relative of one person told us, “[Relative] needs a lot of medicines and as far as I know they always get it. When they’re in pain the nurses are quick to administer something to ease it.” Where people were prescribed ‘as required’ (PRN) medicines, there was appropriate documentation in place to guide staff on why the medicine had been prescribed and when it would be appropriate to administer this medicine. There were robust processes in place for the administration of controlled drugs, which were administered only by qualified nursing staff. There was sufficient information available to staff about people’s controlled drugs and specialist medicines they received for particular physical health conditions. Medicines, including controlled drugs, were stored and administered safely, and by staff suitably trained to administer them.

Is the service effective?

Our findings

People told us that the staff asked for their consent before delivering care and treatment to them. One said, “They try and make me feel as in control of it as possible.” Another commented, “They’re so polite, they always ask before they do anything. Always explain what they’re doing and why.” A relative said, “The staff seem to be mindful of [relative’s] choice in the matter.” Our observations confirmed what people told us. For example, we saw a staff member asking a person who was unable to verbally communicate if they could nod their head to indicate they didn’t mind the staff helping them. One staff member commented, “It has to be all about them, just because they’re ill doesn’t mean they don’t have a choice in what happens still.” Another staff member said, “You have to try as much as possible to get people to agree to what needs doing.” Where able, people and their relatives had signed care documents to indicate they were happy with the care that was planned for them.

The manager, managing director and care staff were up to date with the changes in legislation around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Referrals had been made to the local authority in line with guidance to ensure that any restrictions placed on people were lawful and in their best interests. Staff and the manager demonstrated a good knowledge of these subjects and how they impacted upon the people they cared for. One staff member said, “The people here still have a right to decide what happens in their life with our help.”

People told us the staff caring for them had the skills and experience to meet their needs. One said, “My impression is that they know what they should.” Another told us, “They know all about me and my medical condition. They certainly have the knowledge or make it their business to have the knowledge.” A relative said, “The staff seem highly skilled and are very professional in everything they do.” Staff told us they received the training they needed to care for people effectively. One staff member said, “They don’t scrimp on training here.” Another told us, “Whatever training we need or ask for, we can have.” Staff demonstrated knowledge of subjects they told us they had received training in and understood how people’s needs should be met safely.

Staff told us they felt supported to care for people and had regular one to one sessions with the management team

where they could raise issues and discuss training and development needs. Care staff told us they found these sessions useful as they could gain feedback on how they were doing and discuss how their skills could be built upon. One staff member said, “I know I can go to [manager] any time if I have concerns, but meetings are handy for finding out what I could be doing better.” One staff member told us they had once asked for extra training in a subject they felt unsure of, and said that the manager had arranged this for them. Nursing staff told us, and records confirmed that they were supported to attend sessions which kept them up to date with latest best practice issued by the Nursing and Midwifery Council. This demonstrated that the management of the service took action to ensure that staff had access to sufficient training and development opportunities to enable them to provide safe and effective care to people.

People told us they were able to choose what they ate and drank. One person said, “They come every morning and ask me what I want for my lunch and dinner. The food is glorious.” Another person commented, “I can choose whatever I want. If they haven’t got it, they’ll get it in for the next day. I couldn’t fault the food.” A relative said, “[Relative] is asked what [relative] wants to eat every day. I’ve eaten the food myself and it is restaurant quality.” This was confirmed by our observations. For example, we saw staff asking people what they wanted for their meal. For one person who was unable to communicate their choice verbally, we saw that staff took both meals to the person and they pointed to the one they wanted. The support people required to maintain healthy nutrition and hydration was clearly documented in care planning. Staff were able to tell us what support people required and this was confirmed by our observations of the support people received at lunch time.

People told us they could see a health professional when they wanted to. One said, “I say I’m feeling a bit under the weather and they get the doctor out straight away.” Another commented, “Any time. The doctor comes to see me, and the chiropodist too.” The input people had from other health professionals was documented in their care records. For example, some people had been referred to the dietician for specialist support with their nutrition. The guidance received from the dietician was clearly reflected in people’s care records.

Is the service caring?

Our findings

People told us that the staff were caring and compassionate towards them. One said, “They show great affection and kindness to me.” Another told us, “I feel very grateful to the staff for the understanding and kindness they bless me with.” Another commented, “Kindness is always shown to me.” A relative said, “The staff show great compassion and understanding to what are very sick people. It’s admirable.”

We observed that staff treated people in a kind and compassionate manner. For example, many people were unable to verbally communicate but staff comforted them with reassuring touch. We observed that staff made time for people who wanted to speak to them, even when they were in the middle of a task. Staff attended to people’s care at their own pace and the attention staff paid to people was not task focused. Staff spoke of people affectionately and clearly knew the people they cared for well. We observed that the relationships between people using the service and the staff were positive, and staff understood their physical, social and emotional needs and how these should be met. People told us they felt listened to by staff, and that the staff cared about what they had to say. One said, “I feel like they care about me and what I have to say.” Another said, “Even if they don’t have time they make time for me.”

People told us that staff supported them to remain as independent as possible. One said, “They encourage me to

try and do what I can and they pick up the rest of the slack.” Another told us, “[Staff] allow me the time to try and do it myself, they understand I still want a bit of the dignity that doing things myself brings.” We observed that the management of the service and staff made efforts to enable people to be independent. For example, one person was given a key card for the door so they could leave the home to smoke without having to ask staff to unlock the door. The person commented, “I’m well enough to get about now, it’s a little bit of freedom.”

People told us, and we observed, that staff respected people’s privacy and upheld their dignity. One person said, “It’s not very dignified being in my condition, but they do their best to make me feel that way.” Another person commented, “[Staff] do respect my privacy.” One other person told us, “I am respected, what I want is respected, and if I need privacy they give me that. I don’t ever feel my dignity is compromised, they try their best.” A relative said, “[Staff] appear very respectful.” Staff told us about the ways in which they ensured people’s dignity was upheld. For example, one staff member told us about respecting people’s choices in terms of the gender of care staff assisting them with intimate care. Another staff member told us about ensuring people understood what was going to happen when staff assisted them with elements of their care. We observed that staff upheld people’s dignity by ensuring conversations about their care were discreet and that personal care was carried out in private.

Is the service responsive?

Our findings

Most of the people using the service had very complex nursing needs. Their care records were personalised and comprehensive. They contained detailed information about their specific medical conditions with pictorial references. This ensured staff had the information to fully understand and meet people's medical needs. Staff had access to informative fact sheets about people's complex conditions and care staff told us they found these helpful. We observed staff reviewing people's care records before delivering care.

People told us that staff were responsive to their needs and provided them with care when they required it. One said, "I only have to call and they're straight there, they don't hang around." Another commented, "Whatever I need, it's done." One other person told us, "I need a lot of help and they attend to it well." A relative said, "[Staff] are quick to fulfil [relative's] needs."

Many people were unable to verbally communicate their views about their care to staff. However, there was information available for staff to support them to explore different ways of finding people's views such as by monitoring their facial expressions or body movements. Where people were able they had been involved in the planning of their care. One said, "I know what's written about me, I've seen it all." Another told us, "They've asked me before what I wanted help with and I told them." One other person commented, "I've had my say." A relative said, "[Relative] can't say what [relative] thinks but [manager] has tried to involve me in decisions as much as possible."

Staff told us about the interests and hobbies of some people using the service, and we saw that this matched what was documented in their care records. Many people were very unwell, stayed in bed and were unable to verbally communicate with staff and spent much of their time asleep. We observed that care was taken to ensure they still had a source of stimulation. For example, some people had music of their choice playing in their bedroom. Another person's television was on, giving them something to listen to. They also had regular interaction from staff, who sat and talked to them, and communicated with them through reassuring touch. The manager told us they were currently advertising for a member of activities staff, but said that at present, many people were unable to leave

their bedrooms so staff interacted with them on an individual basis. The provider should explore nationally recognised guidance about how to socially stimulate and people who may become socially isolated due to their deteriorating health.

People told us that they could have visitors whenever they wanted and that staff helped them keep in touch with their families. One said, "I can telephone whenever, they visit me any time." Another told us, "[Relatives] come visit me every day and sit with me." One other person commented, "Any time." A relative told us, "The door is always open, day or night. I know I can visit whatever time I wish." Staff members and the manager told us about how one person had been showing distress at the lack of communication they had with overseas relatives. Staff told us about how they now supported the person to communicate with these relatives regularly via video call. This had helped to ease the person's distress, and this was corroborated by the person's care records.

People understood how to complain about the service. One person said, "I know, but I don't think I'll ever need to." Another person said, "I hope I never need to but I know I can always tell [manager] if something upsets me." A relative said, "I'm well aware of how to complain but I've never been given reason to as yet. I would feel confident in doing so though." At the time of our visit the service had not received any complaints.

The manager told us that people were asked for their views on the service through annual surveys, and this was corroborated by a relative who told us, "I recall filling in a survey for them now and again, just asks what I think and if anything could be better." We observed that the results of these surveys were analysed by the manager for trends, and these were compared with the previous year's results. The results of the surveys were on display in a communal area of the service and showed that there had been an overall improvement in people's views of the service since the previous survey. All the survey responses we reviewed were positive. People told us they felt their views mattered and that they were acted on, one said, "They definitely make me feel like my thoughts matter. When I have expressed grumbles in the past the staff take my comments and really run with them." Another said, "I do think they care what I think."

Is the service well-led?

Our findings

People made positive comments about the management of the service. One person said, “[Manager] is around a lot, I know [manager] on a personal level as they make time for me.” Another person told us, “Just brilliant. Always on the ball, nothing gets passed [manager].” One other person commented, “Great manager. Runs a tight ship.” A relative said, “I really get along with [manager], she keeps me informed and knows [relative] well.” Staff were also positive about the management of the service. One said, “I couldn’t ask for a better manager.” Another commented, “[Manager] is like part of the family. We all gel really well together.” We observed throughout our inspection that the manager was visible around the service and supported staff by getting involved in tasks and delegating staff responsibilities.

There was an effective quality monitoring system in place at the service which was capable of independently identifying shortfalls and areas for improvement. The management of the service showed us records of checks they carried out on the service, such as maintenance checks, checks on staff knowledge, checks of equipment and checks on care planning records. We saw that in several of the care records we reviewed, there was an audit sheet at the front which listed issues which needed to be put right to ensure that information was up to date. We checked to see if these actions had been completed and found that they had. This minimised the risks of people receiving unsafe or inappropriate care.

There was a system in place to monitor incidents and accidents for trends, so that measures could be put in place to reduce the risks of incidents reoccurring. For

example, the service kept a note of falls and tracked these to identify if there were trends such as times of the day the person fell. This could allow the manager to recognise potential triggers which could be avoided in future to reduce the risk to the person.

The manager of the service promoted a culture of openness, honesty and transparency within the service. Staff told us, and records confirmed that they were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to share learning and take responsibility where mistakes had been made. Staff told us they found team meetings useful, and felt supported to raise issues and suggest changes they felt needed to be made. Staff were also given the opportunity to take part in a survey of their views where they could make suggestions about the way the service provided to people could be improved.

The manager of the service was a registered nurse and told us they regularly carried out shifts with the other nursing staff. This meant they could identify any training or development needs and identify any issues in the provision of people’s nursing care. The service had positive links with other healthcare bodies such as GP surgeries. A visiting health professional said “They work very well with us, they communicate well and the nurses are fantastic.” The manager took a lead role in

There were clear goals and visions for the service. The manager was passionate about what the service had to offer and the staff shared this enthusiasm. Staff told us they were aware of the direction the provider and manager wanted to the service to move in, and that this had been discussed with the staff group on a number of occasions.