

Raunds Lodge Nursing Home Limited

Raunds Lodge Nursing Home

Inspection report

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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 

Overall summary

This inspection took place on the 4th August 2015 and was unannounced.

The service is registered to provide care for up to 33 older people. The service provides care to older people with a variety of needs including the care of people living with dementia. At the time of our inspection there were 24 people living there.

There was a registered manager in post at the time of our inspection. 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 responsibility for

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff

Summary of findings

understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and individualised care plans were in place and were kept under review. Staff had taken care to understand people's likes, dislikes and past life's and enabled people to participate in activities either within groups or on an individual basis.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative was receiving and felt that they could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve and develop the service for both the people living in the service and people in the community.

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 is safe

People and their families said they felt safe

Staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

Health and Safety Audit undertaken and equipment was regularly maintained

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines

Good



Is the service effective?

The service is effective

People received support from staff that had the skills and experience to meet their needs.

Staff had regular supervision and a programme for appraisals was in place.

The staff training program was focused on ensuring they understood people's needs and how to safely meet these.

People were involved in decisions about the way their support was delivered.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People were supported to eat a healthy balanced diet.

People's health care needs were regularly monitored.

Good



Is the service caring?

The service is caring

People received their support from staff who treated them with kindness, compassion and respect and who engaged in conversation with them.

Staff respected people's dignity and right to privacy.

People's individuality was respected by staff.

People were encouraged to express their views and to make choices. Care plans included people's preferences, including end of life plans.

Accredited for the Gold Standard Framework for End of Life care.

Visitors were made to feel welcome.

Good



Summary of findings

Is the service responsive?

The service is responsive

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

Staff demonstrated a good understanding of each person in the service and clearly understood their care and support needs.

People's needs are continually kept under review and relevant assessments are carried out to help support their care provision.

Staff spent time with people and responded quickly if people needed any support.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Good



Is the service well-led?

The service is well-led

Communication between people, their families and the service was encouraged in an open way.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality Audits were carried out and action taken to address any shortfalls.

Good relationships with other professionals have been developed.

Good



Raunds Lodge Nursing Home

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 4th August 2015 and was unannounced. The inspection team comprised of two inspectors.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We spoke with six people who used the service, twelve staff including nursing, care, housekeeping and kitchen staff, a care service manager, the registered manager and the provider, plus an advance nurse practitioner. We were also able to speak to a number of relatives who were visiting at the time and a musician who visited the home twice a week.

We looked at six records for people living in the home, five staff recruitment files, training records, duty rosters and quality audits. During our inspection we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People felt safe living in the home, one person said “I am safe here and (my family) think I am as well”. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that telephone numbers for both CQC and for the Northamptonshire County Councils safeguarding team are in their staff room and that they felt able to raise any concerns around people’s safety to the manager and outside agencies if they felt they needed to. They were supported by an up to date policy and had made relevant notifications about safeguarding matters to CQC and the Local Authority.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for tissue viability had charts in place monitoring their intake of food and fluids and repositioning charts which staff completed each day. We observed staff working with one person on a 1:1 basis throughout the day, this had been agreed as part of a risk assessment process and aimed to provide the individual support which the person needed to ensure safe interaction with other people using the service.

There were regular Health and Safety audits in place and fire alarm tests were carried out each week. Following a recent incident where a person went missing from the home a door alarm system has been installed to prevent any similar incidents happening again. Each person had a personal evacuation plan in place and equipment was stored safely and regularly maintained.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of

being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People said that they felt there was enough staff available throughout the day and night. One person said “Staff always come when I press my buzzer; I never have to wait long”. There was a tool in place to work out the ratio of staff required to meet the needs of the people which also took account of the lay out of the building. Records showed that staffing levels were always in line with the assessed needs and that where needed agency staff were used to ensure that the levels of staff remained consistent. The manager confirmed that when they did have to use agency staff they had three regular agency staff who knew the people and the home.

We observed that staff responded to call bells within a couple of minutes. The relatives and staff felt there was enough people on shift. Meal times were a time when people needed a lot of support and the manager explained that they ensured that all staff including her were available to support people.

There were safe systems in place for the management of medicines. People told us that they received their medicine on time. One person said “I get all my medication when I should; the staff are really good with things like that”. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. We observed as staff gave medicines out and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what they were giving the person.

Records were well maintained and regular audits were in place to ensure that all systems were being safely managed. A recent external audit by a pharmacy had raised no issues.

Is the service effective?

Our findings

People received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme which was specifically tailored to their roles. In addition to classroom based training they shadowed more experienced staff over a period of time and had fortnightly supervision with the manager to support their on-going training and development needs. One person said “the induction was good and it was good that the person you shadowed remains as your mentor”.

Staff had regular supervision and a programme for appraisals was in place. The staff training program was focused on ensuring they understood people’s needs and how to safely meet these. All staff had completed the training they needed and there is regular updated training available to help refresh and enhance their learning. One member of staff told us about the End of Life training they had undertaken, they explained how it had helped everyone to work together to support not only the family but the staff team to cope at a sad time. They said they felt more skilled now to ensure that they carried out their specific role in ensuring they worked in a way to deliver the care in a respectful and dignified way at all times.

People were involved in decisions about the way their support was delivered. We observed staff asking people where they wished to sit for dinner and when people were being hoisted the staff spoke continually to them explaining and reassuring them what they were doing and where they were moving to. Their care was regularly reviewed and people and their families were fully involved in this process. We observed when relatives were visiting there was an open dialogue between staff and relatives. Relatives told us that they felt able to talk to any of the staff about the care of their relative. One person said “My mother would not be here today if it was not for the care the staff have given her”.

Staff understood their roles and responsibilities in relation to assessing people’s capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. At the time of our inspection the

majority of the people living in the home did not have the capacity to consent and make decisions about their care. Capacity assessments had been undertaken and appropriate action taken to seek authorisation under the Deprivation of Liberty Safeguards. Families were consulted and kept informed of any impact on the way in which people are cared for and supported.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of the level of risk which included weighing people. Where people were deemed to be

at risk staff recorded what they ate and drank and referred people to health professionals such as the dietitian.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. Meal times were relaxed and people could eat at their own pace and were not rushed. People could choose where they wished to eat their meals and staff were available to support anyone who needed assistance. The manager explained they had ‘protected meal times’ to enable the staff to give their full attention to supporting those people who needed help and encouragement to eat and drink. We observed staff talking to people explaining what they were eating. Food that needed to be pureed was kept separated to enable people to experience the different flavours of the food they were having. Staff said it was important to ensure that although pureed food may not be the most visibly appetising keeping the different flavours and textures separate was important to enhance the persons’ experience of their meal. The cook was regularly updated on any special dietary requirements, need for fortified foods and any specific likes or dislikes for people. One person told us “I get plenty to eat and I get cheese meringue which I like”.

People’s health care needs were regularly monitored. People were referred to the GP and specialist services as required. The care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments. A visiting professional told us “The end of life care is fantastic at Raunds Lodge, it is effective and person centred”.

Is the service caring?

Our findings

People received their support from staff who treated them with kindness, compassion and respect and who engaged in conversation with them. One person said “Excellent care, I couldn’t ask for better”. Staff and people had worked together to personalise their environment to make them feel at home and comfortable. One person said “Welcome to this is my life” and showed us all of the photographs on their bedroom wall. There was a budgie in the quiet lounge which we observed people watching and smiling at.

Staff respected people’s dignity and right to privacy; we saw that when people were supported with personal care doors were closed and staff explained what they were doing. This was particularly evident when staff were supporting people who became quite anxious when they were receiving personal care. People had their own rooms and staff were considerate of their wishes when asking if they could enter their rooms. Staff also made sure that where people had spilt food on themselves this was cleaned with a ‘no fuss approach’.

People’s individuality was respected by staff; responding to people by their chosen name and talking to people about their interests. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. People said that “The staff look after me well”, “Excellent care, couldn’t be better”. One relative said “Could not fault the care, it is outstanding”.

People were encouraged to express their views and to make choices. Care plans included people’s preferences, including end of life plans. Raunds Lodge has achieved accreditation at commend status for the Gold Standard Framework for End of Life care. This is a comprehensive programme of training and assessment which takes up to two years to achieve and includes on-going assessments. The home has ensured that both people and families are consulted and involved in planning and decision-making for people at the end of their life. An Advanced Nurse Practitioner spoke to us and said “Communication is brilliant, I am always contacted in advance and invited to meetings with relatives when we think end of life care is in the very near future. A person’s individual needs are taken into account to ensure they experience dignity in death, equipment is accessed and the GP and other professionals support the Home with the care they needed. Staff spoke of everyone being part of a family and how important it was to ensure the person received the care and treatment they wished for and needed.

Visitors were made to feel welcome. A room had been created to be able to offer relatives the opportunity to stay overnight when they were caring for someone on end of life care to enable them to be with their relatives. Relatives had commented “A big thank you for the impeccable care you gave to my (relative)”, “We were happy that you looked after (my relative) so well”.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. We saw detailed assessment information and this was used to build a person centred care plan detailing what care and support people needed and their likes and preferences.

Care Plans contained all the relevant information that is needed to provide the care and support for the individual such as manual handling plans and falls risk assessments. Staff demonstrated a good understanding of each person in the service and clearly understood their care and support needs. We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs. People were encouraged to follow their interests; for example one person told us that they loved to watch steam railway programmes and we saw that there was a TV guide written out for them detailing what channels and times programmes were on that they wanted to watch.

People's needs are continually kept under review and relevant assessments are carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person. Each person had their own slide sheet and appropriate hoist sling. Care plans were reviewed on a regular basis and people had a care plan agreement in place where relatives also signed to say they agreed with the planned care required where people did not have the capacity to consent to their care.

Staff spent time with people and responded quickly if people needed any support. When people did become distressed we saw that staff approached in a calming way and helped to alleviate any distress. A relative told us that they felt the staff responded very well to her relative's needs, contacting the GP whenever necessary and keeping them up to date all the time. They said "My relative would not be here now if it wasn't for the care given to them".

An Accordion player visited the home twice each week. We saw how people actively became involved whilst he was playing, people and staff sang and danced along to the music. One person said "I love it when we have the music man come to visit; he plays all the songs I know". The home is currently in the process of recruiting to the post of activities co-ordinator which will enable them to develop more individualised and group activities. 1:1 support was being given to meet someone's individual needs and staff spent time with the person chatting to them and taking them for walks around the home.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives said that the manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member. All the names of the staff on duty each day were displayed on the notice board in the reception area so relatives knew who was on and who they could speak to if they wanted to. The manager told us that they tried to resolve any concerns as quickly as possible and in the last twelve months since she had been at the home she had not received any formal complaints. The Provider too was regularly around and people felt able to approach him.

Is the service well-led?

Our findings

Communication between people, their families and the service was encouraged in an open way. We saw many visitors to the home chatting with staff and offering feedback or general discussions about how they felt the person they were visiting was on that given day. Both the manager and the provider actively engaged with visitors and demonstrated knowledge of all the people living in the home.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content and we saw letters and cards from relatives that complimented the standard of care that had been provided. One comment we saw said "We are happy that you looked after (my relative) so well". The provider has also registered the service on NHS choices to enable people to give feedback about the service.

Staff worked well together as a team, team meetings took place on a regular basis and minutes of these meetings were kept. The meetings enabled staff to give feedback on current practices in the home and an opportunity to share good practice. A recent staff survey evidenced the confidence they had in the manager and that she was approachable. There was culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

The manager spent at least two days each month working alongside the care staff. This enabled her to gain a greater understanding of the working of the home which in turn contributed to the continuing improvement programme. Raunds Lodge is currently liaising with GP's to look at how they could provide short term care for older people living in the community to prevent them from having to be admitted to hospital.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them; for example it was identified that slide sheets and individual hoist slings were needed and were now in place.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people.

The deputy manager is involved with an overseas nursing training programme and the home offers placements to nurses wishing to update their knowledge in the UK. There is also an apprenticeship care scheme in place; currently there are two apprentice care assistants, who said how good the opportunity was for them and how much they were enjoying the work which they were finding rewarding. The provider spoke of the benefits of being able to train and develop care staff.

In reception was information and leaflets on support groups for family members to access and information on hygiene and infection control.