

Barchester Healthcare Homes Limited

Ritson Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ritson Lodge is a care home providing personal and nursing care to 34 older people at the time of inspection. The service can support up to 60 people.

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

A new management team had been in place since early 2022. The management team had put an improvement and development plan in place, and we found significant improvements had already been made. This included acting upon areas for improvement identified at previous inspections. However, further improvement was still needed with regards to the management and administration of medicines.

Medicines were stored safely within the home however there were five occasions where one person received an out of date medicine. Some of the equipment to administer medicines was not suitable. Medicines were administered in a timely manner and in a way that respected people's preferences. One person's care plan for end of life care was not up to date and did not guide staff on choosing the appropriate dose of analgesic, should it be required. We have made recommendations about how the service can make improvements in these areas.

Care planning and risk assessment was clear, concise and provided enough information for staff to care for people. This had been updated when people's needs had changed.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of COVID19.

The new management team had acted upon areas for improvement identified at previous inspections, as well as areas for improvement identified through the providers own quality assurance system. The new management team had robust systems to manage and monitor the quality of the service and took action where required to ensure people received a consistently good service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was 'requires improvement' (29 January 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was planned to assess progress with shortfalls identified at our previous inspection on 11 November 2021.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ritson Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors, one of whom was a pharmacist inspector who focused on medicines management. An Expert by Experience made telephone calls to people and their relatives to ask about their experience of the service.

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

Ritson Lodge 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives. We spoke with nine staff members including the registered manager, deputy manager and care staff. We reviewed nine care records and three recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Some improvements were required to ensure medicines are managed, monitored and administered safely.
- We found that one analgesic liquid had not been disposed of in line with guidance and was still being administered. One person had received 5 doses of the liquid. However, this did not cause any harm to the person and was rectified immediately during our inspection and replaced with a new bottle.
- Medicines that were administered via a patch on the skin were not always recorded accurately and rotated in line with the manufacturer's instructions.
- Equipment used to administer medicines such as tablet crushers and cutters were not always clean and contained residual tablet powder, this could lead to contamination. Oral syringes were not being used by staff to administer oral liquid medicines as recommended by NICE guidance.
- One person receiving end of life care did not have an up to date care plan. A variable dose of morphine was prescribed and there was no care plan in place to ensure the dose administered would be appropriate should it be required.
- Despite the shortfalls detailed above, the service had still made significant improvements since the previous inspection with relation to general medicines management. They had engaged with staff from the Clinical Commissioning Group (CCG's) Medicines Optimisation Team for support and advice whilst improvements were underway. The registered manager was proactive and took prompt action when we highlighted the above concerns with them. No one had been harmed as a result of the above shortfalls and the action taken by the registered manager reassured us that people would be protected from the risk of harm.

We recommend a review of medicines management oversight to ensure best practise guidance is followed and monitored.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us the service was safe. One relative said, "It is safe, [relative] is at high risk of falls but has had no accidents since [relative] has been there." A person using the service said, "It is very safe, there are always people about. I am very happy."
- Care plans contained appropriate information to advise staff on how to reduce risks to people and keep them safe. Where people's needs had changed, we saw these records were updated. The service acted promptly to make referrals to other healthcare services where people required it. For example, referrals to dieticians.
- Appropriate measures were in place to reduce environmental risks, such as the risk of fire or of the presence of Legionella in the water system, this included regular flushes and testing. A member of maintenance staff carried out regular checks on equipment, fire detection and alert systems and the safety of the premises. Any issues were acted upon.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and their relatives told us that there were enough staff and that people did not have to wait long for support. One person said, "There is only a short wait, normally in the night, they are very good and helpful." A relative said, "Initially I did not feel there was enough staff. I spoke to the manager and they put an extra member of staff on. Since then I have been able to find a member of staff."
- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out criminal records checks (DBS) and obtaining references from previous employers.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Learning lessons when things go wrong

- A new management team had been in place since early 2022 and had ensured that shortfalls identified by us at our 11 November 2021 inspection had been addressed. This led to positive outcomes for people.
- Incidents and accidents were recorded. There was a system in place for the registered manager to oversee these monthly.
- Actions were taken as a result of the analysis of incidents and accidents. Action taken included referrals to mental health teams and falls specialists.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection we found improvements had been made and the rating for this key question is now good.

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; 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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate that people's safety in the service was effectively managed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our previous inspection, a new management team had come into post. This included a new registered and deputy manager. Our findings from this inspection demonstrate that the management team have made significant improvements to the service and the service is no longer in breach of Regulation 17. However, some shortfalls remained in medicines management and administration, and we have made recommendations around how the service can make improvements.
- Following the last inspection, the service had invested more time into improving the management oversight of the service. Whilst improvements were still required, this included more robust oversight and support at regional level. We reviewed the findings of the last three assessments of the service carried out by senior staff and found these were thorough and questioning and picked up shortfalls that needed to be addressed. We could see that clear action was taken by the registered manager in response to these findings.
- The registered manager and deputy manager also carried out a range of quality assurance audits and were expected to send the results of these to senior staff for review. Any shortfalls or areas for improvement were added to an action plan and followed up by both the registered manager and at regional director level to ensure robust action was taken.
- Positive comments about the management team were made by people who used the service, their relatives and staff. One person said, "I have had a couple of meetings with the manager. They took it in their stride, listened and absolutely, I was happy. They have made a difference." A relative told us, "The manager is easy to approach, their door is always open. I can go straight in and talk to them; they've got time and go

around asking everybody how they are." A staff member told us, "Now [the service] is well run, the manager is there for the residents and staff, you only have to knock on their door, it is 100% better now. [The manager] comes and helps us – they are hands on."

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

- People and their relatives had the opportunity to attend regular meetings to give their views and participate in discussions about the future of the service. It was clear from the minutes of these meetings that people's views were sought and acted upon. For example, meetings had been held with people to discuss how under-utilised rooms in the service could be better used. Suggestions people made were taken on board, and a popular suggestion, that of a traditional English pub, had been acted upon. A little used communal room had been transformed into a classic pub, complete with beer pumps and bar snacks. People were very positive about this addition. Another little used room had been turned into a cinema, complete with popcorn machine and cinema style seats. Both these new facilities had been implemented by the new management team, who clearly cared about improving the quality of people's lives.
- Staff were also involved in the ongoing improvement of the service. Staff were regularly asked for their views during team meetings and unanimously told us they felt able to share their views freely and were confident these would be acted upon.

Continuous learning and improving care

- The management team had brought about a significant culture of change and improvement in the service, with the focus being on enhancing the lives of the people it cared for.
- Whilst some improvements were still required regarding medicines management, robust and consistent improvements had been made in other areas to ensure people's safety and welfare.
- The management team was committed to continuous improvement and were enthusiastic about making further developments to the service to hopefully one day reach a rating of 'outstanding'. This showed a positive commitment to further enhancing people's quality of life.

Working in partnership with others

- The service had positive working relationships with outside organisations such as external healthcare professionals.
- Positive comments were made by external healthcare professionals about the way the service engaged them for advice and support where needed.