

Monread Lodge Nursing Home Limited

Monread Lodge

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 well-led?

Good ●

Summary of findings

Overall summary

About the service Monread Lodge is a purpose-built residential care home with nursing. It is registered to provide accommodation with personal and nursing care support for up to 62 people, some living with dementia. It is also registered to provide treatment of disease, disorder or injury. At the time of our inspection there were 38 people using the service.

People's experience of using this service and what we found
Improvements had been made to the quality of the service provided since our last inspection. Risks to people's health and care needs were assessed and documented. Oversight by the management team had been embedded within the day to day management and identified where improvements were required. However, some records required additional information to fully describe the support people required or explain fully decisions made on their behalf.

Staff supported people in a kind and compassionate way, considering their dignity and privacy. People were supported by enough staff who met their care needs in a timely way. People told us they were safe and suitable arrangements were in place to protect people from abuse and avoidable harm. Learning from incidents and accidents was in place and where incidents occurred people had their care plans reviewed to prevent future incidents where possible. People received their medicines as prescribed and infection prevention control procedures were robust.

The staff team was committed to providing good care. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs with further developments planned to further support this approach. People were supported to access healthcare services when needed and staff worked in partnership with health professionals to meet people's needs.

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.

People and their relatives told us the service was well-led. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

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

Rating at last inspection

At the last inspection we rated this service requires improvement. The report was published on 17 March 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions of safe, effective and well led.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Monread Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below

Monread 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection team consisted of two inspectors.

Service and service type

Monread Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Monread Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 information from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided and 2 relatives. We spoke with 8 members of staff including, the registered manager, the regional director, deputy manager and care staff.

We reviewed a range of records. This included 4 people's care records and records relating to the management of the service including audits, meeting minutes, governance records, rotas, and three staff recruitment files.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We gave formal feedback to the registered manager and senior management team.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Improvements had been made since our last inspection. The registered manager developed risk assessments for people to monitor risk and what actions should be taken by staff when needed. These included risks relating to falls, skin integrity, weight management, choking and dementia care and support.
- Staff spoken with were aware of the risks people faced, and how to manage those safely. They told us how they safely supported people who did not always understand why it was important for them to receive personal care. They told us about approaching people in a calm manner, used music to distract people or trying again later to avoid causing any anxiety.
- People told us staff knew their needs well and always reminded them how to avoid putting themselves at risk. One person said, "They always remind me to use my zimmer frame when walking. I had a few falls, but they are good to remind me."
- Staff completed health and safety checks of the service including fire safety checks and drills to help ensure people were safe. People's care plans contained Personal Emergency Evacuation Plans (PEEPS). These recorded how to support people in the event of an emergency such as fire.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things went wrong

- Staff had received safeguarding training and knew how to report possible signs of abuse to the management team. Staff told us they would also report concerns if needed to CQC or the local authority safeguarding team.
- People felt safe. One person said, "I am very satisfied. I definitely feel safe." A relative told us, "It was the best decision for [person] to move here. They are safe."
- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. Accidents, incidents or injuries were investigated to find out why they happened. Meetings were held as reflective practice to establish if there was anything that could have been done differently to learn lessons and reduce the risk of them happening again.

Staffing and recruitment

- People told us, and we observed there were enough staff to support people safely. One person said, "They always answer my bell. Sometimes they say there are with someone else and they will be back, and they always are. I never wait more than a few minutes." A relative told us they visited at various times during the day and evening, and they were never concerned about staffing. Staff told us they felt more staff were needed during the night and they raised this with the registered manager who was assessing this regularly. Another staff member said on occasional days more staff were needed but managers helped to cover short notice absence.

- People received support from a consistent staff team and the service did not rely on unfamiliar agency staff. This meant people had the opportunity to build strong relationships with staff supporting them.
- Staffing was in excess of the assessed levels needed. The registered manager told us this enabled them to gradually increase occupancy safely whilst ensuring new staff were fully trained and inducted.
- Newly employed staff had appropriate checks to ensure they were safe to work with people. These included criminal record checks, employment history and identity checks.

Using medicines safely

- People received their medicines as the prescriber intended. Audits were in place to monitor and make sure medicines were administered correctly.
- Staff were trained and had their competency checked to administer medicines.
- People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff used a variety of techniques to support people and ensured that people's medicines were reviewed by prescribers in line with recommended best practice principles.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- There were no restrictions on relatives or friends visiting people living in Monread Lodge.

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 our last inspection on 08 and 15 September 2021 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider did not consistently act in accordance with the requirements of the Mental Capacity Act 2005, where people lacked capacity to make an informed decision or give consent. This was a breach of regulation 11 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 11.

- The registered manager completed capacity assessments for people who may lack capacity to consent to certain decisions. People, and their relatives when appropriate or legal appointee, were involved in decision making where people may have been unable to make best interest decisions for themselves.
- Where restrictions were in place these had considered the least restrictive measures possible when restricting people's freedom in order to keep them safe. For example, in relation to use of bed rails or being under close supervision.
- Staff were aware of how to positively support people to make their own decisions and not restrict their choices. One staff member said, "It's important to give people choice and know what they like and dislike."
- DoLS were applied for, renewed as required and monitored appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements had been made since our last inspection. People's needs were assessed before they started using the service. These also included looked at people's protected characteristics under the Equality Act (2010) such as religious beliefs and cultural needs.
- Relevant risk assessments of people's physical and mental health were carried out from the initial assessment which formed the basis of people's care. Staff followed recommended best practice guidance to meet those assessed needs safely.
- People were encouraged to be independent in their care. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be.
- The registered manager described numerous examples where they had decided to not assess or move people into the service. They felt at that time they could not meet those assessed needs based on the needs of others and staffing pressures.

Staff support: induction, training, skills and experience

- Staff received training in key areas such as moving and handling, safeguarding, wound care, pressure care and first aid. Managers regularly checked their competency and knowledge after training had been completed and throughout the year. One person said, "The staff are very confident when helping me up with the hoist, I feel very safe when they do it. I see them doing their training in that little room and I think they are all exceptional."
- Staff told us the training was adapted to their learning needs. Following on-line training staff could then request one to one or additional face to face training if they felt they needed further support. Additional plans were in place to embed champion roles in areas such as dementia care. This would provide additional training to selected staff who would act as a mentor to others to further enhance people's care and support.
- New staff received an induction to the service which covered core training, visits to the providers office, a period of assessed induction and regular reviews of their performance.
- Staff told us managers were supportive and approachable. They told us they received regular supervision and appraisal of their performance and felt valued.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to eat and drink enough to maintain a balanced diet. Where people required modified diets, kitchen staff ensured meals were prepared following the appropriate guidance. Where people were allergic or had food intolerances these needs were met.
- Kitchen staff were involved in the review of people's nutritional needs. Where people required fortification to maintain or improve weight gain, kitchen staff ensured this was met. Snacks were readily available and a recent menu tasting session with the new chef had been a popular activity to develop the menu further.
- Staff worked with professionals such as speech and language therapists, dieticians, physiotherapists and nursing teams to promote good health outcomes for people. One person told us how their health improved since moving into the home through a partnership working approach. They said, "I have improved since I came here. Staff will get the doctor even on a Sunday evening if I need them."

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

- People were happy living in the service. People had their own rooms which were personalised with their own belongings.
- People were able to move around easily because there were visual aids in the home. For example, there were visual aids for things such as the dining room and bathrooms. The dementia unit had undergone re-decoration and work continued to ensure this met people's needs.

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. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found risks relating to people's care had not been documented. It was also too soon to demonstrate that improvements from the previous inspection to the governance systems were robust and had been fully embedded. This was a breach of regulation 17 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.

- There had been improvements to the effectiveness of quality monitoring and assurance systems. The registered manager had audits in place to monitor the quality of the service. Routine audits carried out included areas such as care plans, medicines, wound care and staff training. Where improvements were identified plans were put in place to address these.
- We found that although risk assessments and care plans had been developed, some of these lacked the detail required. We discussed this with the registered manager who showed us where internal audits had identified this as an area for improvement. Staff were being supported to develop care records and additional training was being put in place.
- The registered manager and management team had oversight of the improvements needed to improve records held at the service. They demonstrated how they had worked on and were still making the necessary improvements required. The provider had further identified the electronic system used for care planning restricted staff when updating these records. Measures were already underway to address this.
- Oversight in the service was supported by regional director visits to the service and audits by the provider's quality team. We were assured to see that issues regarding the quality of recording had been identified prior to our inspection.
- The registered manager ensured there was effective oversight of incidents and accidents. This enabled any trends to be picked up and actioned.
- The registered manager understood and demonstrated their compliance with regulatory and legislative requirements. They informed the Care Quality Commission of notifiable events when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to enjoy their life.
- Staff told us they felt valued and that the management team had worked hard to ensure management were visible in the service. Staff told us they felt like they could raise concerns or suggestions with the registered manager, and these were listened to. For example, staff told us they raised their observations of staffing which the registered manager responded to and reviewed.
- People were asked for feedback about the service regularly, in day to day discussions with the staff team, in more formal meetings and through surveys.
- Relatives were asked to feed back about the service and were kept informed about developments in the service.
- Staff were supported to talk about how the service was progressing in meetings. Staff felt listened to and felt that their ideas mattered in relation to how people could be supported better.

Working in partnership with others

- We saw evidence that staff involved health and social care professionals in people's care. They worked collaboratively with occupational health therapists, dieticians and others to ensure people received the care they needed to maintain a good health. People had staff's support to attend appointments.

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 manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- Examples were seen where an incident had occurred the registered manager had been open, reviewed in partnership with people what happened and took action to reduce the risk of recurrence.