

Monread Lodge Nursing Home Limited

Monread Lodge

Inspection report

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Tel: 01438817466

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Monread Lodge is a residential care home providing accommodation and personal and nursing care to 54 people at the time of the inspection. The service can support up to 62 people.

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

There had been a high number of skin tears, both explained and unexplained. Additional training had been provided and these were reported appropriately but we found these numbers had yet to reduce. Pressure care was not always managed safely as mattresses were not always set correctly and repositioning was sometimes missed.

People living with dementia were not always supported swiftly or in a way that reduced the risk of distressed behaviours. Staff had received training and, in most cases observed, were kind and attentive, but this was not consistent.

People's medicines were managed safely, staff had been trained and audits were in place. We found systems did not always ensure records were accurate, this was addressed on the day of our visit. We also found the morning round was still taking a long time to complete. A plan was put in place to address this.

Management systems did not ensure these issues were identified or managed. There were monitoring and quality processes in place, but these had not ensured consistent safe practice throughout the home. People told us they were happy and felt safe, and staff were kind. Relatives gave mixed views about the care and support provided. Care plans were in place and staff knew people well. People were supported to eat well, dietary needs were catered for.

Individual risks were assessed. Infection control measures were followed. People told us there were normally enough staff to assist them as needed, relatives gave mixed views. Staff told us there was enough of them to meet people's needs. Staff received training and regular supervision. They felt well equipped for their roles.

People, relatives, and staff were positive about the registered manager and how the service was run. There were regular meetings to share feedback and obtain views.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

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.

Rating at last inspection

The last rating for this service was good (published 22 February 2023). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

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 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 undertaken by 2 inspectors.

Service and service type

Monread Lodge is a 'care home' with nursing care. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 feedback

from a health and social care providers. 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 visited the service location on 4 January 2024. We spoke with 5 people and received feedback from 4 relatives. We also spoke with 6 staff including the registered manager, regional manager and support workers. We received feedback from health and social care professionals.

We reviewed a range of records. This included 6 people's care records and a range of medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

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 Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We reviewed records over a period of 6 months and saw people had suffered unexplained and explained skin tears and bruises. Many of these indicated the use of inappropriate moving and handling techniques. For example, these were in areas of the body that could easily be held or knocked during support if appropriate care wasn't taken. We saw a person be pulled up by a staff member holding their hands. Another person told us their arm had been pulled in the night during care. We shared these incidents with the management team who took immediate action to address them. Action was in progress to help reduce skin tears including additional training, supervision and involvement with health professionals.
- We saw falls had reduced within the home. We noted there were many people in bed. Relatives queried with us if people were in bed due to risk of falls or staffing restraints. Two relatives told us their family member had previously suffered falls.
- The registered manager told us this was not the case, if people were in bed, it was due to preference or a health need. We asked they monitor and review the number of people in bed on the day of our visit.
- There were incidents where 3 people displayed behaviours of distress which could cause them to injure themselves. We observed people getting distressed, due to wanting assistance from their bed, or needing help to the toilet. While most staff were attentive and responsive to people, some staff were dismissive of this, resulting in the person becoming more distressed. For example, a person repeatedly told staff they needed the toilet, the staff member said they would take them but instead took them to the hairdresser. The staff member received immediate supervision from a manager.
- Another person was anxious, we spent time speaking with them and they were notably more relaxed. The registered manager told us there was a plan in place for this person. However, we did not see it in use during the inspection.
- People's pressure relieving mattresses were not always set correctly even though they had been recorded as being correct. We saw for a person who required assistance with repositioning, there were gaps in repositioning charts.

People's safety was not consistently managed well. Therefore, people were placed at risk. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Following the inspection additional checks and training was put in place to address mattress settings and to ensure a consistent staff response to people's requests.
- People had individual risk assessments in place, and staff were able to tell us about these when asked.

Staffing and recruitment

- People told us staff were available, helpful and kind. A person said, "Absolutely A1 care, couldn't complain if I tried, carers are good at their job, they come when you need them." Another person said, "Staff are marvellous."
- Relatives gave mixed views. We were told they felt the unit designated for people living with dementia felt understaffed as people were in bed during the day and waited for support. A relative said,, "On our last visit to see my [relative], this week, which was at about 4pm they were in bed with the lights out. It may have been that they were tired and needed a rest, or it could be there were not enough staff to provide safe care for them out of her bed; either way there was no stimulation or inclusion in the afternoon events."
- There were several people in bed. Hourly welfare checks and care delivery was signed as completed. A relative said, "Overall the home seems to be a pleasant environment, that is well run and looks after its residents. My only area of concern is whether there is enough focus on getting residents with more advanced dementia out of their beds. I appreciate this requires a lot of resource, but this would improve the health and wellbeing of the residents."
- The wellbeing co-ordinator told us they normally have more time to do 1-1 time in people's bedrooms, but a staff member was off sick. A member of the senior management team told us this was unusual for there to be so many people in bed.
- While staff were around, and kind in their interactions with people, their time was full with tasks and the additional engagement support, particularly for those living with dementia, was not always given or was very brief.
- Call bells were answered promptly and people looked as though they had their care needs met. Staff told us they felt there were enough of them to meet people's needs.
- We discussed with the management team whether it was staff deployment, staff numbers or staff putting their training into action which needed to be reviewed. However, they felt there were no concerns in these areas.

We recommend the provider reviews staff deployment and staff performance to ensure that care was consistently delivered in a dementia friendly and person-centred way.

Using medicines safely

- People were supported to take their medicines in accordance with the prescriber's' instructions in most cases and medicines were stored securely.
- Records were, in the most part, completed accurately. However, we found there were some recording issues in relation to medicines carried forward from the previous cycle and this made the quantities difficult to reconcile. The nurse and clinical lead reviewed these records and quantities during the visit and ensured records and stocks were accurate.
- The medicines round was taking an exceptionally long time during the morning, and this has been a persistent issue from previous visits and reports from other agencies. The registered manager advised there were a number of medicines to be administered during the morning cycle and people needed time to take their medicines. Following this feedback, additional support was being given to the morning medicines round to help ensure it was completed in a timely way.

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 using Personal Protective Equipment (PPE) effectively and safely.
- 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.

Visiting in care homes

- Visitors were able to come to the home freely and there were no restrictions. Controls were in place in accordance with government guidance to help reduce the risk of infection.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe. We observed people in the home interacting with staff. People were relaxed, engaging with staff and going about their day.
- Staff had received training on recognising and reporting abuse. Staff were able to tell us what they would do in the event of concerns relating to abuse.
- There was information displayed about what to do if there were safeguarding concerns. We found the provider had reported and investigated any concerns appropriately.

Learning lessons when things go wrong

- Staff were made aware of any events or incidents during team meetings. In addition, there was a lesson's learned folder staff were to read and sign.
- The registered manager reviewed any events or incidents to ensure any learning from them was taken.

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 we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the home to help ensure they could be supported in their preferred way. Care plans were put into place to help ensure staff had the information to support people.

Staff support, training, skills and experience

- Staff told us they felt they received the appropriate training for their roles. A staff member said, "Since I started working at Monread I have participated at many trainings to be able to develop my skills and experience, realise my true potential and share the experience I've accumulated so far with my colleagues. We have to complete mandatory trainings online from our HUB and we can complete some optional ones as well." Another staff member said, "The induction and orientation was excellent. I was given plenty of time and this could have been extended if requested. Training is ongoing and I have been enrolled on several courses."
- We saw staff had received training in key subjects such as moving and handling, safeguarding and dementia care. Additional courses, for areas such as prevention of pressure ulcers, were in progress.
- Staff received formal supervision. A staff member said, "My competency is checked regularly by my line manager, and she makes sure my knowledge is up to date." Another staff member said, "I feel that the management team is very supportive and open to listen to my concerns/ suggestion I may have."

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

- People were supported to eat well. Weights were monitored and people had fortified food and drink if they were losing weight. The chef was knowledgeable about how to ensure all meals were beneficial to people's wellbeing. Additional research was undertaken, and then a beneficial diet was given to promote people's health, for example, increasing iron levels.
- Care plans supported healthy eating, detailed likes and dislikes and how to support each person maintain a balanced diet. Staff knew people's preferences or dietary needs and supported them appropriately with these. There was a tasting session to help people get involved in planning the menus.
- People were asked about their meal preferences. Staff asked people what they wanted for lunch and were shown 2 plated options, they all gave their preferred choice.

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

- The service was purpose built. People had their own bedrooms and use of communal kitchenettes, living rooms, dining room, bathrooms, and a garden. Bedrooms were personalised.
- The main entry doors were broken which meant they were out of use, and this had been the case for quite

some time. Contractors arrived on the day of the visit to address this.

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

- Staff supported people to have access to health and social care professionals.
- Staff worked with health professionals to help promote people's wellbeing.

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 Mental Capacity Act 2005 (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- 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.
- Care plans had clear information about all decision making.
- Where people had not been able to make a decision due to their ability to understand the information, best interest decisions were made and recorded appropriately, with the relevant advocates, professionals or family members involved.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the service and address any shortfalls. Audits and quality checks were in place. Actions plans were developed but these had not yet fully addressed all issues. The management team and staff were positive about the direction of the home. A staff member said, "The manager and deputy undertake spot checks on both day night staff." However, we found that some areas relating to safe care, personalised care and staffing needed further development and improvement. This meant there was a breach of regulation in relation to safe care and treatment.
- Actions plans were in place for areas identified by the management team as needing improving. These actions were signed off when completed. There were works in progress to improve standards in the home. This included ensuring care plans were more accurate and reviews were robust, involving people in the care planning process, training staff and improving morale and recruiting staff into roles which benefitted the home and reduced the need for agency staff.
- Our observations, and feedback shared, showed that people and staff were familiar with the registered manager and able to speak freely with them. Staff were positive about their leadership. A staff member said, "The manager is very inclusive and visible."
- The registered manager used feedback from external professionals to help improve standards. For example, additional training was provided following feedback about staff knowledge in an area.

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 was open and communicated about events and incidents in the service with people, relatives and professionals.
- The registered manager reported relevant events to external agencies as required.

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

- Relatives gave mixed views about how the service engaged with them, but they felt their views were listened to. One relative said, "Concerns are generally acknowledged but action sometimes takes a while." Another relative said, "Myself and family are regular visitors to the Home and so feel that we are listened to when we approach the staff."
- People's feedback was sought through regular meetings. There was a pictorial survey being developed to

help gain people's oversight as the previous survey response had been limited.

- Staff had regular meetings where they were encouraged to share their views. A staff member said, "I do have my opinion sought on certain situations."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The provider was linked in with a local care providers association to help provide training and keep up to date with changes to guidance and legislation.

Working in partnership with others

- The service worked in partnership with appropriate health and social care professionals. Communication between the staff and professionals such as the GP required improvement to ensure medicines were ordered promptly and people were referred to services such as the dietician, physiotherapist swiftly. However, we saw from records the staff team made regular contact with professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Robust practices were not in place and this posed a risk to people's safety.