

Risedale Estates Limited

Risedale at Lonsdale Nursing Home

Inspection report

Risedale at Lonsdale
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23 May 2017

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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 ●

Summary of findings

Overall summary

We carried out this unannounced inspection on 22 and 23 May 2017. Our last comprehensive inspection of this home was carried out 27 November 2014. At that inspection we found a breach of legal requirements because care had not always been planned and delivered in a way that met people's needs and ensured their welfare.

We carried out a focused inspection of the service on 23 March 2015 to check the actions the provider had following the comprehensive inspection on 27 November 2014. At the focused inspection we found that the provider had made the required improvements and was meeting legal requirements.

When we carried out this comprehensive inspection in May 2017 we saw that the actions taken to improve the service had been sustained and people continued to receive a good service.

Risedale at Lonsdale Nursing Home provides accommodation for up to 93 people who need personal and nursing care. The home is close to the centre of Barrow-in-Furness. Accommodation is provided on two floors and there are passenger lifts to help people to access the first floor. The home has a range of equipment suitable to meet the needs of people living there. The home mainly provides support to older adults and to people who have a physical disability. There were 91 people living in the home when we carried out this inspection.

Up until August 2016 the home had been registered as two services, Risedale at Lonsdale Nursing Home and Risedale at St Georges Nursing Home. In August 2016 the registered provider merged the two services under one registration as Risedale at Lonsdale Nursing Home.

There were two registered managers employed in the home, each responsible for overseeing the day-to-day operation of specific areas of the service. 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.

People were well cared for and were treated with kindness and respect.

There were enough staff to provide the support people required. The staff were trained and supported to be able to provide a good quality of care.

People were safe and protected from the risk of abuse. Risks to people's safety had been managed to protect them from harm.

The environment was clean and comfortable and there was suitable equipment to meet people's needs.

People's privacy, dignity and independence were promoted.

The staff knew people well and care was planned and delivered to meet people's needs.

People were included in planning and agreeing to the care they received. They were supported to access appropriate health services to maintain their health and received their medicines safely and as they needed.

The staff in the home respected people's rights. The principles of the Mental Capacity Act 2005 were followed where people were not able to make important decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a choice of meals and drinks. They enjoyed a range of activities in the home and in the local community. Visitors were made welcome in the home and people could maintain relationships that were important to them.

The registered provider and registered managers carried out checks on the quality and safety of the service. People were asked for their views about the service they received.

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.

People were protected from abuse.

There were enough staff to provide people's support. Safe systems were used when new staff were employed to check they were suitable to work in the home.

People received their medicines safely and as they needed.

All areas of the home were clean and free from unpleasant odours. The registered provider followed advice about good practice in protecting people from the risk of infection.

Is the service effective?

Good ●

The service was effective.

The staff were trained and skilled to meet people's needs.

People were provided with a choice of meals and drinks.

People agreed to the support they received and their rights were protected.

Is the service caring?

Good ●

The service was caring.

The staff treated people who lived in the home and their relatives in a kind and caring way.

People's privacy, dignity and independence were maintained.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning and agreeing to the care they received. They were provided with a range of activities in the home and the local community.

People knew how they could raise any concerns about the service and action was taken in response to their comments.

Is the service well-led?

The service was well-led.

There were suitable arrangements for the management of the home.

People were asked for their views about the service they received.

The registered provider and registered managers had good systems to assess the quality of the service.

Good ●

Risedale at Lonsdale 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 checked 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.

The inspection took place on 22 and 23 May 2017 and was carried out by two adult social care inspectors, two experts by experience and a specialist advisor who had experience of supporting people who have nursing care needs. An expert by experience is a person who has personal experience of using or of caring for someone who uses this type of care service.

Our visit to the home on 22 May 2017 was unannounced. At that visit we concentrated on speaking to people who used the service, their visitors and the staff on duty. The lead inspector for the service returned to the home on 23 May 2017 to look at records relating to how the service was managed.

During our inspection we spoke with 46 people who lived in the home, 15 visitors, 6 members of the nursing team, 10 members of the care team and five ancillary staff. We also spoke with one of the registered managers employed in the home, three members of the registered provider's senior management team and with a visiting health care professional.

Before the inspection we reviewed the information we held about the service, including notifications of significant incidents that the registered managers had sent to us. We also contacted the local authority and local health care providers to obtain their views of the home.

Is the service safe?

Our findings

Everyone we spoke with told us that they were confident people were safe living in the home. One person who lived in the home told us, "I do feel safe, that's the most important thing isn't it." Another person said, "Of course I feel safe here ... this place is good". People told us they felt safe because there were always staff available to provide the support and reassurance they needed. One person said, "It's the staff who make you feel safe. There's always someone there when you need".

Visitors we spoke with told us they had never seen or heard anything that caused them concern. They said the staff always treated people in kind and respectful way and they were fully confident people were safe living in the home. One visitor we spoke with told us, "I have never seen anything to worry me and I am very happy [relative] is safe here". Another visitor said, "It's very good. I have never seen anything to bother us."

All of the staff we spoke with told us they had completed training in how to identify and report abuse. They told us they had never been concerned about people's safety or wellbeing but said they would be confident to report any concerns. All of the staff showed they understood their responsibility to protect people from the risk of abuse. One staff member told us, "You see those awful things on the television and I think, someone saw that, they knew and didn't do anything. That would never happen here, we all know to report anything that isn't right". Another staff member told us, "I'm happy people here are looked after how I'd want my own Nana to be looked after".

People who lived in the home told us that there were enough staff to provide the support they needed. This was confirmed by visitors we spoke with. The home had a call system that people could use to alert staff when they needed assistance. People told us that, when they used the call system, staff attended promptly. One person who lived in the home told us, "If you push the buzzer they [staff] always come". A relative told us, "It's grand, I am in four times a week, there are plenty of staff around whenever I come in, I can always find somebody".

Risks to people's safety had been identified and managed. Individuals' records held information for staff about how to support people in a safe way. Where people were at higher risk, due to illness or complex needs, detailed risk assessments were carried out to guide staff on how to ensure the individual's safety and wellbeing. During our inspection we saw that the staff on duty knew how to support people and how to protect them from the risk of harm.

All of the staff we spoke with told us they had completed training in how to support people in a safe way. They said they regularly had training in moving people safely, fire safety, first aid and infection control. One staff member told us, "Safety training, lifting, fire, first aid, etc, is compulsory for all staff and attendance at these training sessions is mandated. 100% attendance is always achieved".

The home had a range of equipment for staff to use to assist people. During our inspection we saw that the staff on duty in the home used the equipment safely. They gave people guidance and explained what they were doing to reassure people as they were using the equipment.

Throughout our inspection we found all areas of the home were clean and fresh smelling and there were no unpleasant odours. People who lived in the home and the visitors we spoke with told us the home always looked and smelt clean. One visitor said, "The cleaners do a fantastic job, there is never any smell here, it's always like this". People who lived in the home told us the domestic staff helped them to keep their rooms clean. One person told us, "The cleaning staff are a marvel. They keep my room nice and are lovely, you can have a chat and a laugh with them".

We found that some slings, used to assist people with moving and handling equipment, were used to assist more than one person. The staff told us they carried out visual checks on the slings before using them, to make sure they were clean. They also said the slings were laundered regularly and were not used if they were not clean when inspected. The registered provider told us they had been advised that some slings could be used for more than one person, as long as they were checked and laundered regularly. We discussed best practice in the use of hoist slings and infection control and the provider arranged for all slings to be for individual use.

People received the support they needed with their medicines. There were policies and procedures in place covering all aspects of the management of medicines. We observed a registered nurse preparing and giving medicines to residents. We saw that this was done carefully, patiently and knowledgeably. We found that medicines were being safely stored and administered. People received their medicines safely and as they required.

The registered provider followed robust recruitment procedures before new staff were employed to work in the home. All new staff had to provide evidence of their conduct in previous employment and were checked against records held by the Disclosure and Barring Service, to ensure they were safe to work in the home. All of the staff we spoke with told us that new staff had to complete training and worked with experienced staff members before they worked alone with people. This helped to ensure new staff had the skills and knowledge to care for people in a safe way.

Is the service effective?

Our findings

People we spoke with told us they felt well cared for because the staff in the home were "good at their jobs". One person said, "These girls [staff] are marvellous, you couldn't ask for better". People told us the staff in the home knew the support they required and provided this as they needed.

All of the staff we spoke with told us they had completed training to give them the skills and knowledge to support people who lived in the home. One staff member told us, "They [the registered provider] are brilliant at providing training". Another staff member told us, "We have really good access to training".

The staff told us they had received training to meet people's needs and to provide care in a safe way. They also said that the registered provider supported them to gain qualifications and to develop in their careers. One staff member said, "We can do additional qualifications, like the Assistant Practitioner course, if we want to".

The registered provider had its own training department to ensure staff were provided with appropriate training and skills to support people. All of the staff we spoke with told us that new care workers completed training before working in the home. They said new staff were well supported to ensure they were confident about their role and how to provide people's care. One staff member said, "There is a good support network in place to assist and develop new members of staff".

The staff training records we looked at confirmed that the staff had completed appropriate training, relevant to their roles and responsibilities. There were systems in place to identify when staff needed to repeat areas of training to ensure they maintained up to date skills and knowledge.

The home provided accommodation for people who required nursing care. The registered provider supported staff to complete further qualifications to become assistant practitioners and qualified nurses. This helped to ensure that the registered provider had appropriately qualified and skilled staff available to provide the care people required.

All of the staff we spoke with said they felt well supported by the senior nurses and registered managers in the home and by the registered provider. They said they received formal and informal opportunities to speak with a senior person in the home if they required support or guidance.

The registered provider had introduced improved support for staff working at night. Senior nurses carried out night visits to each of the homes owned by the registered provider, providing support and overseeing the quality of the services. Each senior nurse had an area of special interest in which they were very knowledgeable. During the night visits to the homes the senior nurses checked how people were being cared for, provided support as staff needed and assessed how well the staff were performing related to their area of special interest. The staff we spoke with said they had found the senior nurse night visits to be a useful source of support. One staff member told us, "The senior [nurse] night visits have worked really well. It's good to know you have that extra level of support".

Everyone we spoke with told us there was a choice of meals and said there was always "plenty to eat". Most people told us they enjoyed the meals provided in the home and said drinks were provided as they wanted them. We also saw that people who lived in the home and their visitors made drinks, as they wanted them, in the communal kitchen areas in the home. One person told us, "The food is good, very good, some moan but you have a choice and it's grand ... I go and help myself if I want something". Another person said, "The food is good ... I'm putting on weight".

Four people told us that they did not always like the meals that were provided. One person told us the food could be "bland" and not to their liking and another person said, "The food is boring". One person said they had complained about the quality of the food and told us their concern had been addressed. They told us, "They [the service] had a time when the quality of certain foods was not good but when we complained it was put right".

All of the staff we spoke with told us that people were asked what they wanted to eat and were told they could have an alternative meal if they did not like the choices offered. One staff member told us, "Residents can always ask for an alternative which the kitchen will provide". We also observed this during our inspection. We saw that there was a choice of two meals and people who did not want either of the meals offered were provided with an alternative of their choice.

Some people who lived in the home were not able to make important decisions about their care. 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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered provider had a senior manager who had completed training to ensure they understood how the MCA applied to people who lived in the home and to guide staff to ensure they supported people in a way that met the principles of the MCA. This helped to ensure people's rights were protected.

Throughout our inspection we saw that people were given choices about their daily lives and the decisions they made were respected. The staff in the home gave people choices in a way that they could understand and supported people to express their wishes. Where decisions had to be made on behalf of individuals we saw appropriate people, who knew them well, had been asked for their views and included in the decision making process.

People told us that they were supported to see their doctors and other health care professionals, as they required. One person told us, "I see a doctor if I need to". Another person said, "I see my GP when I need to". Relatives we spoke with told us that the staff in the home were attentive to changes in people's health and contacted their doctors promptly if they identified a person was unwell. One relative told us, "The staff are brilliant, they pick up straight away if [relative] isn't well and always ask the doctor to come out". Another relative told us the staff were "on to illness straight away".

Records we looked at showed that people were assisted to access appropriate services to support their

physical and mental health. We saw that these included local GP surgeries, specialist mental health services and dieticians and speech and language therapy services. A health care professional we spoke with confirmed that the staff contacted them appropriately if they were concerned about an individual's health. They told us, "The staff make appropriate referrals and requests for visits. They act on any advice and we have a good relationship".

Is the service caring?

Our findings

Everyone we spoke with told us that people were well cared for in the home. People made many positive comments about the quality of care and the staff who worked in the home. One person who lived in the home told us, "The girls [staff] are lovely" and another person said, "It's grand, they look after me really well, the girls [staff] wait on your hand and foot". Another person told us "The care is first class".

One relative told us, "The staff here really do care, it is obvious it's not just a job to them". Another relative approached us during the inspection to share their views of the service. They said, "Can I just say how good this place is and how relieved we are to get [my relative] in here? I don't know that she would have survived anywhere else, they are so good to her".

Relatives also told us that the staff in the home treated them with kindness and supported them if they were anxious or upset. One relative said, "We can't fault it, they have been so good with [relative] ... they have been good with us too. ... They have looked after me and they couldn't have been kinder". This showed us that the staff in the home provided kind and caring support to people who lived there and to their relatives, as they needed.

All of the staff we spoke with told us that they were confident people were well cared for in the home. Members of the care team we spoke with told us "We look after people well" and said, "I love my job. I know we care for people well".

We also spoke with a range of ancillary staff, such as domestic and maintenance staff. They were not directly involved in caring for people, but were able to observe how the care team treated individuals. All of the ancillary staff told us they had never seen people being treated in anything but a kind and caring way. One staff member told us, "I'm around the units a lot. I can be in the next room to the staff and hear how they speak to people. If I ever heard anything untoward I'd definitely report it, but I never have. People are very well looked after here. I'd be happy for my own relative to come here".

We saw, and people told us, that the staff supported people to maintain their dignity and privacy. They ensured people were appropriately dressed and supported people to maintain their personal appearance. One person told us, "They [staff] respect my dignity at all times".

Visitors to the home confirmed that the staff respected people's dignity. One told us, "I am very happy with it [the home] and how they care for [relative] ... [my relative] is always 'well turned out'". Another visitor said, "[My relative] is always clean and tidy when we come".

We saw that the staff ensured doors to private areas were closed when people were receiving support with their personal care. Visitors we spoke with said the staff always acted in a way to protect their relatives' privacy. One relative told us, "If we are here and [relative] needs something done they [staff] just say 'I'm sorry we've got to do x for you', so we go out until they finish".

People were supported to maintain their independence and control over their lives. Some people required items of equipment such as mobility aids or adapted crockery to support them to be independent. We saw that the staff on duty knew the items people needed and ensured these were provided as they required. One person told us, "The girls [staff] are very good but they are not always behind you or spying on you, you do what you like".

We saw that the staff in the home gave people choices about their lives and respected the decisions people made. They encouraged people to carry out tasks for themselves and gave people the time and support to do so.

Most of the people we spoke with said they would speak to a friend or relative if they needed support to make important decisions about their life or care. One person told us, "My son takes care of everything". Another person said, "My daughter visits nearly every day. I speak to her if I need any advice".

The registered manager knew how to contact local advocacy services and the Independent Mental Capacity Advocacy service if they identified that an individual required support to make important decisions about their life. Advocates are people who are independent of the home who can support people to make important decisions and to help them to express their wishes. Independent Mental Capacity Advocates support people who are not able to make important decisions themselves and who do not have support from anyone other than paid staff to help represent their views.

Is the service responsive?

Our findings

People who lived in the home told us they were well cared for and said they were included in agreeing to the support they received. One person told us, "The staff always ask what you want". Another person said, "I was asked what support I needed and it was all written down in my plan [care plan]". Visitors we spoke with told us they had been asked about their relative's support. One visitor told us, "They [staff] always ask us about care". We also saw throughout the inspection that the staff asked people how they wished to be supported.

We looked at the care records for 12 people. We saw that these were detailed and gave staff information about the person and the choices they had made about their lives and their support.

Most of the care records we looked at had been reviewed each month to ensure they were accurate and up to date. We found areas in three people's records that had not been reviewed regularly. We also found three individuals' care records did not give detailed information for staff about how to support them with specific aspects of their care. However, from speaking with the staff working in the home, we found that they knew individuals well and knew the support people required and provided this promptly. People we spoke with confirmed that the staff knew them well and knew their preferences about how they were supported.

People told us they made choices about their lives in the home. They said they chose what support they wanted, when to get up and to go to bed, the activities they followed and where they spent their time. One person told us, "I just do what I want". We observed people making choices about their lives throughout our inspection.

Everyone we spoke with told us that visitors were made welcome in the home. People told us their families and friends could visit them as they wished. This was confirmed by the visitors we spoke with. One person told us, "My visitors come when they like". A visitor we spoke with said, "We come when we like, it's very relaxed". People were able to see their visitors as they wanted and to maintain relationships that were important to them.

People told us they were provided with a range of activities that they enjoyed. One person told us, "There are things to do if you want, I don't like going out but we get artists sometimes, singer's things like that. I have my magazines, I like that". The home had wireless internet connection that people could use to access the internet. Two people told us that this was very important to them and said they appreciated this facility. One person told us, "I use the Wi-Fi [wireless internet connection] a lot, it's a real boon to me having it".

We saw that the planned activities were displayed on posters at the entrance to the home and on display boards around the home. On the first day of our inspection some people enjoyed playing bingo in the morning and an entertainer visited the home in the afternoon. Everyone we spoke with told us it was their choice to take part in the activities or not. One person told us, "There are things to do if you want to, but you don't have to".

Some people could not take part in group activities and we saw the staff in the home provided individual

activities to people in the communal areas or in their own rooms. Some people were provided with "pamper sessions" where staff provided hand massages and chatted to people about their lives. Other people enjoyed sitting and talking with a member of the staff team.

The notices around the home displayed the activities that had been planned for the week we visited. These included a 'pie and peas supper' and entertainers visiting the home. We also saw there were trips planned away from the home including to a local farm. People told us they were included in suggesting activities that they would enjoy. One person told us they were looking forward to the 'pies and peas supper' and said, "You can't beat pie and peas!"

The registered provider had a procedure for receiving and responding to complaints. A copy of the complaints procedure was displayed at the entrance to the home. This meant it was available to people who lived in the home and their visitors if they wished to make a complaint.

We saw that the contact details for Healthwatch Cumbria were also displayed at the entrance to the home, available for people if they wished to contact them. Healthwatch Cumbria is an organisation that is independent of the home. It gathers the views of people about their experiences of health and social care services and can take up issues brought to them by local people. People are able to raise complaints directly with Healthwatch Cumbria. This meant people were provided with details of an organisation, which was independent of the home, that they could contact if they had concerns about the service.

People told us that if they had a concern, they would raise this with the staff on duty or with one of the registered managers. People told us that prompt action had been taken in response to any concerns they raised. One person told us, "Any issues I have had have been resolved very quickly". Another person said, "I do not worry about making complaints and the staff always sort them out". People were given information about how to raise concerns and action was taken in response to their comments.

Is the service well-led?

Our findings

People who lived in the home and the visitors we spoke with told us this was a good service. One person told us, "I have no worries, this place is very good". Another person said, "I am very happy with it [the home] and how they care for [my relative]".

People who lived in the home, their relatives and the staff we spoke to commented on the happy, friendly and relaxed atmosphere. One visitor told us, "This is a very relaxed and cheery place". Another person told us, "The atmosphere is lovely, it's like a home from home". A staff member we spoke with told us, "I just love coming to work".

Most people told us they knew the registered managers of the service and how they could speak to them if they needed. We saw that there were noticeboards in each area of the home which had pictures of the staff who were on duty and their roles. This helped people identify who was working in the home if they needed to speak to a member of the staff.

The registered managers were supported by senior nurses who were responsible for different areas of the home. All of the staff we spoke with said they felt well supported by the senior nurses and the registered managers. We saw that the senior nurses were working alongside the staff on duty. This meant they were available to provide support to the staff and for people who lived in the home and their visitors to speak to as they needed.

The registered manager and registered provider used a range of formal and informal methods to give people the opportunity to share their views about the service and to request any changes or improvements. Regular meetings were held with people who lived in the home to gather their views. People had also been asked to complete quality questionnaires to tell the registered provider what they liked about the home and any areas they thought could be improved.

We saw that where people had made suggestions about areas of the service that could improve, action had been taken. Some people had raised concerns that items of laundry were occasionally being lost. The registered provider had looked into alternative ways that people's clothing could be labelled to ensure the owner could easily be identified if an item was misplaced. People had been asked for their views about the activities provided and we saw the activities that people had suggested had been arranged for the future.

We also saw that the staff asked people if they were happy with their care in an informal manner as they worked in the home.

The registered provider had good systems to assess the quality of the service. They had systems to check the records held, standard of hygiene and how medicines were managed. The checks identified if there were any areas requiring attention and these were highlighted to ensure action was taken.

Senior managers and the directors of the organisation also carried out regular unannounced visits to the

service to gather people's views and to assess the safety and quality of the home. At these visits they spoke with people who lived in the home, their visitors and to the staff on duty. These visits gave people an opportunity to raise any concerns with a senior person in the organisation who was not responsible for the day-to-day management of the home.

The registered provider had also introduced night checks on the services by senior nurses. At these checks the senior nurses were available to support staff and also carried out checks on aspects of the service.

The registered provider and registered managers were committed to providing people with a high quality service. All of the staff we spoke with said they were provided with the resources and training they required to ensure people received a high quality of care. Regular checks were carried out on the quality and safety of the environment and prompt action was taken where required. The registered provider employed a maintenance team to carry out repairs in the home. They also contracted with specialist services to ensure equipment was serviced and maintained to ensure it was safe to use. The staff we spoke with said that if they identified an area that required attention they reported this and action was taken promptly. This helped to ensure people lived in a safe and comfortable home.

Providers of health and social care services are required to inform the CQC of important events that happen in their services. The registered managers were knowledgeable of the incidents that required reporting to the CQC and had ensured appropriate notifications were submitted in a prompt manner. This meant we had been able to check appropriate actions had been taken when incidents had occurred.