Derbyshire County Council

Ladycross House Care Home

Inspection report

Travers Road
Sandiacre
Nottingham
Nottinghamshire
NG10 5GF

Tel: 01629531818
Website: www.derbyshire.gov.uk

Date of inspection visit:
08 February 2016

Date of publication:
05 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 February 2016. The service was registered to provide accommodation for up to 35 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 30 people were using the service.
The service was last inspected in June 2014, at this time we asked the provider to make improvements in relation to the care and welfare to people who use the service and staffing levels. At this inspection we saw that improvements had been made to staffing, however we found the required improvements had not been made to the care and welfare to people. This meant the provider had breached the legal requirements.

There was a registered manager in post. 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.

The provider had not completed audits to consider any trends or on going concerns which may have reflected improvements to the service. People had not been consulted in respect of the service developments and going changes to the building changes or restructure changes. People did not always feel the staff were responsive and that the stimulation within the home was limited.

The service had sufficient staff to support the current numbers of people living there and meet their basic needs. People felt safe within the home and their risks were assessed and managed to protect them from harm. People's medicines were managed and administered safely.

Staff had received training in a range of areas to enable them to care for people and additional training was available upon request. Staff understood the support people required to enable them to make decisions when they lacked capacity.

People were offered a choice of nutritious food and adequate drinks to ensure they had a balanced diet. Staff were available to support people with their meals when required. Referrals were made to health professional when it was identified additional support was needed to help maintain people's health and wellbeing.

The staff knew people well and treated with kindness and compassion. People were encouraged to maintain relationships and their privacy and dignity was respected.

People and relatives knew how to make a complaint and felt it would be resolved efficiently. Staff felt supported by the management team.

You can see what action we told the provider to take at the back of the full version of the report.

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

There were sufficient numbers of staff deployed to meet people's basic needs. The service ensured staff had been recruited safely. People told us they felt safe. Staff were trained to protect people from abuse and harm and knew how to refer to the local authority and others if they had any concerns. Risk assessments were centred on the needs of the individuals. There were systems in place associated with the management of medicines; appropriate arrangements for the recording and safe administration were in place.

Is the service effective?

Good

Staff had completed training so they could provide the support people wanted. Staff sought people's consent when providing support and people were able to make decisions about their care. People told us they enjoyed the food and they had a choice. Health care professionals were referred to in a timely manner to maintain people's health and wellbeing.

Is the service caring?

Good

People and their relatives were positive about the way staff provided care and support. People were treated with dignity and respect and their rights to privacy was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive
Staff had a good knowledge of people's needs, however they were not always responsive to individuals social needs. Activity choices were limited and people felt limited by the stimulation offered. Complaints had been recorded and responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well led
Systems to monitor the quality of the service were not completed to support the drive in improvements. People did not feel consulted on decisions within the service. Staff felt supported by the management. .

Ladycross House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Our inspection was unannounced and team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with six members of staff, the cook, the assistant manager and the registered manager in addition to three visiting health care professionals. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

At our last inspection in February 2014 we found that the service was not meeting the legal requirements in relation to staffing. At this inspection we found that the required improvements had been made.

We saw there were enough staff to support people with their required needs. People we spoke with told us there were sufficient staff. One person said, "Most staff just get on with their job and use their noddle. Others need to be told exactly what to do and they don't do anything more than that." Staff we spoke with felt there was enough staff. One staff member said, "There is enough staff" Another staff member said, "We all work really well as a team and we just muck in." The manager told us the levels of staff were reflective of people's needs. They said, "I would increase my numbers to meet the demand." They also told us the level of staffing was under constant review dependent on people's needs.

We saw that when staff started working recruitment checks were in place to ensure they were suitable to work with people. This included a police check and references. One staff member told us, "I had all the checks completed before I was able to start my training at the home." This demonstrated that the provider had safe recruitment practices in place.

People who used the service told us they felt safe at the service. One person said, "It's nice not having to worry about safety like I did at home. Someone else has that worry." Relatives we spoke with also felt their family member was safe, one relative told us, "I know that my relative is safe and there are people who care looking after her."

Staff explained how they would recognise and report abuse. Procedures were in place to ensure concerns about people's safety were reported to the manager and the local authority as needed. Staff we spoke with told us, "It's important to observe people's behaviour and record it." They also commented, "We cannot assume; always ask how and why and always report." We saw that these procedures were followed when required.

We saw that safety risk assessments had been completed and plans were in place to manage and review the risks to the environment and individuals. For example we saw when people required equipment to support them to transfer around the home clear guidance was provided to staff. One person we spoke with told us, "The carers do really well at getting me around the home and they encourage me to move, even when I can't be bothered." One staff member said "You need to consider if someone is tired and if they require more help, you have to assess people along the way." Other risk assessments related to people's life choices, like smoking or going out independently were in place. We saw each risk had been assessed and the provider had identified the support the person required to enable them to continue with their chosen activity.

People told us they received support with their medicines. One person told us, "I get my pills in a little plastic pot. They watch me take them all as I drop them sometimes." Another person said, "I get fed up taking pills sometimes and they have to explain to me what they are for again." We saw that staff explained to people their medicine and what it was for. We observed that medicines were stored securely and that there was

guidance for staff to understand the effect of the medicine and how to administer it. The records showed that when people received their medicine accurate records were kept. This meant that the provider ensured people received their medicine as prescribed.

Good

Is the service effective?

Our findings

We discussed with the staff their induction and training. They told us they received a package of training when they started and as part of the induction they shadowed an experienced member of staff until they felt confident. One staff member we spoke with told us, "There is full training here, better than anywhere else." They also added, "I never felt thrown in at the deep end, I could ask questions and I got lots of support."

Staff also told us that they were supported with ongoing training. One staff member told us, "I was encouraged to do my dementia training and have done three of the four days." Another staff member told us they had requested some dementia training and this had been arranged. Staff told us the training had widened their understanding of supporting people with dementia. The manager told us, "I love the staff to go on training, the more knowledge they have the better care they will deliver." Staff told us they received supervisions and they found it to be useful. One staff member told us, "It's a chance to discuss any residents, my future training or anything else." This demonstrated the provider was ensuring staff had appropriate training to support the service.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Staff told us they had received training in MCA and associated DoLS. Staff understood the importance of giving people choice. One staff member told us. "Even if the care plan says they have not got capacity, I would always ask them, you can give choices with the little things." We saw staff gave people choices throughout the day and asked people's permission before carrying out any personal tasks. The records we looked at showed assessments of people's capacity to make decisions had been completed. Where people were unable to make a decision best interest decisions had been considered and appropriate support provided. There was no one assessed as being restricted as a deprivation of their liberty. The manager understood their responsibility to request applications to gain lawful restrictions, when required.

People told us they enjoyed the food one person told us, "I'd give the food here a 10 out of 10. I like the hot breakfasts and I can have more if I want. We don't get it (hot breakfast) on Sunday though because we always have a roast dinner. That's lovely." Another person told us, "There is plenty of food. If I don't like something I can always have soup." One relative we spoke with confirmed that their family member enjoyed the food. They said, "[Person using the service]enjoys the food here, not least of all because they don't have to cook it or shop for it." We saw how staff responded to support individuals. For example, one person was ambivalent about eating, we saw the staff spent time with the person to encourage them to eat. They did

this by distracting the person by talking about other things then re-introducing the meal, this worked well for that person.

The service was provided with a planned menu from a corporate supplier. The cook told us, "It's set but you can adapt the menu using the same ingredients, like when it was lasagne, we made mince pie or beef burgers which people prefer." There was a choice of meals and special diets were catered for. For example diabetic puddings and fortified milk was used to support people with their calorie intake. We saw that records were kept in relation to people's weights and their food and fluid intake. Any concerns had been raised with the appropriate health care professional for guidance and we saw guidance was followed.

People were supported to maintain their health and had access to health care professionals. One relative told us, "I don't think we have ever had to call anyone for [person who used the service]. They have regular checks for eyes, teeth and feet and the hairdresser comes weekly, so that's their needs covered." One health care professional we spoke with told us, "Staff here are approachable and they have acted on my recommendations." Another health professional told us, "The staff often check with us the correct advice, I am sure that it's for assurance."

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person said, "They are caring. It's their job. Some are more caring than others and some I like more than others, but they get on with their job. I have no complaints." Another person told us, "Staff are really friendly and take care of you." Relatives we spoke with also felt the staff were caring. One relative said, "I know[person using the service], would let me know if they were not enjoying it here." Another relative said, "More than caring, it's like family."

Staff knew people's likes and dislikes. One staff member told us, "Everyone's different, it's good to know their background as this can affect their mood." Another staff member told us, "I enjoy chatting to people whilst I support them."

Staff treated people with courtesy and kindness. We saw that when staff approached people they used gentle touch, an encouraging voice and ensured they were at eye level when necessary. One staff member told us, "It's important to make people feel welcome when they come, it can be overwhelming."

Relatives told us they were able to visit anytime. One relative told us, "I can visit whenever I want which is good because I am still working." Another relative told us that staff had provided them with some guidance on how to support their relative who was living with dementia. They said, "It was really useful, they gave me some tips, I now feel I can connect with [name]."

People and relatives told us they were treated with respect. When asked, one person said, "Always." A relative we spoke with told us, "When they support my relative with their personal needs, they talk to them like they are the only one there." Another relative said, "It's the little things, like in the summer when I came, people were in the garden and they all had hats and sun cream on." We saw that people could move around the home to access different areas when they wished to. This mean the provider ensured people were treated with dignity and respect and their rights to privacy was respected

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in February 2014 we found that the service was not meeting the legal requirements in relation to care and welfare of people who used the service. At this inspection we found that the required improvements had not been made and there continued to be concerns in relation to the individualised care provided to people.

People told us that the support they received was not always responsive. For example, the provider had told us in the PIR that they were having a new call bell system installed, and we saw that this had happened. However a person who used the service said, "The new call system is much better than the old one. Easier to use and louder." However the person also commented, "It still takes a long time to answer it sometimes." Another person told us in relation to using the call bell, "I have used it, it took them about 10 minutes to come, but at least they came." Staff commented that the call bell system was an improvement, "It's louder so it can be heard all over the home." One health care professional commented, "Due to the layout of the building people were often left and they had to shout to make their needs known. This can be difficult if they are not within ear shot of the staff."

In each lounge we observed there was a designated 'bell pusher', this person had the call bell by their side and if another person needed or requested assistance, they pressed the bell for them. Staff and manager confirmed that there was a person in each wing who had taken on this role.The manager told us that if people were unable to make their needs known they were supported with regular checks from the staff. However this meant that people who were able could not be independent or discreet in their decision to request support and had to rely on others.

We observed that some people were not supported in relation to their choice of activity. For example one person had requested to sit in the garden. The staff member discouraged the person due to the cold and windy weather. The person reluctantly accepted the situation and sat in the lounge. Another person told us, "I would love to have more choices in my life, but that time has passed. There is a pattern to the day that you follow and I suppose my choice is whether I go to my room or sit in the lounge with others." The staff contact we observed were in relation to specific care needs, we did not observe anyone 'just having a chat' with anyone. One person told us after we had spoken with them, ""I have really enjoyed our chat. I really miss that." This meant the provider was mainly providing support for people's personal care needs and wider wellbeing support.

People told us there was not always enough to do. Several people we spoke with told us they chose to stay in their room; they told us they did not receive regular checks. One person said, "I am a bit of a loner and spend more time in my room. I lose track of time and they do bring me tea, but I don't think they come to see me other than that. I would just press the bell if I wasn't okay." Another person told us they did not receive regular checks, they said, "I spend a lot of time in my room these days; but there is no popping in to see if I am okay or if I need anything unless it's time for my cuppa."

We were told by people and the manager confirmed, that the activities co-ordinator was often seconded

into caring. The only devoted activity time with people was between 10pm to-11.45am each day and a Wednesday evening. In relation to the evening entertainment one person told us, "It's normally a male singer, but all the songs are really old fashioned."

We saw a weekly activities plan was pinned up in each 'wing' to show what would be available and the location of the activity. The coordinator told us they had started taking the activities to the different 'wings' to encourage people to move around the home. On the day of the inspection we did not observe any activities as the coordinator had been seconded on to care duties.

When activities had been completed a written account of the activity was kept to evaluate if the session had been enjoyed and well attended. The activities coordinator told us, "Some sessions are fantastic, however if it does not work you just change it around to suit people's mood." We observed during the afternoon long periods of inactivity for people. One person told us, "It's a long afternoon." The staff we observed supported people in relation to a request for personal assistance, however we did not see any engagement in relation to conversations or in supporting people to access any activity other than to sit in front of the television. One staff member we spoke to told us, "I would like to have more time to chat to people; I don't have the time."

This demonstrates a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were asked about their preferences regarding their care and had regular reviews. Records that we looked at showed that aspects of the individual's care needs had been recorded and that reviews had been completed. There were daily arrangements in place to keep staff informed about people's needs and any changes. We observed a handover between the assistant managers which covered each person's needs and any ongoing actions required.

People and relatives we spoke with told us they would raise any concerns they had. One relative told us, "I've not really had any complaints. I ask the carers questions and they can usually answer." Another relative said they had raised a concern which had been addressed swiftly. The provider had a complaints policy and people we spoke with told us they knew how to raise a concern. The manager had a clear understanding in addressing any concerns. They told us, "Big or small, true or false, they need addressing." We saw that complaints had been received and responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

We found that systems were not in place to monitor the quality of the service. There was a record of the accidents and incidents, but there was not an overview which could have identified themes or trends. When we asked the manager they confirmed this was an area they could look to develop to support the quality of the service.

The service had not competed quality questionnaires with people, relatives or professionals to consider any ongoing opportunities to drive improvement. In the PIR the manager told us they planned to introduce relative's meetings and introduce a newsletter to provide ongoing information. At the time of the inspection neither of these had happened. Relatives we spoke with told us there were no relative's meetings planned and the only newsletter observed was over a year old.

People told us they felt decisions were made without full consideration of their needs and choices. There was a regular monthly meeting to discuss events and news within the service; the outcomes of the meeting were displayed on the noticeboard. However, when we discussed with people about the proposed developments to make the 'blue wing' into a café, one person said, "I don't know anything about it." Another person expressed concern about the 'blue wing' being a long walk from the other end and questioned who would use it. Another concern raised by some people was the use of the dining areas. One person said, "I don't like having to go into the main dining room for breakfast. We always used to have it in our own lounges, but the manager stopped that. Daft if you ask me. Worked alright before, it's bound to be about cost." This showed the provider did not always consider people's views in relation to the service and its ongoing developments.

The service was undergoing a restructure which the manager told us had been challenging and they did not always receive the support they needed. The previous support group linking the providers other care homes were no longer in operation which they felt this had an impact on the development of the service. They told us, "At the meetings you could bounce ideas around and looking at service changes like from CQC etc."

The manager felt supported by the team of staff in the service and this was reciprocated. Staff told us they felt supported, with regular supervision and team meetings. Staff said, "You can go to the management; there is always someone that can advise or support you." Another staff member told us, "We all work really well as a team and we just muck in." People and relatives told us they felt the home was warm and friendly. One relative told us, "It's like one big happy family." Staff we spoke to told us they enjoyed working at the service, one staff member said, "It's more homely not just a building."

The provider understood the responsibilities of the registration with us and they had notified us of important and significant events promptly as required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service had not designed care with a view to the meeting the person's preferences and choices.