Cumbria County Council

Lapstone House

Inspection report

Lapstone Road
Millom
Cumbria
LA18 4BY

Tel: 01229894114

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 17 November 2015. We last inspected Lapstone house in January 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Lapstone House is in the centre of the South Lakeland town of Millom and provides accommodation and personal care for up to 25 older people. The home is divided into three separate units, each with a sitting room, kitchenette, dining area and with bathing and showering facilities. There is a small quiet lounge, a hairdressing room for people living there and also a laundry for people's personal clothes. At the time of our visit there were 19 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We found at this inspection that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of support staff at night time to meet the assessed needs of people living in the home.

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

We spoke with people who were living at Lapstone House and they made only positive comments about their care and about their home. People told us that it was a "safe" and "happy" place to live. They told us that staff they knew the staff supporting them well and that they were "kind" and "helpful" and helped them to do things for themselves.

We spent time with people on all the units. We saw that the staff offered people assistance and took the time to speak with people and take up the opportunities they had to interact with them and offer reassurance if needed. People living there told us that care staff respected their privacy and treated them with respect. We saw that the staff on duty approached people in a friendly and respectful way and people we spoke with who lived there told us that it was a "homely" and "comfortable" place to live.

The environment of the home was welcoming and the communal areas were decorated and arranged to make them homely and relaxing. We found that the home was clean and being kept tidy and fresh. The home was scheduled for refurbishment to improve and update the home for people living there.

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. The staff we spoke with were aware of their responsibilities in protecting people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of anyone.

They service had safe systems for the recruitment of staff to make sure the staff taken on were suited to working there. On the day of the visit there were sufficient care staff available to support the people living there during the day. We saw that care staff had received induction training and ongoing training and development and had supervision once employed.

Medicines were being safely, administered and stored and we saw that accurate records were being kept of medicines received and disposed of so all of them could be accounted for.

People knew how they could complain about the service they received and information on this was displayed in the home. People we spoke with were confident that action would be taken in response to any concerns they raised and told us they felt comfortable giving their views about the service and what they wanted in their home .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Staff understood how to safeguard people from abuse and knew how to report possible abuse or concerns about a person's safety.

There was an adequate number of staff on day duty to provide the support people needed. However the level of staffing on night duty was not sufficient to at all times to meet the assessed needs of people living in the home. The registered provider did not have systematic approach to determining the number of care staff required to meet the needs of people at all times.

Medicines were being handled safely and people received their medicines correctly. Medicines were appropriately stored and records were kept of medicines received and disposed of so they could be accounted for.

Is the service effective?

Good

The service was effective.

Staff had received training relevant to their roles to help make sure they were able to provide the support people needed.

People were supported to have a nutritious diet. Where the home had concerns about a person's nutrition they involved appropriate professionals to help make sure people received the correct diet.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Is the service caring?

Good

This service was caring.

People told us that they felt that they were well cared for and were happy living in the home.

We saw that people were treated with respect and kindness and their independence, privacy and dignity were being protected and promoted.

Staff demonstrated good knowledge about the people they were supporting and on their backgrounds, their likes and dislikes and preferred daily routines.

Is the service responsive?

Good

The service was responsive.

We saw that people living at Lapstone House were supported to make their own choices about their daily lives in the home.

There were organised activities in the home for people if they wanted to take part. Support was provided to help people to follow their own interests and faiths and to maintain their relationships with friends outside the home and with relatives.

Information was displayed on how to make a complaint for people to use. There was a system in place to receive and handle any complaints raised.

Is the service well-led?

Good

The service was well led.

People who lived in the home were asked for their views on how they wanted their home to be run and their comments were listened to and acted upon by the registered manager.

Quality audits were used by the registered manager to monitor care planning, medication management, the environment and service provision.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Staff told us they felt supported and listened to by the registered manager and that they could discuss their work and practices.

Lapstone House

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.

This inspection took place on 17 November 2015 2015 and was unannounced. The inspection was carried out by an adult social care lead inspector.

As part of the inspection we looked at care records and care plans which included looking in detail at seven people's care plans, medication records and risk assessments to help us see how their care was being planned with them and delivered. We also looked at records relating to the management, use and storage of medicines.

We looked at the staff rotas for the previous two months, staff training and supervision records and records relating to the maintenance and the management of the premises, the equipment in use and records regarding how quality was being monitored and promoted. We looked at recruitment records for staff and at records relating to how complaints and incidents were managed.

Before our inspection we reviewed the information we held about the service. We looked at the information we held about notifications sent to us about incidents affecting the service and the people living there. A notification is information about important events which the service is required to send us by law. We looked at the information we held on referrals that had been made to the local authority safeguarding team, any concerns raised with us and any applications the manager had made under Deprivation of Liberty Safeguards (DoLS). We planned the inspection using this information

During the inspection we spoke with five people who lived in the home, a visiting relative, three care staff, a member of domestic staff, the supervisor on duty and the registered manager. We observed care and support in communal areas and at lunch time. Some people living there could not easily give us their views and opinions about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. It is useful to

help us assess the quality of interactions between people who use a service and the staff who support them.

We did not have a Provider Information Return (PIR) when we visited. 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. The registered manager had provided a PIR in April 2015 promptly and as requested but this was prior to the registered provider undertaking the process of reregistration of the service with the Care Quality Commission (CQC). Therefore CQC had not received a PIR before this inspection as one had not been asked for. This was the first inspection following the registered providers reregistration with CQC.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with who lived at Lapstone House had positive things to say about life in their home and told us that they felt safe living there and that they felt they were being well looked after by the staff. One person told us, "Are we safe? Absolutely, it's a very safe and lovely place to live". All those we spoke with told us that the staff were available to help them when they needed assistance and that they were "A friendly lot".

The supervisor and registered manager were on duty during the inspection and six care staff. Four care staff were supporting the 12 people living with dementia and two staff were supporting the seven people living on the first floor unit. There were also domestic and cooking staff on duty to support care provision. There was a stable staff team in the home that were able to tell us about the needs and personal preferences of the people they were supporting. We could see that there were sufficient care staff available during the day to support people. People we spoke with who lived there told us that the staff were available when they needed them and did not have to wait long periods if they called for assistance.

We looked at the staffing levels on night duty. The rotas showed there were two care staff on night duty at the present time to support the people living on all the three units. The two night staff based themselves on the ground floor unit where the people were living with dementia. Staff did safety checks at two hourly intervals in the night and we were told one staff member remained on the ground floor unit whilst this was done. However care plans indicated that there were two people living on the first floor unit who required two staff to assist them to use the hoist to aid their mobility. Therefore there was no one on duty on the ground at that time to make sure the people living there were safe and had their needs attended to promptly.

We discussed with the registered manager how staffing levels were monitored to make sure the staffing in the home on day and night duty was being determined in accordance with people's needs and safety. The registered manager described how they used their judgment and knowledge of the people living there to get additional staff if there was a need to, such as if someone needed closer observation and support. The registered provider did not provide formal tools for the registered manager to use to formally monitor the dependency of people living there and the corresponding staffing levels needed to keep people safe. The registered provider did not have systematic approach to determining the number of care staff required to meet the needs of people at all times or the effect on staffing of changes in people's dependency. Such tools would evidence good practice as they assist in formally assessing staffing levels when people's care needs increase or change and could take into account the layout of the building.

This indicated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of support staff at all times to safely meet the assessed needs of people living in the home

During this inspection we looked at the way medicines were managed and handled in the home. Records had been completed of medicines received and disposed of and changes in medicines had been managed

effectively. We found that medicines were being safely administered by staff who had received appropriate training and who had their competence to administer assessed.

We saw that there were appropriate arrangements in place in relation to the recording of medicines and records were signed correctly when medicines were given out. We counted six medicines and compared them against the records and found all the medicines tallied. We looked at the recording and storage of medicines liable to misuse, called Controlled Drugs that were being stored at the time of the inspection. We found that this was being done correctly and safely

Charts were used for the recording of the application of creams by care workers and showed where and how they were to be used so that residents received correct treatment. We saw that medicines requiring refrigeration were stored within the recommended temperature ranges to keep the medicines in good condition for use.

All the staff we spoke with knew what action to take if they felt someone needed to be safeguarded from abuse or possible abuse. Records showed that staff had received training in safeguarding adults and there were policies and procedures in place to guide them. Staff also knew about the need to raise any concerns or 'whistle blow' about poor practices. They said they would be confident reporting any concerns to a senior person in the home.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up.

There were contingency plans in place to manage foreseeable emergencies and how to support people if they needed to be evacuated or moved within the home in an emergency. This helped to make sure that staff knew what to do in these situations to help keep people safe living in the home. We found that accidents, incidents and near misses that affected people living in the home had been reported and recorded correctly or had been passed to the appropriate agencies to investigate.

Good

Is the service effective?

Our findings

People we spoke with who lived at Lapstone House told us that the staff supporting them respected the daily choices and decisions they made. People told us the care staff who supported them knew them well. One person told us, "They [staff] know what I like" and "The food is good, I always enjoy my meals". All the people we spoke with told us the food was good and that they had discussed menus at their 'resident's meetings'. We were told that there was a choice of food at all their meals and "Plenty of tea and biscuits".

At lunch time we saw that people who required support with eating received this in a respectful way with staff prompting people with their meals and asking them what they wanted to eat and drink. We saw that people were able to choose where they took their meals or join people on other units for meals if they wanted to.

We saw that people living there had nutritional assessments done to assess their needs and any risks. We saw that people had their weights monitored according to the assessed risk, some more frequently as a result of a higher risk. We saw that when needed advice had been sought from the dietician and speech and language therapist (SALT) for individuals to help manage their care. There was also information on specific dietary needs such as diabetic diets and soft and pureed meals as well. We saw that records were being kept on food and fluid intake for some people to check that they were receiving adequate hydration. This meant that people were receiving support with maintaining a healthy diet and that their hydration needs were being met.

Care and daily records indicated that people had access to health care professionals to meet their individual health needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. We saw that people's nursing needs were attended to by the district nurses

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager and staff on duty to check their understanding of MCA and DoLS. They demonstrated an understanding of the principles involved and how to make sure people who did not have the mental capacity to make decisions for themselves should have their legal rights protected. We saw that the registered manager had raised potential restrictions with the appropriate authority to make sure they were acting in line with legislation and supporting people's rights.

We looked at care plans to see how individual decisions had been made around treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a decision. We saw that these decisions about resuscitation and end of life care had been reviewed.

We could see that staff training was being monitored and planned for by the registered manager across the year. We looked at the staff training matrix and what training had been done and what was required. We saw

that staff had done induction training when they started working at the home and they received regular supervision with their supervisors to support them in their practice. We could see that training had been provided for staff on mandatory topics, such as moving and handling, infection control, emergency procedures, equality and diversity, safeguarding, mental capacity legislation and also dementia awareness to help that understand this and support people living with the condition.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. We were told by one person "In the time I have been here they [staff] have been charming, warm and kind". Another person said "It's a good place to live, I am lucky to be close to home and have such good folks around me". All the people we spoke with said they felt they were well supported and looked after. We were told "They [staff] always knock before coming into my room" and "I can get up and go to bed when I like".

The relative we spoke with told us they had always found the staff in the home to be "caring" and "welcoming". They told us that staff knew their relative well and what they needed doing for them. They told us that their relative seemed to like their carers and be comfortable with them.

As we spent time in different communal areas of the home throughout the inspection we saw that the staff took up opportunities to engage positively with people and we saw people enjoyed talking with the staff. We used the Short Observational Framework for inspection, (SOFI) to observe how people in the home were being supported and were spending their time. We joined people living with dementia in a communal area of the home during the morning and when activities were going on. We saw that people who could not easily tell us their views were comfortable and relaxed with the staff that were supporting them. Activities and conversations were going on in the lounges and there was a relaxed atmosphere in the home. Throughout our inspection we saw that the staff gave people the time they needed to communicate what they wanted in their own way.

During the time we spent on the three units we saw that people's privacy was being respected. We saw that bedroom and bathroom doors were being kept closed whilst personal care was taking place and staff knocked and waited before entering an occupied room. We saw that staff maintained people's personal dignity when assisting them with their mobility and when using mobility aids and the equipment they needed to promote their independence.

Bedrooms we saw had been personalised with people's own belongings, such as family photographs, ornaments and personal items to help people create their own personal space. We saw staff talking to people in a polite and friendly manner. They called people by their preferred names, as stated in their care plans. We saw that people were being supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

Records indicated that support staff had done some training on providing care at the end of life. The registered manager and the staff we spoke with were all clear about the importance they attached to supporting people and their families when their health was deteriorating. There were good working relationships with the district nursing service that supported the staff in the home in delivering good care at the end of life. The home had a 'designated' GP with the local surgery so people could see the same person who knew them and their health care needs.

We found that information was available for people in the home to help support their choices. This included information about the services offered, about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes

Good

Is the service responsive?

Our findings

During our inspection at Lapstone House we received only positive comments from the people living there about their daily life in the home and that their daily routines were flexible depending on what they wanted to do. One person told us "Everyone who visits says what a lovely atmosphere there is here. It is a happy home". Another person said "I can have what I like here and no one has ever said I can't do what I want".

They told us about the organised activities that went on in the home and that they discussed these at their own meetings. We were told that depending upon the weather they went out into the town to the café or pub. One person told us how they had celebrated a significant birthday by going out with friends from the home to have "coffee and cake at a local café". We were told by one person this was a ladies only day but "The gentlemen have their days out too, usually it involves the pub".

We joined people in one lounge who were enjoying a glass of sherry and chatting with staff. They told us about a recent trip out to Morecambe and having a "fish and chip supper "that was "very enjoyable". People who stayed behind also had a fish and chip supper supplied by the local chip shop.

People living there told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services if they wanted to and that they could see their own priests and ministers as they wanted to. We were told that a lay visitor from the local church came in to lead a service and offer communion to those who wanted it.

In all the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks and had the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where a risk had been identified we could see that action was taken to minimise this. For example, providing the right pressure relieving equipment for people at risk of skin damage.

We saw that the assessment and management of risk had been reviewed and updated by staff so that people received appropriate support and treatment. The information gathered before and on admission had been used to develop individual care plans. We saw information had been added to plans of care as they were developed and as the persons preferences and wishes became known.

We saw that everyone living at Lapstone House had a 'hospital passport', this was information about the person, their health and care needs, medication and what they wanted in order to support them. This was to help make sure that should a person need to transfer to another care setting quickly all the relevant information about their needs and preferences would be available to go with them.

We saw in people's care plans that their health and support needs and preferences were made clear for staff and their personal information was included. Where they were able to people had signed and agreed their plans themselves and had been involved in reviews with their social worker. There was personal and background information in people's plans that staff had developed with people and their families. This

information was aimed at getting a full picture of a person and their lives before they lived at Lapstone House. Staff we spoke with had a good understanding of people's backgrounds and lives and what was important to them. Staff we asked told us that this depth of knowledge about people helped staff to give support more appropriately and be more aware of things that might cause people anxiety.

Good

Is the service well-led?

Our findings

People who lived in the home said they felt involved in the way the home was run and got a chance to give their views. We were told that they knew the registered manager of the service and saw them and the supervisor "every day" to talk with. They told us they felt comfortable talking with them and asking questions and "having my say". People told us they felt their home was a "happy" and "homely" place where their views were listened to.

We looked at the minutes of the 'resident's meetings' and the last one that was held at the end of September. We saw that people had discussed a range of issues about what they wanted in their home, such as activities and menus. The cook had attended to discuss menus. We saw that menu requests had been acted upon as some people had asked for Cornish pasties, sausages and poached eggs and egg custards and these were now being served.

We saw during our inspection that the supervisor and the registered manager spent time with the people who lived in the home on the different units and engaged in a positive and informal way with them.

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they were well supported in the home and felt that they could speak with the manager or supervisors at any time. They said they had regular staff meetings and individual supervision to discuss practices, share ideas, any problems and any areas for development. Staff spoke well of the management team in the home and felt that all the staff in the home worked well together and were "a good team".

The registered manager used the systems in place to assess the quality of the services in the home. We saw that audits had been done on care plans and medication records on a monthly basis and there was also a weekly stock check of medicines. We also saw that staff had done competency checks to make sure their medication practices were up to date This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority. There were also regular visits from the organisation's operations manager for to do their own checks on aspects of the service and monitor the standards in the home.

We saw that the registered manager had made checks on the premises and environment. They had identified some areas that needed attention. The registered manager told us that the home was scheduled to have a refurbishment to improve the environment for the people living there. This was due to start in February 2016. We saw that records of cleaning routines were also checked to help make sure the cleaning schedule had been followed and to help make sure the premises and equipment were clean and safe to use.

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 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of support staff available at all times to meet the assessed needs of people living in the home and in emergency situations. Regulation 18 (1)