Witton Care Limited

Ladysmith Care Home

Inspection report

Ladysmith Care Home,
Ladysmith Road,
Grimsby,
Humberside,
DN32 9ND

Date of inspection visit: 10/07/2014
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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

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Ladysmith Care Home is situated in Grimsby. The service is registered with the Care Quality Commission to provide accommodation and personal care for up to 90 older people who may have dementia related conditions.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff were able to describe to us how they would keep people safe from harm and what they would do if they witnessed any abuse. They had also received training about different types of abuse and how to recognise and

Summary of findings

report these. The provider's recruitment systems ensured, as far as was practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

Staff understood the needs of the people who used the service and displayed compassion and sensitivity when undertaking caring tasks. Staff were appropriately trained and received updated training on a regular basis to ensure they had the right skills to meet people's needs.

People told us they felt included in their care and they attended reviews and meetings about their care. Where people had been assessed as needing support with complex decisions the person who acted on their behalf had been identified and meetings had been held which included health care professionals, the person's representative and the staff at the home. This ensured any decisions made on behalf of the person who used the service were in their best interest. Care was provided in an enabling environment and people were supported to be as independent as possible.

Staff were enabled to develop their skills and received support from the management team to further their education and gain further qualifications. The manager undertook regular audits of the care the service provided and made improvements where needed. People who used the service, relatives and staff were all encouraged to have a say about how the service was run. All suggestions, compliments and complaints were seen as productive and welcomed as a way of improving the service provided at the home.

The service was last inspected June 2013 and no issues were identified following that inspection.

Summary of findings

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. Staff were trained in recognising abuse and how to report this to ensure people were safe.

The provider had robust recruitment systems in place to ensure people were not exposed to staff who had been barred from working with vulnerable adults. Systems were in place to regularly review the risk people potentially faced and protected people without depriving them of their liberty.

People were supported where appropriate to make informed choices and decisions following assessments. Meeting were held to ensure any decisions made on the person's behalf were in their best interest.

Is the service effective?

Good

The service was effective. We saw people were involved in their care and were consulted about their preferences and choices.

The provider had ensured staff received training which was appropriate to their role and this was updated as required.

People had access to health care professionals and the staff made referrals when needed.

People were provided with a varied and nutritious diet and their nutritional needs were monitored.

Is the service caring?

Good

The service was caring. During the inspection we saw that staff were compassionate and caring towards the people who used the service.

They responded appropriately to people's requests and were sensitive to people's needs. Staff were able to describe people's needs and how these should be met.

Staff understood the needs of people with dementia and responded in a caring and compassionate way.

Is the service responsive?

Good

The service was responsive. People's care plans contained up to date information and were reviewed on a regular basis. Care plans were also reviewed and changed if people's needs changed suddenly or they became ill. Referrals were made to appropriate health care professionals when needed. Staff carried out the advice provided and undertook the monitoring required to ensure people's need were met.

People were able to have their say about how the service was run and these were taken into account with regard to any future planning. The provider also had systems in place which gathered the views of those people who had an interest in the care and welfare of the people who used the service.

Staff were aware of what activities and interests people had and how these should be facilitated.

Summary of findings

Is the service well-led?

Good

The service was well led. People who used the service could have a say about how the service was run. The provider held meetings with relatives, staff and other stakeholders to gain their views about how the service was run.

Staff told us they felt supported by the management team and could approach them for any advice. Staff were trained in how to best care for the people who used the service.

The provider had monitoring and auditing systems in place which ensured people were safe and their needs were met. They also had systems in place which ensured people lived in a well maintained and safe environment and changes were made when identified.

Ladysmith Care Home

Detailed findings

Background to this inspection

The inspection was led by an adult social care inspector who was accompanied by an expert by experience and a specialist professional advisor. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service. The specialist professional advisor had experience of the care needs and welfare of people living with dementia.

Prior to the inspection the provider completed a Provider Information Return (PIR). The PIR is a document completed by the provider about the performance of the service. The local authority safeguarding and quality teams and the local NHS were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the provider.

During our inspection we observed how the staff interacted with the people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with nine people who used the service, four of their relatives and eight staff, these included care staff, a cook and a laundry assistant. We also spoke with the deputy manager and the registered manager.

We looked at a selection of care files which belonged to people who used the service, staff recruitment files and a selection of documentation pertaining to the management and running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Good

Is the service safe?

Our findings

When we spoke with people who used the service they told us they felt safe and trusted the staff. We saw staff were kind and caring when they interacted with people who used the service and offered support where needed.

When we spoke with staff they were able to describe the provider's policies and procedure for the reporting of any abuse they may witness or become aware of. They were able to describe different types of abuse and how to recognise these. They also told us they had received training about how to recognise abuse and how to report it to ensure people were safe and not at risk. Staff told us, "I'd report it straightaway, they'd always listen. I know none of us would hesitate to report things we were worried about." Staff told us if they had any concerns about people's safety they would report it immediately.

We saw information in people's care plans how staff were to support people who may display behaviour which put themselves and others at risk of harm and which challenged the service. We saw staff supported people in a sensitive and compassionate way. We also saw staff pre-empt situations which people may have found stressful or threatening and sensitively re-direct people away from risk of harm.

Staff had received training about the principles of the Mental Capacity Act 2005; they could explain how and when this should be used. They were also aware of the use of Deprivation of Liberty Safeguards (DoLS) and their role in ensuring these were followed and people were kept safe. The registered manager had made applications for DoLS and these were documented within people's care plans. We saw in people's care plans that assessments had been undertaken which identified if the person required support with making complex decisions. Where this was the case meetings had been held involving health care professionals, relatives where appropriate and senior staff from the home. This ensured any decisions made on the persons behalf were in their best interest. The registered manager had also notified the Care Quality Commission (CQC) of the outcome of any application made for DoLS.

We saw people's care plans contained emergency evacuation plans to be followed by the staff if the need should arise. These were different for each person and were written according to people's needs. For example, different instructions were recorded for those people who had problems with mobility. When we spoke with staff they were aware of the need to keep themselves safe and the people who used the service. The registered provider also had procedures in place for other emergencies like flood or if the utilities were to be disconnected.

We saw rotas which confirmed there were enough staff on duty to meet people's needs. The registered manager described to us the method they used to assess the numbers of staff needed. This was based on guidelines issued by the Department of Health. They told us they used these as a starting point and then calculated further staff according to the needs of the people who used the service. They explained they only used the guidance as a base line calculation. The registered manager told us there were people waiting to be admitted but they were ensuring the staffing levels were adequate before any more admissions were made. They also told us they considered the skill mix of the staff on duty, for example the staff on the dementia unit were usually those who had received the relevant training and had good links and relationships with the people who used that service. They also explained that the registered provider never put restrictions on staffing levels and they felt they had full autonomy with regard to this area.

We looked at the files of the most recently recruited staff and saw checks had been undertaken before the employee had stated working at the home. We saw references had been taken from pervious employers, where possible, and the potential staff member had been checked with the disclosure and barring service (DBS). This ensured people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manger explained that if anything should appear on the person DBS check this was discussed with them prior to commencing employment and a decision was made as to the suitability of their employment.

Good

Is the service effective?

Our findings

Care staff we spoke with were positive about the training they received. They told us the training equipped them to effectively undertake their roles. They told us they received training in health and safety, safeguarding people from harm, how to assist people to move safely, how to use lifting equipment to assist people to move safely, food hygiene and dementia. The staff also told us they could suggest further training during their supervision sessions and this would be sourced by the registered manager and provided. Senior staff told us they had received more specific training applicable to their role, for example how to administer medication safely. Staff told us that there were continuous training opportunities. We saw training records which evidenced this. They also told us they received regular supervision and had the opportunity to attend training relevant to their roles. Their career development was supported and they had yearly appraisals during which developmental objectives were set and reviewed. We saw documentation which evidenced this.

One member of staff told us, "We all get the same training and there's loads of it. All the training that you have to do every year is always up to date and there's loads of other training as well. If something interests you, you can always ask to do it." Staff were confident in telling us they were supported in doing their job effectively because they all worked well together as a team, in addition to having professional support through training, supervision and appraisal. Staff said, "We all work well together and we all help each other out all the time."

Newly recruited staff told us they had been through an induction period and had shadowed other care staff for a few shifts before working unsupervised. We saw training plans were in place and there was a system of supervision and appraisals which gave staff the opportunity to attend more specialists training if they asked for it. The system identified what training the staff had undertaken and when this was due for renewal.

The food provided during the day of inspection was well presented, nutritious, hot, and palatable. Various pudding options were available including diabetic options. There was soft classical music playing in the background in the dining rooms, which gave a sense of calmness during lunchtime and a nice ambience to the dining experience. Where communication was difficult, we saw staff understood how each person communicated their preferences. We saw support for assisting those people who needed this was provided by a carer who worked across all the units.

We asked people who used the service about the food. One said, "I like the puddings." Others told us they liked the food, which was made clear by their appetite. There was minimal wastage and we were told any special diets or supplements were managed by the kitchen staff. Carers said, "We all know who has what here."

We observed the process of dining was calm and there was plenty of assistance for those who needed it. We noted people were encouraged to eat independently, whilst doing so safely and with dignity. We saw staff worked well together during meal times, talking to each other to share observations and asking each other for help. There was no sense of urgency and meal times were calm, effective and enjoyable. We saw clear documentation of people's food intake on a day by day basis, which reflected risk assessments in the care plans.

We saw menus were managed in two week periods. The menu folder in the dining area was clearly written and there was a sizeable list of food people could choose from should they not like, or not want, whatever they were offered at a meal time. A member of staff told us, "We'd never make people eat something if they didn't want it. We know them all and their relatives so we know what they like and don't like. Sometimes it just changes! They can have what they want." We were told that local produce is always used and only fresh haddock used for fish dishes every Friday. All the baking was done in-house daily. We saw that a whiteboard informed staff of individual dietary requirements in the kitchen, there was also a board with people's birthdays on so each person received a birthday cake on their birthday. We saw the kitchens were clean, with safe, highly organised storage arrangements in the cupboards, fridge and freezer.

One relative told us they had requested their mother's sandwiches be cut in small manageable pieces when she had been first admitted and this had been done. She also told us staff had continued this practise. They said they visited regularly at meal times and always found these be an unhurried relaxed occasion.

Staff knew the likes and dislikes of the people who used the service and interacted well throughout the course of the

Good

Is the service effective?

lunchtime with everyone in the dining room. We saw examples of continual respect for people, for example, “Can I take your plate?”, “What would you like to do?” and “If you’d like another pudding, of course you have one.”

The staff were aware of the importance of providing those who were at risk from poor dietary intake with fortified diets and highly nutritional snacks. For example, the staff member who was responsible for ensuring people had a drink during the day told us how they had prepared the milk shakes which were being offered to people that morning. The catering staff were also aware of how many fortified diets were needed. They also explained how they communicated with the care staff on a daily basis to ensure people were getting enough to eat and drink.

We saw in people’s care plans their dietary intake was recorded on a daily basis. Where someone’s dietary intake fluctuated or there was change in their appetite referrals were made to the dietetic services at the local hospital.

When we spoke with the dietician she was complimentary about the staff at the service. She told us they always followed her instructions and people were putting on or maintaining weight.

People’s care plans documented when their needs assessments had been undertaken. There was also evidence people who used the service, or the person who acted on their behalf, had been consulted. We saw regular reviews had taken place and people’s care plans had been changed as result of their needs changing. Referrals had been made to relevant health care professionals when needed. For example dieticians, falls team, tissue viability nurses and GPs. Records made by staff showed how the day to day needs of the people who used the service were met. We heard senior staff arranging appointments over the phone for GPs and district nurses to visit people who used the service. We also heard them liaising with the hospital about people’s appointments ensuring transport was being arranging and confirming times and dates.

Good

Is the service caring?

Our findings

People who used the service told us they were satisfied and happy with the level of care and attention they received. They told us the care staff were caring, comments included, "The girls are really kind", "I trust the staff" and "I just have to ask and they do it for me." One person who was on respite care told us "It has been my saviour, it is far better than my own home. They keep me safe and warm and well fed and nourished, and check I am safe and tucked up at night." People also told us, "My girls are fantastic", "You just have to ask and they will help you", "They are all very kind and caring" and "They are angels."

Visitors we spoke with were happy with the care and attention their relatives received. Comments included, "I feel my mother is safe here", "I feel confident that when I leave my mum is well cared for" and "The staff are just brilliant."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and they had understood what had been said. Staff described to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non- verbal, for example smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests. Staff also had a good knowledge of the person's past history and were able to engage with people about their previous jobs and where they used to live. This was enjoyed by the people who used the service and was done ad hoc by the staff. Staff told us they enjoyed spending time with people and learning about them, it gave them a better understanding about the person.

The manager had developed some of the staff's role to include being a champion in a specific area, for example dementia, dignity and end of life care. This enabled the staff to develop and expand their knowledge. This knowledge was shared with other staff so they could be as up to date as possible with any new research and developments.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative's care plans and the registered manager kept them well informed about their relative's welfare.

We saw staff treated people who used the service with care, respect, kindness and compassion. People were well cared for and their hair, nails and foot care were looked after.

We were told that each room had a room thermometer and the room temperature was monitored all the time. The laundry was undertaken on site and was managed on a continuum of 'dirty to clean' in order to avoid cross contamination. We saw evidence that everyone had their own clothes which were labelled or marked either by relatives or staff and, once laundered, individually delivered to each person's room.

Good

Is the service caring?

We saw evidence that staff respected the privacy and dignity of people with advanced stages of dementia. They were reassuring when managing personal care and encouraging people with position changes, and for others to join in with activities that encouraged some physical movement or facilitated communication that best suited the person.

All confidential information was stored securely and staff only accessed this when needed. Visitors told us they were not restricted to visiting times and could visit whenever they wanted. One visitor told us they varied their times of visiting and always received a warm welcome from staff no matter what time of day or night. They said “Those welcomes are always with a smile!”

Good

Is the service responsive?

Our findings

We saw evidence of person centred care being provided throughout the home. One part of the building had been adapted to accommodate 13 people with advanced stages of dementia. There was an atmosphere of calm positivity, where staff managed behaviour that challenged the service effectively, gently and consistently. We saw and heard staff speaking with people calmly and distracting them from situations they may find threatening or challenging. The environment was well maintained and decorated, with good colour combinations to enhance a mellow, although cheerful, atmosphere. This enhances the experience of people living with dementia and creates a relaxed atmosphere.

When we spoke with staff they could explain how they minimised the risk to people and how they liaised with other health care professionals to ensure people received the best care possible. As part of the information gathering prior to the inspection we contacted health care professionals who were involved in the care the people who used the service received. They told us they felt confident the staff at the home followed their advice and guidance.

During the two days of inspection there was a calm air of efficiency. Care and management staff were going about their duties in calm professional manner. Staff were asking people if they were ok and if they required anything. There was a formal system in place to ensure those people who spent long periods of time in their room were checked and consulted with on regular basis.

We saw in people's care plans documentation which described the person and their likes and dislikes. This also described how the person preferred to spend their days and what activities they were interested in. We also saw the registered manager had regular meetings with the people who used the service to gain their views about how the service was run. One person we spoke with told us they enjoyed these meetings as they could express themselves and felt like they were contributing to running of the home. Those people who were at risk were constantly observed and their safety and well-being discreetly managed by staff whilst having the independence to walk about. A non-uniform approach, where staff throughout wore similar themed clothing but were not in a uniform, promoted a 'community feel' to the service.

Relatives we spoke with told us they felt the care staff were professional and caring. Comments included, "The staff are brilliant" and "Mum was at deaths door – having had a fall and been hospitalised, we thought we were going to lose her. Look at her now! They have got her walking again, doing her knitting, word puzzles, getting to the toilet and everything, independently. It's absolutely amazing what they have done here!"

The registered manager told us development work had taken place with the care plans and this was evident. Care plans were well ordered, easy to read and very person centred. Risk assessments were consistent with the needs of the person and of the care we saw given. Care plans demonstrated a comprehensive, multi-disciplinary, best interest process where required. Some people had agreed to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) due to ill health and where relevant, this was clearly visible at the front of care plans. Detailed life histories were also in placed in people's care plans.

We saw and heard plenty of active interaction between staff and people who used the service. Staff gave encouragement, without pressure, which resulted in smiles and laughter from people. There was a programme of activities that people and relatives could choose from. In addition to a comprehensive programme of events, it was clear there was much ad hoc, informal communication with people that allowed staff to spend time with them. The activities programme included opportunities for trips out in the home's bus and staff volunteered from their off duty to assist with these trips (for which they were paid). Other activities included arts and crafts, pampering sessions, exercise, tea dances, regular themed reminiscence sessions such as spring time or the changing seasons. There was an activities co-ordinator employed for five days per week who worked with the people who used the service. Examples of work and crafts made were displayed around the home. Staff told us, "There's enough staff to work with residents in a really person centred way."

People's care plans demonstrated the person or their representative had been involved with its formulation. Sections of the care plan showed the person's needs had been assessed and described how staff should meet these. Other sections of the care plan described the potential risk to people's health and wellbeing. This included the risk of falls, nutritional risk and tissue viability. These had been reviewed on a regular basis and changes made where

Good

Is the service responsive?

needed. There was also evidence of consultation with health care professionals where needed. The daily notes and records made by the staff in people's care plans demonstrated they provided the care and attention to meet people's needs. For example, daily notes documented what the person did, how the staff supported them and any changes in the person's needs. These also documented who the staff contacted and what advice had been given and what assessments had been undertaken if the person's needs changed.

The provider had a complaints procedure which people could access; this was displayed around the home. People told us they knew who to complain to, they told us they would "See the boss." They also told us they felt they were listened to and their views mattered. Relatives told us they knew who to complain to and felt the management were approachable. Staff knew how to deal with complaints and would endeavour to resolve people's problems immediately if they could. If they found they could not resolve the problem or it needed further investigation they would refer the concerns to higher management.

The complaint procedure explained how people could complain in the first instance to the management team. It also explained within what time scale people should expect a response. It also explained people had a right to complain to other bodies, for example the CQC, the local authority and ombudsman. The registered manager told us they viewed complaints as an opportunity to learn and change. For example, they had received some concerns about the lack of fruit available to people who used the service so they had introduced a system whereby fruit was available in lounges and staff regularly offered it as well to people. They had also recently changed the way the laundry was managed as a result of a concern raised by a relative.

Good

Is the service well-led?

Our findings

We saw that there were a variety of methods used by the management team to ensure the views of people who used the service were taken into account about the running of the service. These included regular surveys whereby people were able to air their views and opinions. The surveys checked people's satisfaction with a range of topics including, the care provided, the cleanliness of the environment and the staff. The manager collated these views and produced a report outlining any shortfalls and how these were to be addressed. The registered manager also produced a regular newsletter, which provided information about the achievements of the service, people's birthdays, news about outings, improvements made, future plans for the service and any other celebrations. The service had recently been awarded the 'Gold Standard' following a recent review by the local authority's contracts compliance team.

The registered manager also organised meetings with families and people who used the service. We saw recent minutes of these meetings. People told us they attended these meetings and found them useful. Relatives also told us they found them useful. The service's dignity champion held dignity meetings following the full meeting so they could discuss areas of improvements with relatives. Minutes of these were also seen.

Staff we spoke with told us they understood they had a duty to raise any concerns they may have and to highlight any areas of poor practise they may become aware of. They told us they felt confident in doing this and found the management team approachable and open to their views and opinions. The staff also told us they attended regular team meetings where there was an opportunity to have a say about how the service was run and suggest new ways of working.

The registered manager showed us the audits they undertook on a monthly basis; these included audits of medication, the environment, policies and procedures and staff working practise. The registered manager monitored the care and attention the people who used the service were receiving, monitored their on-going weight and any incidents that may have occurred, for example falls and accidents. We saw an analysis was made of all incidents and any learning or changes made due to these were shared with the staff and policies and procedures changed. The registered manager also monitored the dependency levels of the people who used the service and adjusted the staffing levels accordingly. The registered manager undertook audits of equipment used by staff to support people who used the service. Any action plans set as result of these audits were time limited and reviewed to ensure they were effective and addressed any shortfalls to the service identified.

The registered manager told us they had developed end of life care and they had nominated a specific member of staff to champion this. They had used recent guidelines and had liaised with the local hospitals using the 'Route to Success' NHS end of life programme. Through this they had developed support systems for relatives. Staff also assessed any end of life care and identified things that went well and things that did not go so well for future learning. They also assessed the contact they had with other health organisation with regard to end of life care, for example GPs, and developed positive relationships.