Life Care Corporation Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Life Care Corporation in September 2016. After that inspection we received concerns in relation to moving and handling and the management of people who may present challenging behaviour. As a result we undertook a focused inspection on 7 June 2018 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Life Care Corporation on our website at www.cqc.org.uk.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Life Care Corporation is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 41 people. One the day of our inspection 33 were living at the home.

The home is divided into two wings. Most people in the home were living with dementia.

People were safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risks were managed. Risk assessments were carried out and included risks associated with moving and handling and challenging behaviour. People received their medicines safely.

The service followed safe recruitment procedures ensuring staff were suitable to safely work with vulnerable people. Staff were aware of their responsibilities to report any concerns relating to abuse. The home was clean and free from malodours. Staff worked in line with the services policy on infection control to reduce the risks associated with cross infection.

There was not 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 2008 and associated Regulations about how the service is run.
The service was led by the interim manager. A new manager had been recruited who was registering with the CQC.

The interim manager monitored the quality of the service and looked for continuous improvement. Staff told us they felt supported by the interim manager and believed the service was well run. The service worked in partnership with local authorities, healthcare professionals, GPs and social services.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe.

People received their medicines as prescribed.

Is the service well-led?

Good

The service was well-led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Life Care Corporation Limited

Detailed findings

Background to this inspection

Following concerns raised, 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.

We inspected the service against two of the five questions we ask about services: is the service Safe and Well Led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

We carried out an unannounced comprehensive inspection of this service September 2016. After that inspection we received concerns in relation to moving and handling and the management of people who may present challenging behaviour. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Life Care Corporation on our website at www.cqc.org.uk.

The inspection was carried out by one inspector. Before the inspection we looked at previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

Most people were living with dementia and could not speak with us. However, we spoke with three people, one relative, three care staff, the administrator, the manager (who was registering with CQC) and the interim manager. We also spoke with two healthcare professionals. During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person could present behaviours that challenged others and place them at risk. Triggers to this behaviour had been identified and behaviour charts maintained to monitor the person's moods and actions. De-escalation plans were in place to guide staff to resolve issues, such as talking to the person and distracting them, and the service worked with the GP and local mental health team to manage the risk. Staff we spoke with were aware of and followed this guidance.

Another person was at risk of developing pressure ulcers and had 'very fragile skin'. Staff were guided to monitor this person's skin condition and 'apply creams twice a day'. Pressure relieving cushions and mattress were in place and records confirmed staff repositioned the person every two hours. A body map was used to monitor this person's skin and confirmed the person did not have a pressure ulcer. Other risks safely managed included mobility, the risk of infection and moving and handling. We observed two people being transferred, using a full hoist during our inspection. Staff used correct moving and handling techniques and chatted to and reassured people throughout the process.

People told us they felt safe. People's comments included; "Oh yeah, I am safe here", "Yes, perfectly safe thank you" and "Yes I am safe". One relative commented, "I am happy she [person] is safe. There is good, caring staff and she is content".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I've done the training, I'd report to the manager or CQC (Care Quality Commission)" and "I'd report concerns to management, safeguarding and CQC". The service had systems in place to report concerns to the appropriate authorities.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An infection control policy was in place which provided staff with information relating to infection control. This included; PPE, hand washing, safe disposal of sharps and information on infectious diseases. Throughout the inspection we observed staff following safe practice in relation to infection control. One staff member said, "We have plenty of gloves and aprons and we use colour coded mops and buckets for cleaning so there's no cross contamination".

People told us the home was clean. One person said, "Yes it is clean here, they [staff] clean my room every day". One relative said, "It is a clean home, I've no worries about infections". The home was clean and free from malodours. Toilets and bathrooms were clean and contained handwashing guidance and materials.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One person said, "There does seem to be enough staff. They come quickly if I call

them". One staff member told us, "Yes we've enough [staff]. We get management helping out as well so there is no stress on staffing".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the interim manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "My competency is checked by the manager regularly".

People told us they received their medicine safely. One person said, "I get my medicine on time, yes definitely". One relative said, "Medicines are well controlled here".

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. For example, where people had fallen, each incident was investigated and any required actions taken, such as the installation of sensor mats to alert staff the person was mobile. 'Post fall assessments' were conducted to look for patterns and trend to reduce the chance of reoccurrence. This included further training for staff and an increase in monitoring people at risk of falls.

Good

Is the service well-led?

Our findings

There was not 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 2008 and associated Regulations about how the service is run. The service was led by the interim manager. A new manager had been recruited who was registering with the CQC.

People knew the interim manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the interim manager. The interim manager supported people with their care and welfare and worked with staff who appeared comfortable in their presence. One relative commented, "I think this place is generally well run. I am happy".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Interim manager] and [manager] are very supportive. We can raise concerns, they listen and they act" and "I find management good and supportive. This place is well run".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The interim manager spoke openly and honestly about the service and the challenges they faced.

The interim manager monitored the quality of service. Audits were conducted by the interim manager and action plans arising from audits were used to improve the service. For example, one audit identified the need to review and improve people's care plans. This included details of people's life histories and introducing a 'resident of the week' scheme. Records confirmed the 'resident of the week' scheme was operational and people's life histories were in progress. Another audit identified staff training needs. We saw relevant training had been booked.

The interim manager looked for continuous improvement. Surveys, resident meetings and staff meetings were used to improve the service. Survey results were very positive.

Staff told us learning was shared at staff meetings, briefings and through an electronic messaging service. People's care was discussed and staff could make suggestions or raise issues. One staff member said, "We have handovers, meetings and we get emails with information. We are always discussing resident's conditions. Oh, we have the communications book as we so we're well informed". A visiting healthcare professional said, "Staff are informative and knowledgeable, they follow our guidance and I think communication is good".

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The interim manager said, "I am maintaining a useful and ongoing dialogue with our partners".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.