Voyage 1 Limited

Ladycroft Respite Service

Inspection report

Ladycroft
Wath-upon-Dearne
Rotherham
South Yorkshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Ladycroft is a care home providing respite services for people with learning disabilities. The service can accommodate up to six people. All rooms are en-suite with facilities to meet the needs of people who have mobility problems. The service has also registered to provide personal care in peoples own home. The home is situated in Wath-Upon- Dearne, close to local shops and amenities.

At the last inspection in February 2015, the service was rated Good. At this inspection we found the service remained Good.

People who used the service communicated to us that they felt safe living in the home. Their relatives spoke positively about the standard of care and support their family member received. Feedback we received from healthcare professionals was positive and complimentary.
Staff were aware of their responsibilities in keeping people safe and had completed training in safeguarding adults.

People's medicines were managed safely, by staff that were trained in medicine administration.

In staff files we found all the information required to ensure people being employed were of good character. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate changes to visits as requested by the person who used the service or their relatives.

People received care that was delivered in line with the Mental Capacity Act (MCA) because they were supported to make day to day choices and decisions about their lives. Appropriate and timely applications to ensure restrictions on people's liberty to leave the home had been made for everyone that needed them.

Staff were provided with appropriate support through a programme of regular training and on-going supervision and appraisal.

Staff supported people to maintain a healthy diet, keep their independence and continue to join in with social activities and hobbies that they enjoyed.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure.

People who used the service, relatives, healthcare professionals and staff held the registered manager in high regard and spoke positively about the way the service was managed.

There were systems in place to continuously assess and monitor the quality of the service, with a strong emphasis on promoting and sustaining improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Ladycroft Respite Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 24 July 2017 and the registered provider was given short notice of the inspection because the location provides a respite care service for people who are often out during the day and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

At the time of our inspection there were 24 people who used the service on a respite (short term) basis throughout the year. Prior to the inspection we contacted nine relatives of people who used the service, via the telephone. We were able to speak with four of the relatives. At the start of the inspection we met three people who were at the home and preparing to go out to their day care provision.

We also spoke with the operations manager, the registered manager and five staff including a senior support worker and support workers. We also spoke with a healthcare professional who contacted the registered manager on the day of our inspection. This helped us evaluate the quality of interactions that took place between people who used the service, their relatives and the staff who supported them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home. We asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR within our requested timescale.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care and the systems used

to manage their medicines, including the storage and records kept. We looked at four staff files, including recruitment and training information. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

Relatives spoken with all said their family member was safe whilst in the care of staff at the service.

People were safe because systems were in place to reduce the risk of harm and potential abuse. Support plans and risk assessments were in place which provided guidance to staff so care and support was provided to people in a consistent and positive way.

All staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they had any concerns. Staff told us they were issued with a handbook which had information regarding whistleblowing and said they were made aware of local safeguarding procedures at meetings. We saw information on posters around the service to assist people who used the service, relatives and staff to report any concerns to the local safeguarding authority.

When people were admitted into the home staff checked in their medicines and placed them in individual containers. We saw each person had a medication profile, the current Medication Administration Record (MAR) sheet, PRN (to be taken when required) protocols, an audit tool and topical administration sheets. Checks of medicines were completed daily and any changes or supply problems were logged and the corresponding action to be taken recorded.

The registered provider used a secure, online case management system to track and respond to all accidents and incidents. Any information of concern was reviewed by the registered manager and uploaded for review by the senior management hierarchy so factors such as the likelihood of re-occurrence could be considered and addressed.

Staff rotas confirmed there was consistently enough staff on duty to meet people's needs and promote their well-being. Relatives, healthcare professionals and staff did not raise any concerns with us about the numbers of staff provided.

We checked a sample of staff files which showed a satisfactory recruitment and selection process was in place. Staff files seen contained all the essential pre-employment checks required, including a work history, evidence of identification and references. This also included a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People could choose to have a small amount of spending money held in safe keeping during their stay. We saw records of personal income and expenditure sheets which tracked individual finances and provided the details of what money was spent on. Two staff members signed for each transaction and senior staff carried out with daily auditing of tis so any errors could be quickly identified.

The home was clean, tidy and well-furnished and there was a real homely feel to the place. Regular checks of the building were carried out to keep the home safe and well maintained. Fire fighting equipment, electric

installations and gas safety were all checked on a regular basis by qualified contractors. Information for example a fire risk assessment and personal evacuation plans provided information about what action should be taken in the event of emergencies to prioritise the safety of the people who used the service.

Good

Is the service effective?

Our findings

One relative told us, "The staff are really good at communicating with us. They talk to us all the time and ring us to keep us informed about what's happening."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they were in the process of putting in place the appropriate documentation for one person who used the service to be assured the person would only be deprived of their liberty where it was lawful. The registered manager had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw people made choices about their daily lives such as where they spent their time and the activities they participated in.

Relatives we spoke with told us they had no concerns about staff training and skills. Staff spoken with said when they had started work at the home they had completed a full induction. The induction included classroom training covering all mandatory training for example, health and safety, fire, first aid, food safety and safeguarding adults. After induction staff were rostered to work alongside other more experienced staff until they were confident to work unsupervised. Staff told us, "We have really good training. We can ask if there's anything additional we would like to do and they organise this for us. I have completed sign language and autism training" and "Some of the training is face to face and some is via e-learning. Both are good and the manager makes sure we're all up to date."

We checked staff were receiving supervision and appraisal and found they were. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. Staff told us they felt well supported by the registered manager and other senior staff.

The PIR stated, "Mealtimes are organised to replicate a family dining experience for those guests who enjoy it. Where guests prefer a quieter environment to eat, this is reflected in their support guidance." When we arrived at the home three people were having breakfast. We saw two people were sitting with staff in the dining room and a third person was in a quieter area, having breakfast whilst looking out of the window. We heard staff giving people choices of food and drink and discussing with them what they would like in their packed lunches, which they were taking to day services.

In one person's support plan we saw they had specified a Halal certified butcher was used to provide their meat and the person told us this was provided for them. The person also told us they liked going to McDonalds to get a fish burger and that staff took them there.

Good

Is the service caring?

Our findings

Relatives told us, "I could kiss the ground they [staff] walk on. They're all brilliant," "[Relative] would live at the service full time if they could. They absolutely love going there and think it's the best place ever. If this wasn't the case I wouldn't let them go but I know they are very happy there" and "This service is by far the best in this area. [Relative] gets really excited when they know they're going and I can't praise them enough."

One healthcare professional told us, "As a service they have provided a great deal of care and support to one of my patients, who was in crisis at the time they were admitted there. Ladycroft have treated my patient with a great deal of dignity and respect and my patient has developed significantly since being under Ladycrofts care." Another healthcare professional told us, "I don't have any issues with Ladycroft. I've supported them recently to get their heads around some small contractual issues but other than that it's a lovely service."

Our observations of staff, whilst supporting people was that they were skilful, reassuring and understanding of the people in their care. Staff clearly knew people well and were aware of their behaviours and demeanour which helped to promote a calm and reassuring environment.

Support plans and daily notes seen reflected each individual's choices and preferences and gave consideration of people's feelings and opinions. Staff told us key workers were assigned to each individual taking into account each person's preferences and also staffs thoughts about who they had particularly strong bonds with.

Staff told us good practise surrounding privacy, dignity and confidentiality was discussed during team meetings and supervisions. Staff also told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available around the home.

Staff told us they tried to give people the same room at each visit so they were in familiar surroundings. The premises were purpose build and spacious and allowed people to spend time on their own if they wished. There were also secure grounds which enabled people to go outside if they wished.

The registered manager told us staff had 'lead roles' in such things as privacy and dignity, medicines and safeguarding. This meant they were able to access more in depth training and information around these subjects and then feed this back to other members of the staff team. Staff spoken with were proud of their responsibilities with the 'lead roles' and said they enjoyed passing on their skills to others.

Good

Is the service responsive?

Our findings

Relatives told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Their comments included, "The care is well planned and we are involved in updating and reviewing the support plan. We discuss things together and come up with what is best for [relative]. The staff are accommodating and we plan the stays around the whole of our family, so that everyone benefits," "If we've ever had any issues or concerns we talk with the staff and they are dealt with straightaway. There was a mix up with [relatives] clothes, but it was sorted immediately, "The care and support is very good but I think there ought to be more activities available," "They are very flexible in their approach and I don't know what I would do without them. I recently had to use them in an emergency and they were very accommodating" and "We plan the stays at the beginning of each year and this helps us to plan our family life. It's planned around our needs not the service's needs."

The PIR stated, "Meaningful activities are planned, risk-assessed and put on the rota in advance, based on the guest's preference of staff. A trip folder is kept in the service with photographs of the guests enjoying their days out, and individual photos can be taken home on request." We saw evidence of this on the day of the inspection.

We checked three support plans. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered. There was a section titled 'A typical day' which provided detail about how the person liked to spend their daily life. We saw the support plans were written in a person centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes. Support plans were reviewed at the start of each visit, or sooner if changes to a person's care and support were made.

The registered manager told us they would sometimes contact people's relatives prior to them coming back into the home or the relative would contact them to discuss any changes to the person's needs. These discussions were recorded on the handover sheet. We spoke with the registered manager and operations manager about formalising this arrangement by making sure contact was made with relatives and recording any updates or changes, so that staff were assured they had the most up to date information about each person.

Staff told us people were offered a place at the service following a pre-assessment of needs using the local authority assessment tool. Support plans were then developed using these as a foundation. Two members of staff also carried out a home visit to the person prior to their first admission. This was usually followed by two tea visits to Ladycroft to build a complete picture of the individual and to aid transition into respite care. This also helped to highlight any areas of additional support that may be required and allowed for any adaptive equipment to be sourced and made available. The registered manager told us additional support was also available through the learning disability service in Rotherham and via the registered providers own behavioural team.

There was a complaints policy and procedure in place. The service had received no complaints within the

last 12 months. People who used the service and their relatives told us they had no worries or concerns, but knew who to contact if they had. Relatives were confident the registered manager or a senior manager at the service would listen to them. We saw information about the complaints procedure was not included in the 'Service User Guide'. We spoke with the operations manager who said they would arrange for this to be included in the information given to people and their families. The service also had a compliments book. We saw a healthcare professional had sent an e-mail to staff thanking them for their "team approach and positive working culture" whilst working with a person.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2004. 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.

Our observations and discussions with staff, people who used the service, relatives and healthcare professionals found everyone was fully supportive of the registered manager. Relatives told us, "I have much respect for the manager she is very good," "I get on very well with the manager she's brilliant. We talk openly and discuss things" and "The manager is very open and reachable, you can go to her with anything."

One healthcare professional told us, "I have been very impressed with the staff team at Ladycroft. I think the manager they have there is excellent and she leads the service very well."

Staff told us, "The manager helped me get my confidence back after a previous bad experience. I wouldn't be doing this job now if it wasn't for her" and "She's very supportive, lovely and helps everyone."

The registered manager told us, "We have regular manager's meetings, where managers can share good practice, problem solve and address any development needs. I feel very well supported by the senior hierarchy which is very important to me."

Records showed staff meetings were held regularly which gave staff the opportunity to share information and raise any concerns they may have about the service. This helped to ensure good communication within the service.

The registered provider and registered manager continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. The annual service review was completed in June 2017. A report was published to show what people who used the service, relatives, staff and healthcare professionals said was working well and not working well at the home. From this a development plan was in place showing objectives, actions required and timescales to address the comments made by people.

Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so they were less likely to happen again. Senior managers carried out regular monitoring visits to the service and identified areas for improvement, with action plans that were signed off when completed.

There were planned and regular checks completed by the registered manager and senior staff to check the quality of the service provided. The checks completed at the service included: medication audits, infection control and care plan audits. These checks were used to identify action to continuously improve the service.

Our findings during the inspection showed the audits were effective in practice to maintain a good quality service.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and electronically available and accessible to staff. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.