Ladymead Care Home Limited

Ladymead Care Home

Inspection report

Albourne Road
Hurstpierpoint
Hassocks
West Sussex
BN6 9ES

Tel: 01273834873
Website: www.ladymeadcarehome.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:

Ladymead Care Home is a care home registered to provide nursing and residential care and accommodation for 23 people with various health conditions, including dementia and diabetes. There were 22 people living at the service on the day of our inspection. Ladymead Care Home is located on the edge of the village Hurstpierpoint in Mid-Sussex, and comprises a large Victorian House set in extensive gardens.

People's experience of using this service:

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "Staff are very kind".

However, we identified issues in relation to people's safety. Window restrictors were not in place on all windows, which placed people at risk. Additionally, people's preferences around food were not always promoted or met. The provider gave us assurances that the above issues would be rectified and started to implement improvement straight away. However, we have identified these as areas of practice that need improvement.

Furthermore, it was clear from feedback we received and our own observation the service was in a period of transition which had impacted on the quality of care delivery. The manager was new in post, was well regarded by people and staff and had made improvements to the way the service was run. However, further time was required to ensure that the improvements identified by the manager and provider could be implemented and sustained. This is in order to ensure that people consistently received high quality care that met their needs.

People were cared for by dedicated and enthusiastic staff in a person centred way. Activities that took place daily and people were encouraged to follow their interests. One person took responsibility for looking after the services two cats and said, "I love the cats and one of them sleeps in my room". Another person said, "I prefer to spend my time in my room as I have Sky Sports and love watching and listening to the cricket".

People enjoyed an independent lifestyle and told us their choices in what they wished to do during the day were respected. One person told us, "I go downstairs for lunch, but come back straight after and that's what I want to do as I like my own company".

People were complimentary about the food and drink, they told us they could eat when they wished. One person told us, "I have sandwiches at supper time as its at 5:00pm and too near lunch, so I am not very hungry then". People felt the service was homely and welcoming to them and their visitors.

People told us they thought the service was well managed and they enjoyed living there. One person told us, "I used to worry all the time what was going to happen to me and now I am very settled". A member of staff told us, "I love working here and I love the residents. We're like one big family. We fit around them and make them happy". Our own observations and the feedback we received supported this.

Staff had received training considered essential by the provider. It was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "Training is regular and we all attend".

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement and that the provider learned from any mistakes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (report published 29 November 2016).

Why we inspected: The inspection was prompted in part due to concerns received about staffing levels and care delivery. A decision was made for us to inspect and examine those risks.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

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 always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Ladymead Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:
The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

Service and service type:
Ladymead Care Home 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 service had a manager who was in the process of registering with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:
We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed five people's care records, spoke with 11 people living at the service and a visiting health professional. We also spoke with seven members of staff, including the manager, a regional manager, the deputy manager, a registered nurse, the cook and care staff.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• Risks associated with the safety of the environment and equipment were identified. However, they had not routinely been managed appropriately.
• Some of the windows in bedrooms and communal areas did not have restrictors to ensure people's safety. This placed people at risk, as they could fall or climb out of a window if they became disorientated.
• The provider was aware of this and on the day of inspection made arrangements to rectify the issue. However, at the time of our inspection, window restrictors were not in place to ensure people's safety. We have identified this as an area of practice that needs improvement.
• Staff had received training in relation to moving and handling people and we observed people being encouraged to use mobility aids. Despite this, we saw one person being moved in their wheelchair without the use of foot plates, which placed them at risk of injury. We saw other examples of staff, assisting people to stand in an unsafe manner that placed them at risk.
• We raised this with the manager, who stated they would raise the issue with staff and reiterate best practice in moving and handling. However, we have identified this as an area of practice that needs improvement.
• Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
• Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
• Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines.

Systems and processes to safeguard people from the risk of abuse
• People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I don't have any worries".
• Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
• Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Using medicines safely
• Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.

• Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
• We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
• Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
• Nobody we spoke with expressed any concerns around their medicines.

Staffing and recruitment
• Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
• Feedback from people and staff was they felt the service had enough staff and our own observations supported this. One person told us, "Staff are very kind and very caring and there is always somebody about".
• Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
• Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Learning lessons when things go wrong
• Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, one incident resulted in staff arranging a review of medicines.
• We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection
• The service and its equipment were clean and well maintained.
• There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
• The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
• The provider did not always meet peoples' nutrition and hydration needs.
• People's preferences around food were not always adhered to. One person was a vegetarian and this had been recorded in detail in their care plan. However, we saw they were not routinely offered a vegetarian meal.
• They told us, "I am a vegetarian and have been for forty years". When asked if the vegetarian meals suited them, they said, "I just have vegetables if its meat on the menu, but I do eat fish. If they give me meat, I just leave it".
• Observation of this person at lunchtime showed they were given chicken with vegetables, and they only ate the vegetables.
• Before lunch a discussion had taken place between staff about this person being a vegetarian. However, they still received a meal containing meat.
• People were not routinely offered alternative meal choices, such as vegetarian, lighter or cold options. Staff asked people what they wanted to eat, but only gave two options, both which were hot and contained meat.
• The pictorial menu board in the dining room did not reflect the lunchtime menu which may confuse people as to what they were being offered. In respect to the menu being incorrect, one person told us, "It's often like that, we get used to it".
• We raised this with the manager, who told us that pictorial menus were being introduced and that further options of food would be offered to people.
• However we have identified the above as areas of practice that need improvement.
• People were complimentary about the meals served. One person told us, "The food is very good with plenty of choice. I haven't been given anything yet that I haven't liked".
• Snacks were placed around the service for people to help themselves to and drinks were always available.

Staff support: induction, training, skills and experience
• Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations.
• One member of staff told us, "New staff get a good induction and training".
• Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
• Systems of staff development including one to one supervision meetings and annual appraisals were in place.

• Staff had a good understanding of equality and diversity, which was reinforced through training. A member of staff told us, "There would be zero tolerance for any kind of discrimination".

Adapting service, design, decoration to meet people's needs
• People's individual needs around their mobility were met by the adaptation of the premises.
• Hand rails were fitted throughout, and other parts of the service were accessible via a lift. Slopes allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Staff undertook assessments of people's care and support needs before they began using the service.
• Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
• Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs.

Staff working with other agencies to provide consistent, effective, timely care
• Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
• We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. A visiting healthcare professional told us, "I have no concerns clinically, they manage people's health very well".

Supporting people to live healthier lives, access healthcare services and support
• People told us they received effective care and their individual needs were met. One person told us, "The Doctor comes in on a Tuesday and I will see him if needed. I saw him last when I had a bout of chestiness".
• Access was also provided to more specialist services, such as opticians and podiatrists if required.
• Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
• Staff understood when a DoLS application should be made and the process of submitting one.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

• Staff provided people with choice and control in the way their care was delivered.
• Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. One person told us, "It's my choice as I don't need any help from staff".
• People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day.
• Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; equality and diversity

• Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
• People were attended to in a timely manner and were supported with kindness and compassion.
• We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.
• One person told us, "I have no reason to complain, people are very kind and I am well looked after".
• People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time and could stay as long as they wanted.
• Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

• Staff supported people and encouraged them, where they were able, to be as independent as possible.
• Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "I get up and go to bed when

I want, and staff help me when I need help".
• Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
• People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• At the previous inspection we identified an area of practice that needed improvement in relation to the provision of activities for people who could be at risk of social isolation.
• Improvements had been made and the provider had employed an activities co-ordinator.
• We saw a varied range of activities on offer which included, music, arts and crafts, exercise, knitting, bingo, trips out to the local community and visits from external entertainers.
• Documentation recorded the activities people liked and what their interests were.
• People were supported to follow their interests, for example gardening, watching sports and looking after the two cats that lived at the service. One person told us, "I always wanted to be a gardener and now I can do it as much as I want, which I love. I am going to ask them to take some photos of the garden".

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others.
• We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that the communication needs who required it were assessed and met.
• Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
• Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
• Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful,

person centred care.
• People's preferences were met, for example, one person was very specific about their daily routine being followed. They told us, "I have been going to bed at 8.30pm and getting up at 6:00am for three years, it's my choice".
• We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith.

End of life care and support
• Peoples' end of life care was discussed and planned, and their wishes were respected.
• People could remain at the service and were supported until the end of their lives.
• Documentation showed that peoples' wishes, about their end of life care, had been recorded and respected.

Improving care quality in response to complaints or concerns
• People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
• The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. If they felt concerned, one person told us, "I would tell my son or one of the staff. I am not worried".

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service was well managed and a positive culture was being promoted. However, further time was required to implement and embed practice to ensure that people received high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

• We received positive feedback in relation to how the service was run, and our own observations supported this. One person told us, "I used to worry all the time what was going to happen to me and now I am very settled".

• However, it was clear from feedback we received and our own observations the service was in a period of transition which had impacted on the quality of care delivery.

• The manager was new in post, was well regarded by people and staff and had made improvements to the way the service was run.

• One member of staff told us, "We are in transition, but things are really improving. The new manager is making changes. Everyone is happier, he's been great". Another said, "The new management is so much more organised, and we're now listened to". The manager added, "Staff are being engaged now. They were demoralised. There is support for the nurses and we have improved quality".

• Despite this positive feedback, we identified concerns in relation to people's safety, moving and handling and their preferences in relation to food.

• Further time was required to ensure that the improvements identified by the manager and provider could be implemented and sustained.

• We therefore, at this time, have rated this key question as Requires Improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• The provider undertook quality assurance audits. We saw audit activity which included health and safety, infection control and medication. The results of which were analysed in order to determine trends and introduce preventative measures.

• For example, health and safety audits highlighted any concerns with the environment of the service.

• Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

• People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. One member of staff told us, "I feel really supported, I get on so well with the new manager".

• Our own observations supported this, and one person told us, "I have been here for just over eight months and am very happy. I have found new friends here and we chat downstairs".

Continuous learning and improving care
• The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
• Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We work well together, we support each other and have a good team spirit".
• Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
• Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
• For example, feedback from people had resulted in a regular film and fish and chip night taking place.
• There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Working in partnership with others
• The service liaised with organisations within the local community. For example, the Local Authority to share information and learning around local issues and best practice in care delivery.
• The manager had engaged with a local school and college to landscape the gardens at the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• Up to date sector specific information was made available for staff including details of specific situation, such as a heatwave, to ensure they understood and had knowledge of how to assist people.
• Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
• The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.