

HC-One Limited

Ladywood

Inspection report

Eaton Avenue
Ilkeston
Derbyshire
DE7 4HL

Tel: 01159440577

Website: www.hc-one.co.uk/homes/ladywood/

Date of inspection visit:
26 April 2016

Date of publication:
09 June 2016

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

We inspected Ladywood on April 26 2016 and it was unannounced. Ladywood provides accommodation and personal care for up to 38 people with health conditions including dementia. The accommodation is provided on two floors which are accessible via a passenger lift. There were 37 people living at the service when we visited. They were last inspected on 28 and 29 January 2015 and were found to require improvement in safe and well led which reflects an overall rating of requires improvement.

The service had a registered manager. 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.

At our last inspection we saw that the provider did not consistently manage risks to people's health and welfare. At this inspection we saw that the provider had systems in place to assess risk, actions were put in place to reduce it and that their effectiveness was monitored and regularly reviewed. At our last inspection the provider did not always analyse accident and incidents and follow up on all findings. At this inspection we saw that they were analysed and reviewed and that actions were taken as a consequence of this. The provider had introduced new initiatives to ensure that there were several methods in place to monitor and review risks to people's health and wellbeing and to respond to any accidents or incidents to reduce the risk of reoccurrence.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. People told us that there were always enough staff to meet their needs promptly. Staff developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences. They understood the importance of consent and always explained to people what care they were going to provide. People's capacity to consent to their care and make their own decisions was assessed and reviewed when required. People's privacy and dignity were maintained at all times.

People received the medicines they were prescribed safely and there were systems in place to reduce the risks associated with them. They were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

The environment was homely and there was signage to help to orientate people. Mealtimes were not rushed and people said that the food was good. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

People were encouraged to pursue interests and hobbies and regular activities were planned weekly.

Visitors were welcomed at any time and they were encouraged to provide feedback through meetings and more informally. People and their families worked with the staff team to organise regular fundraising events to provide funds for activities.

People told us that they knew the manager and felt confident that any concerns they raised would be resolved promptly. The provider completed quality audits to continually drive improvements.

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

At our last inspection we saw that risk was not always managed to keep people safe from harm. At this inspection risk was assessed and managed risk whilst helping people to maintain some of their independence. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Safe recruitment procedures had been followed when employing new staff. People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective

The principles of the Mental Capacity Act 2005 were followed. Staff received training and line management to enable them to work with people effectively. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good ●

The service was caring

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good ●

The service was responsive

People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and enjoyed. There was a complaints procedure in place and feedback was encouraged.

Is the service well-led?

Good ●

The service was well led

At our last inspection we saw that some of the systems to investigate and report incidents and accidents were not always followed. At this inspection we saw that there were systems in place to monitor, review and report accidents and incidents and that quality checks were in place to continuously improve the service. There was an open inclusive culture. The staff team felt

well supported and understood their responsibilities.

Ladywood

Detailed findings

Background to this inspection

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

This inspection visit took place on the 26 April 2016 and was unannounced. It was carried out by two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who used a health and social care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with eleven people who lived at the home about their care and support and to the relatives of three other people to gain their views. Some people were less able to express their views and so we observed the care that they received. We spoke with five care staff, a nurse, the registered manager and catering and office staff. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

At our previous inspection in January 2015 we found that the provider was not consistently safe and required improvement because we saw that risks to people's health and wellbeing was not always well managed. At this inspection people told us, and we saw, that risks were assessed and actions were put in place to reduce them. One person we spoke with who was cared for in bed told us, "I like to have the sides up because it makes me feel secure". We reviewed the records and saw that this had been risk assessed and the bedside equipment was checked hourly to ensure that the person was safe. The relative of another person told us, "They turn her hourly and I think their record keeping is good. I often read it and it'll be up to date". When we looked at the risk assessment we saw that this was following the guidance to protect the person's skin. We observed people being supported to move safely and in line with their care plans; for example, with two staff using a hoist. We saw that the provider had reviewed accidents and incidents that happened and they had put measures in place to reduce the risk of them reoccurring. For example, we saw that one person who had several falls was referred to the GP and had their medication reviewed. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. We saw that the plans in place provided guidance about the level of support people would need and was specific to their individual needs. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

People we spoke with told us that they felt safe. One person said, "It is very safe and comfortable and I don't have a worry at all". Another person told us, "I always feel safe". Staff we spoke with understood their responsibilities to protect people from abuse and could tell us how they would manage any concerns that they had. One member of staff said, "I would report to my managers but if I didn't get a response I would go further, I know where all of the numbers are". We saw that there were posters on the walls in communal areas which detailed the local contacts. There had been no safeguarding referrals made since the last inspection and when we reviewed the records we saw that there were no incidents which should have been reported. We saw that there was a procedure in place for reporting concerns and the registered manager explained how they would manage any safeguarding incidents in line with it.

People we spoke with told us that there were enough staff and they did not have to wait to have their needs met. One person said, "There's always someone around down here". Another person said, "They come tremendously quick when I've buzzed". One member of staff told us how the homes call bells had been replaced by silent pagers that staff wore. They said, "They vibrate to alert us that someone has pressed the bell. It has really helped to make a home environment because there isn't the noise of buzzers". We saw that staff were always available in the communal areas to meet people's needs and that two staff were based on the upper floor to ensure that people who chose to be in their rooms also had nearby support. In the PIR the provider told us that they used a tool to determine how many staff were needed and we saw that people were individually assessed and reviewed against this. One member of staff we spoke with said, "There are enough staff here at the moment and we only use agency for one night and they are regular and know the people we support well". This meant that the provider ensured that there were sufficient staff to meet people's needs.

We saw that the provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "All of the checks were done before I started work". Records that we reviewed confirmed that these checks had been made.

People we spoke with told us that their medicines were managed safely. One person said, "Mine are all done well". Another person said, ""They manage it great". One relative we spoke with described the action that the provider had taken to support their relative, "They've tried liquid versions for them as they hate the taste of tablets". We observed that people were given their medicines individually, that time was taken to explain and to ask if they required any additional medicine; for example, for pain relief. We saw that records were kept and that medicines were stored and managed safely to reduce the risks associated with them.

Is the service effective?

Our findings

People told us that they were well supported by staff. One person we spoke with said, "They look after me well". Another person said, "I think they're perfect and I never have any worries"; and a third person said, "Absolutely they're well trained". A healthcare professional we spoke with said, "Staff are attentive, respectful to the people and have a good rapport with them". Staff we spoke with told us that they received the training that they need to do their job well. One member of staff said, "We do online training and I have recently done some on dementia which has helped me to understand people". In the PIR the provider described the electronic training system that they had designed which helped them to ensure staff were fully trained to fulfil their role. The registered manager said, "We can request different training and new courses are often designed". Some staff we spoke with were completing a course which would allow them to do some nursing duties. One said, "Someone from the training department comes to do it with us and it has been really interesting. It means that we will be able to support the nurse more". We spoke with the nurse who said, "It can take a long time to administer all of the medicines so when they have completed the course they will do some of them and I will ensure that they have continued clinical supervision to make sure they are competent". Staff we spoke with told us about the induction training that they received when they first started. One member of staff said, "The induction was great. I was introduced to people and had time to read care plans. I then shadowed experienced staff to learn how they do it". Another said, "Even though I have done the job before it is important to have that time to learn different people's needs and preferences". This showed us that staff were provided with training and support so that they could meet people's needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked to see if the provider was working within the principles of MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. We saw that when needed people had mental capacity assessments in place which described what decisions they had the capacity to make. They described if the person's capacity fluctuated and what a good day would look like. We saw staff explained to people what they wanted to do and checked with people they were happy for them to do this. This demonstrated that staff understood the importance of consent. The registered manager told us there were no DoLS authorisations in place and that no applications had been made.

People we spoke with told us that they had good meals and were always offered a choice. One person said, ""The food is very, very good and we get man-size portions". Another person said, "You can't fault it. We get three meals a day and I like the dining room to eat in". We saw that there were two sittings at lunch time and a member of staff we spoke with said, "It means that we can spend more time with people who need our support and that meals are not rushed". We observed that when people needed assistance to eat or

drink staff did it in a patient, respectful manner and continued to encourage people to do as much for themselves as they could. People were asked how they wanted their food prepared, for example, one person was asked if they wanted their egg hard or soft. We saw that another person did not like the meal they had chosen and so another one was made which the staff knew was a favourite. We saw that specialist diets were prepared to meet assessed need and that records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People we spoke with told us that they had their healthcare needs met. One person said, "I was having some trouble so they made me an appointment at the hospital dentist. The eye chap was here a few months ago and the physiotherapist comes in once a month". A healthcare professional we spoke with said, "The staff help me and get me everything I need". We saw that appointments were made in response to changing health needs and that recommendations were followed. This meant that people were supported to maintain good health and to access healthcare services.

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and that they were happy with them. One person said, "They're very, very kind". Another person said, "They're so kind; they're perfect". A relative we spoke with said, "They're all very friendly. It's a warm atmosphere here". Another relative described how the provider had supported their relative when they needed treatment in hospital. They said, "The carers stayed with them the whole time and kept in touch with us all day and it really reassured us to know they were there because we knew that they wouldn't be scared". We observed respectful, kind interaction between staff and the people they supported and that they knew them well. One member of staff we spoke with said, "It makes my job worthwhile knowing I have looked after them and they are happy".

We saw that people were celebrated throughout the home; for example, we saw everyone's photo was displayed on a large tree depicting the 'family tree' of the home. There were other photos of people's birthday celebrations and activities in the corridors.

We observed, and people told us, that they were given choices about their care. One person told us, "They always ask us" and another person said, "I can do whatever I like". We saw that people were asked where they wanted to sit and what they needed to make them comfortable. People told us that they were encouraged to be as independent as possible. One person said, "I need help with most things but they always let me try first". We observed that when one person stood up from the table the member of staff supporting them said, "If you move your hands you can use the table to push you up because the table cloth will move". This showed that they managed the risk to the person's safety without impacting on their independence.

People told us, and we saw, that their privacy and dignity was respected. One person said, "They always close the door and the curtains when they support me". A relative we spoke with said, "I see them knock and wait. So definitely they keep their respect". We observed that people were spoken to quietly and discreetly if they required personal support. People told us that their families were welcomed at any time and we saw relatives and friends visited freely. One person said, "They come to see me any time". Another person said, "I have a mobile phone so I can keep in touch with people when I want".

Is the service responsive?

Our findings

People told us and we saw that they were encouraged to pursue interests and hobbies. One person said, "They ask what we like and I like music and movement. I'm never bored, it runs really well". Another person said, "They'll come and invite me but I don't want to join in anything. I like my book and TV in here. I do like to go on the swimming trips though". We saw that people were going for a day trip and one of the people said, "I can't wait to go out today, I am looking forward to seeing the monkeys". We saw that activities were planned around people's histories and interests. One member of staff we spoke with said, "We knew that one person played dominoes in a league and so we have introduced it as a regular activity with them". We observed a game take place with a small group of people. We saw that there was a fitness activity planned for each Friday and one member of staff we spoke with said, "We have started doing this because of advice that exercise helps to reduce falls". One person we spoke with said, "Sometimes we do exercises or play games and bingo. Dominoes are fun". Staff we spoke with told us about fundraising activities that raised money to pay for activities. One said, "We had a table top sale last weekend and last year some of us did a sponsored cycle. Families and the people who live here all get involved and it is a really good community spirit".

We saw that the environment had been planned to meet people's needs. For example, there were different lounge areas to meet people's preferences. One room was smaller and decorated traditionally and some people chose to have some quieter time there while another was arranged for people to have conversation. There were signs and pictures to help orientate people, particularly people living with dementia, such as people's photos on their door alongside a photo of their keyworker. In the dining room there were tropical fish and one member of staff told us, "They do love the fish and seem to find them calming".

Staff we spoke with knew people well and could describe their likes and dislikes as well as their personal histories. One member of staff said, "We knew that one person never watched TV and so they now have a radio playing their favourite music". They knew what was in people's care plans and one member of staff told us, "I read the care plans when I come in and we have a handover where we discuss changes to each residents care and needs daily". One relative we spoke with said, "If I see anything different about my relative I always tell the carers and they never mind and say thanks for letting us know." Records that we looked at confirmed that plans were updated to reflect people's changing needs. Relatives we spoke with told us that they had been included in planning how care should be provided. One said, "They have spoken with us about the plans". They also said that they were included in reviews and one said, "We're in for a review meeting today".

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I would speak to them but I have never had to complain after all this time". We saw posters in communal areas with contact details to make complaints. The provider had not received any complaints since our last inspection but the manager told us that there was a procedure in place and could explain how they would investigate them.

Is the service well-led?

Our findings

At our previous inspection in January 2015 we found that the provider was not consistently well led because the procedures for reporting and investigating incidents were not always followed. At this inspection we saw that accidents and incidents were recorded, analysed and actions were put in place to prevent repetition. In the PIR the provider told us that they had a falls team who met monthly to review falls. One member of staff we spoke with who was a member of this team said, "We look at all the accidents for the month and we also complete spot checks of equipment and the environment to ensure that it is safe for people". We saw that after this analysis referrals had been made for specialist support; for example, for walking aids.

We saw that there were other audits which were completed regularly to drive quality improvement. There were also innovative initiatives introduced to review quality such as 'resident of the day' when a full audit of one person's care was completed which included reviewing all aspects of their care and the environment, such as infection control. The registered manager said, "We review these things regularly anyway but this makes us focus on one individual to make sure nothing is missed". The registered manager completed a 'daily walk' to observe the home and we saw that they made recommendations from this, for example, to only carry one person's breakfast at a time. In the PIR the provider told us that there was an accountability structure in place and senior managers discussed service performance regularly. We saw records that confirmed that this support was in place for the home and included support to the registered manager to assist them to prepare for inspection.

People we spoke with told us that the register manager was approachable and helpful. One person said, "They come round and have a chat" and another person said, "They pop in often and they're very good". One relative we spoke with said, "We see the manager and the nurse around and could talk to them easily enough if we needed anything". We saw that there were regular meetings for people who lived at the home and for their relatives to share any concerns and feedback.

Staff we spoke with told us that they were supported by the provider. One member of staff said, "The managers are very supportive and they encourage potential". They told us that their opinion was valued and they were listened to. One member of staff said, ""Anything I have asked for has been sorted; such as asking for a separate area to make hot drinks so that people stopped coming into the kitchen". Another member of staff said, "I am the infection control champion and after attending an NHS meeting I suggested that we needed to replace our sluice bins. New ones were purchased and are now in place". Some staff we spoke with said that they didn't get as much one to one time with their manager as they felt they needed. When we spoke with the registered manager they said, "I think this has not always been as good as it should be but I am part way through introducing a new appraisal system which will formalise and protect one to one time" Records that we reviewed confirmed this.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "I would have no hesitation in raising concerns with the manager

and I am confident that I would be listened to". This demonstrated that when concerns were raised staff were confident they would be dealt with.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.