Care Quality Commission

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Lapal House and Lodge

Inspection report

Lapal Lane South
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 17 September 2015 and was unannounced. The provider provides personal care in a residential setting for up to 41people who may have dementia and or physical disabilities. At our last inspection in November 2013 the provider was compliant with the regulations we assessed. On the day of our inspection there were 36 people living at the home.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

People felt safe using the service and risks to their safety had been identified. People and their relatives had no concerns about their family member's day to day safety. Staff knew how to support people safely and had training in how to recognise and report abuse.

Summary of findings

Staff were recruited in a safe way. We found there were enough staff to support people and meet their needs in a personalised manner.

We found that staff did not follow the procedures for the safe administration of people's medicines. Staff had signed records before people had taken their medicine and there were gaps in the medicine records. We also saw medicines were not dispensed for one person at a time to reduce the risk of mistakes being made.

People were involved in identifying their needs and preferences. Staff had support and training to ensure they had the skills to meet people's needs.

Staff were aware of how to support people's rights, seek their consent and respect their choices.

People told us they enjoyed the meals and we saw that risks to their dietary intake were known and staff supported them to eat and drink enough. People's health was supported by access to appropriate external healthcare professionals.

People and their relatives were positive about the care provided. Our observations confirmed that staff were attentive and caring towards people. Staff knew people well and how best to support them. Staff respected people's dignity, privacy and independence.

People knew how to make a complaint and were confident this would be listened to and acted upon.

People described the management of the home as friendly and approachable. Staff felt supported by the provider. The provider had carried out audits to identify and address issues with the quality of the service and had made improvements to ensure the safety of people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Systems were in place to protect people and minimise the risk of them being abused or experiencing injury.

Recruitment systems were robust to prevent the possibility of the employment of unsuitable staff.

The arrangements for managing people's medicines did not ensure people received them as they were prescribed.

Requires improvement

Is the service effective?
The service was effective.

People's care was regularly reviewed to ensure it still met their needs.

Staff knew how to support people's rights and respect their choices.

Staff were supported to maintain and develop skills in their roles.

People received adequate food and drink. Staff knew about people's specific needs in relation to food and drink.

Good

Is the service caring?
The service was caring.

People and their relatives described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were maintained.

Staff understood the importance of communicating effectively with people who had complex needs.

Good

Is the service responsive?
The service was responsive.

People were actively involved in planning their care and there was an individualised approach to meeting their needs.

People had been supported to follow their interests and take part in social activities.

People were confident that they could raise any concerns and that they would be dealt with quickly and appropriately.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The management promoted a positive culture within the service. Staff felt supported by the management team, which meant they delivered quality care.

The provider sought to gain people's opinions of the service and addressed identified issues.

Lapal House and Lodge

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 took place on 17 September 2015 and was unannounced. The inspection team consisted of two inspectors. Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters. We also contacted the local authority who monitor and commission services, for information they held about the service. We looked at information sent to us by the coroner regarding a specific event.

We spoke with 16 people who lived at the home, five visitors, the registered manager, six staff and the cook. We used the Short Observational Framework for Inspection (SOFI) during a planned morning activity. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked in detail at the care records for four people, and referred to three other people's care records for specific information. We looked at the medicines management processes, three recruitment files, records maintained by the home about staffing, training, accidents and incidents and the quality monitoring systems.

Requires improvement

Is the service safe?

Our findings

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person said, "I always get my medication when I need it". Information was available about people's preferences for how they took their medicine to ensure staff supported them in the way they wanted.

We observed a staff member administer people's medicines and saw that they did not follow the procedures for the safe administration of people's medicines. For example we saw that medicines had been signed for prior to people taking their medicine. We also saw the staff member dispensed medicines for two people at the same time. These practices increased the risk of mistakes being made and were not in accordance with good practice.

We saw several gaps in the medicines records where staff had not signed to confirm people had their medicines. The balance of these people's medicines was correct indicating people had their medicine when they should. These gaps had not been identified by the staff or registered manager. We saw no recorded explanation to explain why the medicine had not been given. We saw for other people that the balance of their medicines were not accurate. We found therefore that there was an inconsistent approach to ensuring medicine records were signed and balances checked to ensure they matched and that people had their medicines when they should. We found that not all of the people who were prescribed 'as required' medicines (PRN) had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. Although staff we spoke with could explain these circumstances the lack of written information could lead to inconsistency in this area. Staff we spoke with and records we looked at confirmed that staff had medication training. Observations of staff competencies were not in place to ensure they practiced in a safe manner.

People we spoke with told us they felt safe when they were supported by staff. They had no worries or concerns about the way they were treated. One person said "I feel very safe here; I know the staff will help me when I need them to". Another person told us, "I feel safe especially at night as the staff check on me to make sure I am okay". Comments we received from relatives were equally positive they told us their family members were supported in a safe way. One relative said, "Yes I do feel this. The staff do a good job and they let me know straight away if there are any concerns at all." Another relative said, "I have peace of mind that my relative will be safe and well looked after".

Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood how to report their concerns to the registered manager and or external agencies such as the local authority or the Care Quality Commission. Staff we spoke with told us they had attended training and this was confirmed from training records.

We saw that risk assessments included the actions needed to reduce risks to people's safety. Plans were in place to guide staff on what they needed to do to support people with their fluids, and reduce the risk of falling or developing pressure sores. For example one person's assessment identified that two staff were needed to move the person with a hoist. We observed staff supported this person using equipment safely and in line with their risk assessment.

We saw that where accidents had taken place the registered manager had learned from these and taken some action to improve the safety of people and use this to inform their practice. We found that the provider had strategies to make sure that risks are anticipated, identified and managed. For example some people on blood thinning medicine have an increased risk of bleeding should they sustain an injury from a fall. Staff we spoke with were aware of the people at risk in this area. Staff told us that they had a new policy to guide them in the escalation and referral to medical staff in the event of a person falling. A staff member said, "We know who might be at increased risk even though there might not be any visible injury we have been told to phone for an ambulance". We saw the provider had reviewed and made changes to people's risk assessment and care plans to reflect what staff needed to do to reduce risks. Staff we spoke with were aware they should monitor a person following a fall and this demonstrated they understood what was required from them in terms of managing risks and keeping people safe. However we identified that one person with an existing injury did not have a risk assessment in place to reflect their increased risk of injury, although staff told us they were aware of this condition. The registered manager advised us they would update this person's records to include the actions to protect them from avoidable harm.

Requires improvement

Is the service safe?

All of the people we spoke with told us they were satisfied with the staffing levels. One person said, “There is always staff around and they come quickly when I use my call bell”. A relative we spoke with said “I think there is enough staff, they always seem to be around when we come to visit”. We observed that staff was available in the lounge areas to support people with their needs, and where people required assistance we saw that staff responded in a timely manner. Staff we spoke with told us they thought the staffing levels were sufficient, and they felt confident to raise any concerns with the management team. The registered manager took people’s dependency levels into account when planning staffing levels.

We spoke with some recently recruited staff who confirmed that reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. A staff member told us, “I had to provide references and a police check before I was able to start work”. We reviewed staff recruitment files and saw the provider’s recruitment processes for these staff were safe and that the relevant checks had been completed before staff worked with people.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the care and support provided by staff. One relative told us, "The staff understand people's needs and I think they meet them well". A person who lived at the home told us, "They assessed my needs when I first came here and I've had very good experiences; they have helped with my mobility and with my hearing". Another person told us, "I think the staff have regular training; they always use the hoist correctly or explain to people why they need to use their walking aids".

Staff told us they had an induction when they started work which included; getting to know people's needs, shadowing established staff and safety procedures. We saw there was documentary evidence that an induction process had taken place in the staff files we looked at. A staff member told us, "I had a full induction shadowing other staff and felt confident I knew people's support needs before I worked with them". The registered manager showed us that the new Care Certificate induction process which included training, mentoring and supervision to support new starters with developing the competences to deliver effective care, was being used so that staff had the skills to carry out their role and responsibilities effectively.

Staff we spoke with told us that they had regular opportunities to undertake training that was relevant to their role and this was evident from the training records. One staff member said, "I am really happy with the support I get; I can go to them any time and they always ensure I get the training I need". We saw that staff had regular formal supervision in which to reflect on their care practices and an annual appraisal in which their training needs had been identified and planned for to enable them to care and support people effectively. We observed staff's appropriate use of hoists and moving and handling techniques. We saw staff use their skills and awareness in terms of meeting the needs of people with dementia and or memory loss. We saw one instance where a staff member did not follow procedures or their training when administering people's medicines. We found that this staff member had not had a recorded supervision for several months. The registered manager told us they did not carry out observational supervisions to ensure staff used their skill and training but would consider this.

We observed and heard staff seeking people's consent before they assisted them with their care needs. A person told us, "The staff always ask before they intend to do anything, sometimes they will explain it to me again because I will get confused". We frequently heard staff start their conversation with people with, "Would you like me to ….?", and wait for a response. We saw staff took the time to explain to people who needed support to understand their choices. For example, "Where would you like to sit for lunch; at the table or you can stay here in your chair?" We saw people responded to this approach and exercised their own choices. People told us that they made their daily decisions about their care. One person said, "I make my own decisions about where I want to be; in my room or in the lounge, also what time I get up or go to bed". Another person told us, "I can refuse medicine, showers, meals and the staff would check with me first before doing anything". Relatives we spoke with told us that where people lacked capacity to make decisions about their care they were involved in meetings and discussions.

People's care records showed that where needed their mental capacity had been assessed and considered. We saw staff had sought consent from people for the use of specific seating to reduce the risk of falling. We also saw that where sensor alarms were in use to alert staff to people's movements at night, their consent had been obtained. One person explained to us, "It's a safety precaution and I was asked if I wanted it or not". The registered manager was aware of the process to follow where people lacked capacity to make decisions that might affect their safety or wellbeing and decisions had been made in people's best interests. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The registered manager had followed the law in relation to the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). No one in the home had their liberty restricted but we saw the registered manager had experience of how to make applications to the supervisory body where they might consider restrictions on people's liberty were necessary to keep them safe.

Staff we spoke with demonstrated a good working knowledge of issues in respect of people's ability and right to make their own decisions and enjoy their liberty. We saw that staff practiced in a manner that promoted people's

Good

Is the service effective?

liberty; for example one staff told us, "I know we need to consider that people can move around freely and so we always ensure their walking aids are within reach". We saw this was the case. The registered manager had acknowledged that some staff required training in this area and told us she was arranging this.

People we spoke with were complimentary about the choices of meals and had been actively involved in planning the menus. One person said, "The meals are nice and we can have an alternative". We saw that meal choices were regularly discussed in meetings and on a daily basis so that people had what they would enjoy. A relative told us, "The food is good and [X] always seems to enjoy it and eats well". Another relative said, "Staff ensure [X] eats and [X] has meals that will help her build her strength". Staff we spoke were aware of people's dietary needs and we saw nutritional needs had been assessed and risks referred to the doctor or dietician for guidance. Plans were in place to guide staff in supporting people to eat and drink enough; and included prescribed supplements from the doctor and the frequency of weight checks to ensure any deterioration was identified. We saw staff encouraged people to eat and drink at regular intervals. The food looked appetising and portions were generous. The cook told us she had up to date information related to people's dietary needs and any risks; we saw that specific diets were catered for with supplies brought into the home so that people had food suited to their medical needs or allergies.

People told us, and records confirmed that they received support from external healthcare professionals. A visitor told us, "If there's a problem they don't hesitate to ring the doctor". We saw people had access to a range of health care professionals to support their health needs. Staff told us they had received guidance in the steps to take in seeking medical treatment where people might be at specific risk; for example following a fall or accident. This policy had been introduced to ensure staff understood when to seek medical assistance.

Good

Is the service caring?

Our findings

People who lived at the home spoke highly of the caring attitude of staff. One person told us, "They are very considerate and helpful". Another person said, "Staff are very caring and polite and they have been very good to me". A relative told us, "Staff are kind and have really looked after [X]."

We observed positive interactions between staff and people. For example, staff spoke with people about their plans for the day, their interests and their families. One person told us, "I chat regularly to staff; they are always ready to listen and have a joke". We saw staff knew people well and knew what made them happy and used this well to engage with them. For example we saw that staff encouraged a person to recall their activity from the previous day and complimented them on their singing ability. Another person told us, "If they can help they will, they went out of their way to get me some audio books, I'd never had them before, I think this was a lovely gesture; shows they care".

We observed that staff were aware of people's needs and preferences and checked with people if they were comfortable. For example staff supported a person to move nearer to people with whom they could converse. The person told us, "She noticed I had no one to talk to and asked if I'd like to move seats, they are good like that". The staff member told us, "I know that [X] can communicate and it's important [X] has that opportunity". We were told by relatives that staff were respectful when they visited and staff made them feel welcome. A person who lived at the home said, "My family come regularly and the staff are always polite".

We saw that staff were very attentive to people who had complex needs and difficulties in communicating. For example we observed staff regularly took the time to acknowledge people and interact with them. They explained to people what they needed to do and we saw they frequently held people's hands, sat with them and used a reassuring tone of voice to encourage them. We saw some people responded to this tactile approach and smiled. Our observations throughout the day showed staff were very receptive to people's needs and pre-empted these well. We saw staff were aware if people looked uncomfortable and offered to take them to the toilet. One person told us, "I need to go quite frequently and they always take me, nothing is too much bother". People told us that they felt staff would listen to them and that they would talk to staff if they were worried or upset about something. We saw staff responded to people's distress or confusion and offered comfort.

Most of the people we spoke with told us they had been involved in decisions about their care. For example, we saw that people or their representatives had been consulted on the use of sensor alarms to alert staff to their movement and help reduce the risk of falling. One person told us, "They spoke with me and my daughter and explained what it was and whether or not I agreed to use one; I was happy because it means staff will come quickly to assist me". Relatives told us they had been consulted about the care of their family member. One relative told us, "I've attended reviews to discuss changes and I have been informed when [X] has fallen or been ill; they will tell me what steps they have taken or propose". People we spoke with knew about advocacy support but had their personal legal representatives to manage their decisions and personal affairs. The registered manager told us they had access to local advocacy services should people require this.

There was evidence that people had choices in their day to day activities. For example we saw the menu was displayed and had a choice of two meals. People told us they got up and went to bed when they wished to. We saw there was a choice of male or female staff and one person told us, "I was asked if I had a preference; it's nice there is a choice".

We observed staff respecting people's dignity and privacy when assisting them with their personal care needs. One person said, "Oh yes my privacy and dignity is respected; staff will assist me with my appearance but I choose my clothes, make up and jewellery". Relatives told us they were happy with the attention paid to their family member's appearance. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked the door before they re-entered. Staff knocked on people's bedroom doors and waited for permission to enter. Staff gave examples of how they protected people's privacy during personal care. We also observed staff assisted a person from the lounge to see the nurse in the privacy of their bedroom. There was an individualised approach to meeting people's personal care needs; we saw people were assisted to access the toilet when they wanted it and we

Good

Is the service caring?

saw this continued through the day. A person told us, “We don’t have set times for going to the toilet in some places I’ve heard they do, but here we say when and the staff will help us”.

People told us their family and friends could visit at any time. We saw there was no restriction on visiting times.

People said staff would listen and respect their decisions; one person said, “I like to be independent; they encourage me to do the things I can to help myself, like walking or my personal care”. Another person told us, “I look after my own personal affairs and my post, staff respect that”.

Good

Is the service responsive?

Our findings

People told us that when they first came to live at the home staff had asked them how they wanted to be supported and what they could do for themselves. One person said, "I came first for a short break and they asked me what type of help I needed and lots of questions about my care needs". Another person said, "It's a very nice place to be, they look after me very well".

People told us that staff attended to their needs and considered their preferences. One person said, "I do have a daily routine; I like to get up early and the staff will help me". Another person said, "I am fussy about my appearance so the things I can't do they will help me with; I've had my nails painted regularly which I like".

Our observations were that staff were able to provide people with care in a person centred way. For example we saw a gentleman who lived there offered the choice of a male carer. We also heard from a person that their love of reading had been attended to via the provision of audio books because their vision had deteriorated. We heard from one person, "I am always worried about falling in my room but the staff make sure my buzzer is in reach and when I have needed help they come quickly; it's very reassuring".

We saw staff regularly asked people what they would like to do, one person told us, "There's always trips planned and they make sure I know about them so I can go out when I want which I enjoy". We saw a small shop was available so that people could purchase toiletries. One person said, "It's a good idea if you need something or don't have anyone to shop for you".

We observed that during the day staff were available to attend to people's needs. For example we saw there were no rigid routines; people were supported to the toilet when they wanted to go. We also saw staff responded to people when they wanted a drink, or to retire to their room. One person told us, "I think the staff are very responsive they always try to assist me and I have never been left waiting". A relative told us, "I have been consulted and I know there is a care plan so that [X] has the care that they need. They [staff] have ensured [X] has seen the doctor for infections and has the correct equipment to stop them falling".

Staff we spoke with were able to give a detailed account of people's lives, history and needs. Staff told us that staff handovers and access to people's care plans helped them meet people's needs. We also heard from staff that they were allocated which people they were supporting so that they could provide some continuity and consistency. A staff member said, "When you know people well you know how they like things done".

We saw an activities programme which included a range of opportunities for people to engage in pursuits they enjoyed. A variety of planned external activities were evident. One person told us, "I've been out shopping regularly, out to the country and visited Cadbury Hall". Another person told us, "There are quizzes, cross words, crafts, I've been out for tea and cakes and I enjoy the lovely garden". We saw the activities worker undertaking a quiz with people and noted that this was well attended and inclusive with lots of encouragement and laughter. Staff we spoke with recognised the importance of social contact and companionship and we saw this was happening consistently.

Some people told us that representatives from the church visited regularly as did church singers. Staff told us if people had religious needs this would be planned for to ensure they had access to their chosen religious leader.

Relatives told us that they had attended meetings and completed surveys in which they could feedback their views about the care. The feedback from the surveys showed the majority of people were happy with their care. We saw that the outcome of surveys was also fed back to people within resident meetings. We saw the complaints procedure was displayed in the home for people to access this. A relative told us, "They are receptive and when I have raised issues they have addressed them". We heard that issues regarding missing clothing and laundry had been raised and resolved, as confirmed by people who raised these. Complaints had led to improvements in the way staff delivered people's care and had been addressed in a timely manner. However these were not always recorded in the complaints log to show what action had been taken. The registered manager told us she would ensure the complaints log reflected concerns raised and addressed.

Good

Is the service well-led?

Our findings

People, visitors and staff were complimentary about the management team at the service. One person described the registered manager as, "Approachable and friendly". A relative told us, "You can see the manager any time and I have found her to be responsive and she keeps me informed of any changes or concerns". We saw the registered manager spent time talking to people and that people knew who she was, she also demonstrated she knew people well and was able to enquire about their specific needs.

Staff told us they felt well supported by the registered manager. One member of staff said, "It's very supportive I can go to the manager any time and can offer my views or get direction". Another staff member said, "I discuss my performance and my training needs are addressed, I feel very supported".

Staff were familiar with the provider's whistleblowing policy and how to raise any concerns to external organisations if people's care or safety was compromised. The provider met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

The registered manager was supported by a deputy manager and a team of senior staff and roles and responsibilities were clear. We saw that the management team had a clear structure and tasks were clearly delegated so that the quality monitoring and staff support systems the registered manager had in place were consistently maintained. The provider had a system in place to monitor trends in respect of accident, incidents and safeguarding incidents. We saw that information in relation to these had been communicated effectively to staff via staff meetings so that this could be used to improve the quality of the service. For example the provider had reviewed people's care and safety following recommendations from the coroner and had implemented these. The doctor had reviewed the use of medicines which could compromise people's mobility. We saw that where people were at an increased risk following a fall because of their medical condition, staff had been made aware of what they needed to do to seek urgent medical attention. The policy for managing falls, seeking medical attention and post falls monitoring had been reviewed.

We saw the registered manager had taken effective and timely action in response to accidents/falls and that appropriate equipment had been sought to support people and reduce risks. However we found people's care records and risk assessments did not always reflect the changes made to their care and safety. This further reduced the accuracy of the falls monitoring record. For example we saw a person had two falls but the monthly review of their care did not capture this as it stated 'no change' and their falls had not been captured on the falls record.

The registered manager monitored the quality of the service by regularly speaking to people and visitors. People told us and we saw that regular meetings took place with them to share their views and make improvements. They also carried out an annual survey the results of which showed that people were happy with the service. For example one person had commented on the traditional home cooked meals they enjoyed as a result of their feedback. We saw that the provider undertook audits to ensure the safety and quality of the service which included weekly medicines checks. However these mainly focused on a stock count of the medicines for each person and did not identify the shortfalls we found during our inspection such as gaps in records, lack of supporting written information or competency checks on staff administering medicines, therefore we found that this was not robust. The management team took action on the day to review their auditing systems and manage the shortfalls shared with them.

People, their relatives and staff told us they had no complaints about how the home was managed and told us the registered manager was always willing to listen and act upon concerns. The provider and registered manager had a clear vision for the future of the service and had consulted nationally recognised guidance about delivering safe care and treatment. The provider had attended a number of social care conferences and they had used a variety of websites as well as the CQC website for updates and information on new standards. They had gained information about the care certificate which they were implementing to enhance their induction system.