

Four Seasons (No 11) Limited

Ladyville Lodge

Inspection report

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Date of inspection visit: 30 October 2015 Date of publication: 11/12/2015

Ratings

Is the service responsive?

Good



Overall summary

At the last comprehensive inspection on 09 July 2014 we found the service was in breach of regulations as people did not always get care and treatment in a timely manner because staff did not always respond promptly when people called for help. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ladyville Lodge on our website at www.cqc.org.uk.

Ladyville Lodge provides accommodation and nursing care for up to 44 people who have nursing or dementia care needs. There were 35 people living at the service when we visited. The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives were satisfied with the care and support provided at the service. They told us staff responded to their needs and they were happy with their care. We noted staff responded immediately when call bells rang. We saw that the registered manager had discussed with staff and relatives the importance of prompting responding to call bells.

Each person's care plans and risk assessments were reviewed and updated. Staff told us they had read the care plans and knew how to provide suitable care. We noted people had opportunities to participate in activities. The registered manager had systems in place for gathering feedback and people knew how to make a complaint if they were not satisfied with the service.

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 responsive?

The service was responsive. People told us staff listened to them and responded to call bells. They informed us they knew how to make a complaint if they had any concern.

People had opportunities to participate in activities. We noted special occasions were held at the service and people had visitors who came to see them and offer spiritual service.

Good





Ladyville 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 was undertaken to check that the provider had made improvements to meet legal requirements after our 9 July 2014 inspection. We inspected the service against one of the five questions we ask about services: Is the service responsive? This is because people were not wholly protected from the risks of unsafe or inappropriate

care and support as we saw staff did not always respond promptly when people called for help. This posed a risk that people did not always receive care and support on time to ensure their care, welfare and safety.

This inspection took place on 30 October 2015 and was unannounced. It was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with three people, four relatives, two care staff, the deputy manager and the registered manager. We also observed people's interaction with staff and reviewed four care files, the staff rota and the provider's policies and procedures.



Is the service responsive?

Our findings

At the last inspection we found a breach of the regulation in relation to responding to people. We found staff did not always respond to call bells or when people needed help.

At this inspection we noted the registered manager had taken a number of actions to improve the quality of the service. People and their relatives told us they were satisfied with the care and support they received. One person said, "There is no better home than your own home, but [this care home] is excellent. Staff listen to me." Two relatives of a person told us, "We are very happy with the home and [the person using the service] is happy here." Another relative told us that staff always responded promptly to call bells and they had "no issues" with the service.

We pressed two call bells in people's rooms to test how quickly staff responded. In both cases staff came to the rooms within the maximum of four rings. Both people told us staff responded to call bells without delay. However, one person said that staff advised them not to use the call bells too often. We discussed this with the registered manager who said that this had not been reported to them and they would investigate the matter. The registered manager said they would discuss this with staff in team meetings and during their one to one meetings. The registered manager told us that the service was also looking into ways of electronic monitoring of call bells.

The registered manager said they had discussed the importance of responding to call bells with staff in team meetings. We saw confirmation of this in the staff meeting minutes dated 11 March and 3 October 2015. We noted also that staff induction, which newly employed staff completed before starting work at the service, contained responding to call bells. We saw that each member of staff was given a staff handbook which contained a summary of the policies and including the importance of responding to call bells. We noted that responding to call bells was also discussed in a relatives' meeting dated on 4 March 2015 in which relatives asked if staff were able to respond to call bells on weekends. The registered manager confirmed that the staffing levels on the weekends were the same as on weekdays and that either they or their deputy manager also worked on weekends. This ensured that there the level of care provided on a weekends was the same as on weekdays.

Staff told us they had various training relevant to their roles. A member of staff said, "There is always different training for us to attend." Another member of staff said they had attended training such fire awareness, health and safety, moving and handling and infection control. They said they had access to eLearning in subjects related to their job. Staff files confirmed that they had attended different training programmes.

There were stimulating activities for people to attend. People told us they enjoyed the activities provided at the service. One person told us they liked to watch television and do cross-words. They said they also participated in group activities. Another person said they liked a hairdresser coming every week. Staff and records showed that people were supported to go to a local garden centre, shopping, the seaside, cinemas, bingos, and lunch at the pubs. We noted that a faith group came regularly to worship with some people. This showed that people's spiritual needs were attended to.

During the inspection we observed people were celebrating Halloween. We saw that people and staff were wearing various costumes and the rooms were decorated for the occasion. We noted three young people were around to entertain people. We observed people were chatting and laughing. This showed that the people were engaged and happy with the celebration.

Each person had a care plan and risk assessment which reflected their needs. We saw that the care plans and risk assessments were detailed and organised under various sections which included medicine, mobility, nutrition, hygiene, skin integrity, breathing, emotion and social needs. Both the care plans and risk assessments contained guidance relating to how staff could provide appropriate care and manage identified risks. Staff told us they had read the care plans and risk assessments and knew how to respond to people needs. We noted the care plans and risk assessments were updated monthly. This showed that people's needs were assessed and appropriate care plans were put in place.

The service had a system for gathering feedback from people, relatives and visitors. We saw information about feedback and complaints was displayed on the wall in the reception. There was also electronic feedback gathering system in the reception for visitors to complete. We noted this system had facilities for people to give feedback or make a complaint. The registered manager told us that this



Is the service responsive?

system linked to the head office which meant that all complaints and compliments were monitored by the registered manager and managers based at the head office. We noted that there were six recorded complaints since the

beginning of this year. The registered manager and records showed that these had been investigated and responded to. People and their relatives told us that they knew how to make a complaint if they had any concern.