Voyage 1 Limited

Ladycroft Respite Service

Inspection report

Ladycroft
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Ratings

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

Overall summary

This inspection took place on 17 and 20 February 2015 and was unannounced. The home was previously inspected in November 2013 and the service was compliant with the regulations we looked at.

Ladycroft Respite Service is a care home for younger people with a learning disability. At the time of our inspection the service provided a respite service for 37 people. It can accommodate up to six people at any one time. All rooms have en-suite facilities. The service is purpose built and is able to meet the needs of people who have mobility problems. The service was also registered to provide personal care in peoples own home, however, at the time of our visit the provider had submitted an application to remove this regulated activity from this location. The home is situated in Wath-Upon- Dearne, close to local shops and amenities.

At the time of our inspection the service was full each night. There were two people still at the service on our first day of inspection and four people present on the

Summary of findings

second day. People we spoke with were happy with the service and praised the staff very highly. People also told us they felt safe staying at the service and the staff were all very kind.

The home has 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.

The Mental Capacity Act 2005 (MCA) includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. We found all staff we spoke with were very knowledgeable on the requirements of this legislation and had already assessed people who accessed the services to determine if an application was required. The manager had sought advice from the local authority to and was able to explain when a DoLS would be required.

People's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and were regularly reviewed.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and staff had an up to date annual appraisal of their work performance.

There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager told us they had received no formal complaints since our last inspection, but was aware of how to respond if required. People we spoke with did not raise any complaints or concerns about staying at the service. Staff, people and their relatives we spoke with told us the manager was approachable and the service was well led.

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?

Good

The service was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

Medicines were stored and administered safely. People received medication as prescribed.

There were enough skilled and experienced staff to meet people's care needs. We saw when people needed support or assistance in relation to personal care from staff there was always a member of staff available to give this support.

Is the service effective?

Good

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

Each member of staff had a programme of training and were trained to care and support people who used the service safely. People told us the staff supported them with their health needs.

Is the service caring?

Good

The service was caring

People told us they were very happy with the care and support they received and their needs had been met. One person told us, "The staff are excellent."

It was clear from our observations and from speaking with staff and relatives that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with warmth and respect, and staff took into account people's privacy and dignity. One person told us, "I can't say enough to thank the staff, they are lovely."

Is the service responsive?

Good

The service was responsive

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were being met.

People had access to varied activities during their stays at Ladycroft. One person told us, "If I want to go out staff support me."

Summary of findings

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

There were systems in place for monitoring quality which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified. Appropriate referrals were made to health care professionals.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. Resident meetings were also held to ensure people who used the service were listened to.

Ladycroft Respite Service

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 20 February 2015 and was unannounced. The inspection team was made up of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had not completed a provider information return (PIR) as we had not requested one. 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

As part of this inspection we spent some time with people who used the service talking and observing care in the lounge/dining room to help us understand the experience of people who used the service. We looked at all other areas of the home including some bedrooms, communal bathrooms and kitchen. We looked at documents and records that related to people's care. We looked at two people's support plans. We spoke with five people who used the service and four relatives.

During our inspection we also spoke with five care staff, the registered manager and the regional manager. We also looked at records relating to staff, medicines management and the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt very safe when they stayed at Ladycroft. One person said, "I always feel safe here the staff are excellent." Another person said, "I cannot put into words how good the staff are, thank you is not enough."

Interactions we observed between staff and people were inclusive and we saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure two staff were available to provide support when people needed assistance to mobilise. We observed two staff walking with one person to ensure their safety.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. One staff member told us, "I would report immediately to the senior or the manager." Staff also knew how to recognise and respond to abuse correctly.. The training records showed that staff received training in the safeguarding of vulnerable adults. There was also a designated member of staff who was the safeguarding champion; this person was responsible for ensuring all staff were kept up to date with latest guidance and changes to protocols. The registered manager told us staff had also attended the local authority safeguarding training. This would ensure they were aware of the local procedures to follow to protect people.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. The registered manager adjusted the staffing levels depending on who was staying at Ladycroft, some people required more support than others depending on their needs. Staffing was determined by people's needs. Staff we spoke with confirmed that there was always enough staff on duty. One staff member told us, "The manager would rather err on the side of caution and provide more staff than required to ensure people's safety."

People identified at being of risk when going out in the community had up to date risk assessments. We saw that people were supported by staff when they went out during our inspection. People told us that if they wanted to go out staff facilitated this.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for four people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received, administered and returned at the end of people's stays. The registered manager had reviewed and improved its system for managing medicines. We saw robust protocols were in place for medicines management and regular audits and checks were carried out.

When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication and were aware of signs when people were in pain or discomfort to ensure they received pain relief when required. The registered manager was in the process of reviewing and updating the protocols for medicines prescribed as and when required, for example pain relief. The new protocols gave details of how staff could determine if people required these medicines. This is particularly important when people are not able to verbally ask for their medicines.

The recruitment procedures ensured the required employment checks were undertaken. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of three staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files confirmed that the required checks had been carried out prior to commencement of employment at the service.

We found all new staff were subject to a probationary period and during this period should receive regular supervision. Staff we spoke with told us they had received regular supervisions and support. One staff member who we spoke with had recently moved from another service, which was part of the same group, yet they told us they were still completing their probationary period at this

Good

Is the service safe?

service. This is good practice as each service is different. The staff member told us, "The probation has been very good I have shadowed staff who know the clients well and learnt how to meet their needs."

Before our inspection, we asked the local authority commissioners for their opinion of the service. The local authority officer told us they had no concerns regarding the service.

Good

Is the service effective?

Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, "Staff always respect me." A relative we spoke with told us, "It is a very inclusive atmosphere, I always find staff and people who are staying laughing and joking together. My son really enjoys his stays." Another person said, "I regularly go out on activities."

The registered manager told us staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Ladycroft Respite Service is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service to ensure any DoLS applications which were required were submitted. The manager had sought advice from the local authority to determine when an application would be required, they explained to us that providing a respite service meant people were able to go home if they wished, so the criteria was slightly different. However the registered manager was able to explain to us when a DoLS would be required.

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, nutrition awareness and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. We saw records that staff had received regular supervision and all staff told us they felt supported by the management team. One staff member told us, "We work well as a team and if we need to discuss anything with the manager she is always available and always listens and resolves any issues or concerns." Another member of staff said, "We are well supported by the manager and we all support each other." Staff also received an annual appraisal of their work performance.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. All staff we spoke with were very knowledgeable on the dietary needs of people who used the service. One person who was using the service at the time of our inspection told us, "I go to the supermarket with staff and choose food I like." The registered manager told us, "We have a menu plan but this is not always followed as it depends who is receiving respite; we know what people like and cater for this. Food can be purchased daily to accommodate people's choices and preferences." We also saw that people's cultural and religious needs in relation to food were catered for. Staff we spoke with understood the need to provide food in accordance with peoples beliefs.

Another person we spoke with told us they enjoyed the food and were able to choose what they wanted and always had enough to eat and drink. We saw staff during our visits offering people drinks and snacks throughout the day.

We saw there were arrangements in place to deal with emergencies. If people became unwell during their stay the service either accessed their own GP's or if these were not local the GP practice close to the service would come and see anyone who was unwell. The registered manager and staff also had a good working relationship with the district nurses and often accessed them for advice and assistance when people were staying. On the day of our visit one person was discharged from hospital to Ladycroft for a period of respite. The staff identified they had a pressure sore and immediately contacted relevant profession to seek advice. Relatives we spoke with told us the staff were excellent at keeping them informed of any issues or concerns. One relative we spoke with said, "I have a good

Good

Is the service effective?

relationship with staff we communicate to each other to ensure we are aware of how to meet needs or of any changes. The staff are very good I can't fault them they put the residents first always."

Good

Is the service caring?

Our findings

We observed positive interactions with people and staff. Every person we spoke with praised the care staff and said that the staff were good. We spent time in the lounge talking with people who used the service and staff. We found it was very inclusive and people were talking, laughing and joking together.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked the people if it was alright to assist with care needs before they did anything. We also saw staff take people back to their room when they required any personal care and observed staff knock on people's bedroom doors before entering.

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who were able to be involved in their care plans told us they were aware of what staff wrote in the plans. One person sat with us while we looked at their plan they said they knew they had a plan and had sat with the registered manager the day before to review their risk assessments.

We saw records in the care files that showed there were regular reviews. This was with the involvement of the person who used the service. The staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following the reviews any action or changes were addressed to ensure people's choices and decisions were achieved.

We saw that staff addressed people with kindness, and understood their needs well. During our observations we saw that most staff took the time to listen to people and try to understand their needs. For example, staff understood when people wanted to go to their room to have some quiet time. People had free movement around the home and could choose where to sit and spend their recreational time. People had bought in personal items for their room during their stays; people's names were displayed on the doors. The staff told us they tried to give people the same room at each visit so they were in familiar surroundings. The premises were purpose build and spacious and allowed people to spend time on their own if they wished. There were also secure grounds which enabled people to go outside if they wished.

Staff were able to explain to us how people communicated their needs and told us they ensured new staff learnt people's communication methods. We saw that staff understood the individual way one person communicated and knew how to meet their needs. This showed staff had learned how to respond to different communication methods to ensure they were able to respond appropriately.

We asked the registered manager if the service had dignity champions to ensure people were respected and had their rights and wishes considered. They told us there were champions for dignity as well as, infection control and safeguarding champions. The registered manager told us these staff accessed specific training and ensured they were aware of latest best practice and guidance to cascade to all staff. The staff were also attending the local authority dignity awareness training.

Good

Is the service responsive?

Our findings

The people who used the service who we spoke with told us the service was responsive to their needs and requests. We also observed staff respond to people's needs. They were aware when to engage with a person or when to distract a person or redirect them when they were becoming frustrated or anxious. Staff told us. "We know the people very well who stay here and understand how to ensure their needs are met."

Some people required the support of two staff when staying at Ladycroft to maintain their safety. We saw evidence that the staffing was provided to facilitate this. The registered manager told us people staying at the service were offered a range of social activities. People's support plans contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities outside the home to ensure they were part of the local community during their stay. We saw activities included shopping, trips out for lunch, baking and bowling. One person we spoke with said, "I like going to the shops, staff will always take me when I want to go."

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice sought. The staff and registered manager liaised with the parents and guardians of the people who used the service. This ensured they were kept up to date with any issues or changes. Relatives told us, "The staff will always ring me if there is any problem no matter how minor. On one occasion a new member of staff rang me to ask for advice regarding his medication as they were having some problems; I am very reassured when this happens as I know they want to ensure my son's needs are met."

The registered manager also told us that staff identified problems promptly because they knew the people well who stayed at Ladycroft. Relatives and people who used the service we spoke with also confirmed this.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. This was also available in an easy to read format and was displayed for people to access. They also told us they had received no formal complaints since our last inspection. The registered manager had dealt with a number of minor concerns and relatives told us they had raised issues that had been dealt with. One relative we spoke with told us, "I couldn't complain about anything, the service is excellent."

We observed staff gave time for people to make decisions and respond to questions. The Registered Manager told us residents meetings were held and gave people the opportunity to contribute to the running of the service. We saw minutes of meeting these were in easy to read format and showed involvement of people who used the service.

Good

Is the service well-led?

Our findings

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

Staff also told us they received regular supervision and support. They also told us they had a annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us "If I required to discuss anything with the manager I only have to ask."

One person we spoke with told us, "The manager is good, all the staff are."

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

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the Registered Manager and the regional manager. The reports included any actions required and these were checked each month to determine progress.

The Registered Manager told us they completed, daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. The environment audit had identified that the pipes in the shower room needed to be boxed in for safety, we saw this had been actioned and completed promptly to ensure when areas of risk were identified they were rectified speedily.

The regional manager also carried out monthly audits; we saw the last audit from February, which had been completed on the day of our visit. We saw that actions had been produced as a result of the audit; it was clear who was responsible to ensure the actions were completed. The regional manager told us these actions were then checked at each visit to determine progress and completion. This ensured actions were addressed.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The registered manager told us these were due to be sent out at the time of our inspection.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of these. Staff said if they were unable to attend the meeting there was always minutes available so they could see what was discussed. Staff also told us that the registered manager was always approachable and listened. They said that they did not have to wait for a formal meting should they wish to raise anything with the registered manager.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.