

Leonard Cheshire Disability

Holme Lodge - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 12 March 2015 and was unannounced.

Accommodation for up to 20 people is provided in the home over two floors. The service is designed to meet the needs of people with a physical disability.

There is a registered manager and she was available throughout the 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 2008 and associated Regulations about how the service is run.

Summary of findings

People told us that they received medicines safely; however, we found that safe management of medicines did not always take place. Systems were in place for staff to identify and manage risks and respond to accidents and incidents, however, these systems were not fully followed in practice which could place people at risk. The premises and equipment were safely maintained. Sufficient staff were on duty to meet people's needs and were recruited through safe recruitment practices.

People's rights were not fully protected under the Mental Capacity Act 2005. Staff received appropriate induction and training but did not always receive regular supervision and appraisal. Nutritional risks were not consistently assessed, however, the home involved outside professionals in people's care as appropriate.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them and people were involved in their care where appropriate.

Information was available to support staff to meet people's needs and people who used the service told us they knew who to complain to if they needed to.

There were systems in place to monitor and improve the quality of the service provided, however, these were not effective. The provider had not identified the concerns that we found during this inspection.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

Safe medicines management procedures were not always followed. Risk assessments were not always fully completed or reviewed frequently enough. There were processes for recording accidents and incidents but actions to reduce the re-occurrence of accidents and incidents were not recorded to ensure that risks were promptly identified and addressed.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures. There were appropriate staffing levels to meet the needs of people who used the service and staff were recruited safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

People's rights under the Mental Capacity Act 2005 were not fully protected. Staff received an induction and regular training but did not receive regular supervision and appraisal to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care but nutritional risks were not always effectively assessed. Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Requires improvement



Is the service caring?

The service was caring.

Staff were compassionate and kind.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew who to complain to and staff knew how to respond to any concerns raised.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Audits carried out by the provider and registered manager had not identified all the shortcomings found during this inspection.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Requires improvement



Holme Lodge - Care Home Physical Disabilities

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 12 March 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we spoke with five people who used the service, one visitor, three care staff, the registered manager and the cook. We looked at the relevant parts of the care records of six people, the recruitment records of three care staff and other records relating to the management of the home.

Is the service safe?

Our findings

People told us staff looked after their medicines for them and they received their medicines on time each day. We observed that people received their medicines safely. People's medicines were kept in lockable cupboards in their bedroom. However, on the day of the inspection we found two cupboards were unlocked which meant there was a risk of unauthorised access and the potential for harm to people using the service.

The Medicines Administration Record (MAR) contained a picture of the person to aid identification and we found they had been completed consistently. We found there had been an issue with the supply of some repeat medicines for two people and they had not been administered for over 48 hours due to lack of availability. The service had put in urgent requests for the medicines but had been unable to obtain them for 48 hours.

There were no protocols for medicines which were prescribed to be given only when required (PRN). PRN protocols provide staff with information about the purpose of the medicine and other details about when to administer them. As a result there may be some uncertainty about when they should be used.

Staff administering medicines had undertaken training and had their competency assessed prior to administering medicines independently. A medicines audit had been undertaken in October 2014 and there were no issues identified at the audit. However, there was no evidence to indicate any full medicines audits had been undertaken since. This meant that there was a greater risk that medicines issues would not be identified by the service.

Risk assessments were generally in place and guidance was available to enable staff to manage risks. However risk assessments were not always reviewed as frequently as required which meant that there was a greater risk that risks would not be promptly identified and actions taken to minimise them. We also saw that a falls risk assessment was not in place for one person who had fallen and was at risk of further falls. People had individualised evacuation plans and an emergency contingency plan was in place for the home in case of emergency. Accidents and incidents were recorded; however, they were not fully completed as they did not state actions taken to prevent the re-occurrence of the accident or incident.

Equipment and the premises were managed to keep people safe. We saw that equipment was used to reduce identified risks such as pressure-relieving mattresses and cushions. Staff said they had the equipment they needed to move people safely and to provide the support required. Equipment was also in place for the safe moving and handling of people with mobility problems. Environmental risk assessments, fire safety records and maintenance certificates were in place for the premises and equipment. Legionella water testing and a risk assessment were in place; however, actions to reduce the risk of legionella were not being recorded.

Some of the people we talked with said they felt there were not enough staff to provide care in a timely way. One person said, "Sometimes they are short staffed and you have to wait your turn, but the staff are very good." Another person said, "[Staff] try very hard but sometimes you have to wait ages." Other people said staff answered their call bells promptly and they felt staffing levels were generally ok.

We observed that people generally received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were easily accessible throughout the day which suggested that there were sufficient staff on duty to meet people's needs. However, we observed one person waiting at a dining table for 15 minutes for their breakfast. They asked us if we could ask the staff to attend to them and when it was brought to the staff member's attention they attended the person promptly.

The registered manager told us that people's dependency levels were monitored and they asked staff and people who used the service their views on staffing levels to ensure that sufficient staff were on duty to meet people's needs. They also told us that volunteers visited the home to support people on visits outside the home so that people could more easily follow their own hobbies and interests.

There were safe recruitment and selection processes in place. We saw records that confirmed that all required checks were completed before staff began work. Volunteers worked at the home and we saw that a policy was in place and all relevant recruitment checks were completed.

People told us they felt safe at the home and they had no concerns about the staff caring for them. Staff had an understanding of the signs and symptoms of possible abuse and the action they should take if they identified

Is the service safe?

anything which gave them cause for concern. One staff said they had had to report a concern previously; they had been taken seriously and action taken to address the issue. They said they felt well supported during this time. A safeguarding policy was in place and staff had attended

safeguarding adults training. Information on safeguarding was displayed on the main noticeboard of the home to give guidance to people and their relatives if they had concerns about their safety.

Is the service effective?

Our findings

People told us that their choices were respected by staff and we saw staff asked people's consent before providing care.

Staff said they always checked with people before providing care and they always offered choices. One staff said, "Even if someone always has coffee in the morning, I always offer them a choice as they may suddenly decide they want something different." Staff were able to describe the steps they took to gain a person's consent and cooperation when they provided care but were uncertain of the action to take when a person was unable to make decisions about their care.

There was a consent form in each record which had been signed to indicate the person's consent to the staff administering the person's medicines and their consent to the discussion of service provision with other professionals. In some cases this had been signed by the person and in others it had been signed by a close relative. However, there was no evidence of a Lasting Power of Attorney being in place for people whose consent form had been signed by a relative. Where bed rails were in use there was evidence of a risk assessment having been completed but no evidence of consent being sought for their use.

A mental capacity assessment had been undertaken for a person who did not have the capacity to make decisions about their care and treatment for themselves but there was no documentation relating to the best interest decision which should have been made as a result of the assessment. Two other people who had had DoLS applications submitted did not have any documentation related to assessments of their capacity. These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and

liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one currently living in the home who was being deprived of their liberty. We did not see any people being restricted. Staff told us they had completed training in MCA and DoLS but they were unclear about the implications of these for their practice.

Staff said they hadn't had any training in responding to challenging behaviour but they said that when they started to work at the home they had worked alongside other experienced staff to learn how best to care for people who have behaviour which may challenge themselves or others around them. Staff said they never used restraint and there was never a need for this with the people they cared for.

We saw one person had a DNACPR in place. This indicated the decision had been discussed with the person themselves and the person had expressed a wish not to be resuscitated in the event of a cardiac arrest.

People were confident in the knowledge and skills of the staff caring for them. We observed that staff were confident and competently supported people.

Staff told us they received a comprehensive induction when they started work at the home and both of the staff we talked with said they had last completed mandatory training in the middle of last year. Staff said they had supervision approximately once a year, their last supervision being over six months ago. They said they had not had an appraisal. Staff told us if they had a concern they would initially go to the care supervisor. They found both the care supervisor and the manager supportive.

We saw that staff and volunteers received an induction. Training records showed that staff were up to date with training. We looked at the supervision and appraisal records for three staff which showed that supervision was taking place but was infrequent and not all staff had received an appraisal. This meant that there was a greater risk that people would not receive effective care from staff with the knowledge and skills to carry out their roles and responsibilities.

People said they had a choice of meals and if they did not like what was on the menu they were able to choose something else. On the day of the inspection we saw

Is the service effective?

several people had items not on the menu at their request. One person followed a vegetarian diet and they were given a choice of a vegetarian version of the main meal or other vegetarian options.

One person we talked with said they were unhappy with the meals provided because they were not always able to choose the things they wanted to eat. We talked with the cook and the registered manager about this and they told us the person had high blood glucose levels and they were trying to encourage a healthier diet. They said the issues had been fully discussed with the person and they had come to an agreement with them at the time. They told us that they would discuss the issue with the person again.

We observed lunchtime and saw people were provided with a choice of two main courses and a dessert. People were encouraged to eat at the dining table and were provided with the support they required. We observed positive interactions between people and staff who offered encouragement and support to people. We saw when someone required assistance, the staff sat down with them and checked they were ready to start. They checked with the person that the temperature was okay for them and they took time to listen to, and understand what the person was trying to say.

Care plans were in place for supporting people with eating and drinking but in some cases people had not been weighed as frequently as was indicated in their care plans. For example one person had not had their weight recorded since September 2014 and another had been weighed every two months rather than monthly as indicated in the care plan. This person was losing weight. Nutritional risk assessments were not always fully completed or reviewed regularly. This meant that there was a greater risk that people would not be supported to eat and drink enough.

People told us staff would ask their GP or community nurse to visit if they were unwell and they had access to a chiropodist and optician. Health and social care professionals told us that staff were proactive in contacting them with any concerns they had. Care records showed that other health and social care professionals were involved in people's care as appropriate.

People's health needs were being met. We saw that people's pressure care needs were identified and documentation supported that these needs were being met. Staff were supporting another person with a catheter and completing documentation to show that they were monitoring its effectiveness.

Is the service caring?

Our findings

People said staff were kind and caring in their approach and they knew the staff well. We saw good natured joking between people and the staff on duty. One person said, “The staff are always cheerful.” Another said “Staff are brilliant; it is a good place to live.” Health and social care professionals told us that staff were compassionate and caring.

People clearly felt comfortable with the staff and interacted with them in a relaxed manner. Staff always greeted people when they entered the room and talked with them about their interests and recent events. Staff knew the needs of the people they cared for and were able to describe their individual preferences.

Care plans indicated care had been discussed with the person and although people did not always recall seeing their care plan, they said their care had been discussed with them. We saw that staff had provided a person with diabetes with detailed information regarding their condition and had discussed their concerns regarding the person’s diet with them but respected their decisions around food. We saw that information regarding advocacy services was displayed in the home. Staff described the importance of giving people choices about their care and support and giving them time to communicate their wishes.

People with communication difficulties had a communication plan in place to provide information on the best way to communicate with the person and the ways in which their wishes and preferences could be identified. We also saw that easy read information was available in the home to support people with communication needs.

People told us they were able to have their own things in their rooms and staff took care of their belongings for them. People told us their friends and relatives could visit when they wished and they were made welcome by staff. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

We saw staff knocking on people’s doors before entering and taking steps to preserve people’s dignity and privacy when providing care. Staff were able to explain how they maintained people’s privacy and dignity at all times and took particular care when providing personal care. The home had a number of lounges and rooms where people could have privacy if they wanted it.

We saw that the registered manager had been identified as the dignity champion for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. We saw that staff supported people to be independent.

Is the service responsive?

Our findings

One person we talked with said, “Yes we do get choices but generally we have to fit in with them [the staff] because they have other people to support.” However, other people told us they were able to choose how they spent their time and when they got up and went to bed.

People’s care records contained information about the things which were important for them and the best way to provide them with support and care. Care plans were written from the perspective of the person themselves and their individual preferences. We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people’s likes and dislikes.

People we talked with described activities outside the home which they participated in, such as trips to the cinema, attending church services and the local pub and they told us the home had a minibus to enable them to go on outings. They also said they enjoyed activities inside the home such as Bingo and quizzes and an art group. One person said, “I like live music and people come in to play for us.” We looked at the activities record for two people and saw participation in these activities were recorded along with a trip to the pantomime and fitness sessions. On

the day of the inspection one person was going to the cinema. We were told the home had recruited volunteers to accompany people on visits outside the home which meant that people could more easily follow their own hobbies and interests.

People’s diverse needs were identified. The cook told us about a person who followed a vegetarian diet. We saw that they received food which met those needs. We saw another person was supported to attend church.

People told us they knew how to make a complaint. A relative told us that if they raised an issue with the manager, they would follow through and the issue would be dealt with promptly. They said, “If there are any issues, I would have a word with (the manager) and it would be taken up and addressed.”

The complaints procedure was displayed on the main noticeboard. Complaints information was included in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised. The registered manager told us that there had been no formal complaints recently. Staff knew what to do if a person had a complaint to ensure it was addressed and escalated appropriately.

Is the service well-led?

Our findings

The provider did not have a fully effective system to regularly assess and monitor the quality of service that people received. Accident and incident forms were not fully completed as they did not state actions taken to prevent the re-occurrence of incidents. A care plan audit had taken place, however; the audit only looked at four care records and was last completed in April 2014. No regular infection control audits were taking place.

The registered manager told us that a representative of the provider regularly visited the home and spoke with people who used the service and staff. We were told that a written report was produced of these visits; however, we did not see a written report of these visits so it was not possible to see what areas they looked at and whether they had suggested any improvements to be made. The registered manager told us that she carried out daily walkarounds when on duty and addressed any issues immediately.

The registered manager also told us that she provided direct care on one shift a week which gave her the opportunity to observe staff and speak with people who used the service to monitor the quality of the service.

Staff and managers had a good understanding of the key challenges for the home and the registered manager told us that resources were available to develop the team and drive improvement. They explained how they identified and implemented best practice.

We identified a shortcoming in the area of consent during this inspection which had not been identified or addressed following audits carried out by the provider. This shortcoming constituted a breach of the regulations. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they had meetings to discuss the menu and they were able to put forward their ideas. The cook said they also tried new dishes to gauge people's responses before putting them on the menu. We saw people who used the service completed questionnaires and actions were taken in response to any concerns. The registered manager told us that regular meetings for people who used the service were chaired by a person who used the service.

They were supported by an involvement officer employed by the provider. Any concerns from the meeting would be shared with the registered manager. The registered manager told us that they had discussed a proposal to move to another site with people who used the service. People told them that they did not want to move so it was decided to spend money to improve the home on its current site and not to move. This showed the provider listened to what people wanted and took their views into account.

The registered manager told us that they had arranged relatives' meetings at different times of the day but no relatives had attended. However, they told us that relatives contacted them directly with any issues.

A whistleblowing policy contained appropriate details. Clear information on whistleblowing was given to staff in a leaflet when starting at the service. Staff told us they would be comfortable raising issues.

Staff at the home had produced a newsletter which they sent to interested people living in the nearby community. The registered manager told us that some local people volunteered in the home which encouraged links with the community. We saw that the provider's set of values were included in the guide provided to people who used the service and displayed on the main noticeboard in the home.

Some of the people using the service said they saw the manager most days whilst others told us they only saw her occasionally. Staff said the registered manager was approachable and if they raised an issue they felt supported.

A registered manager was in post and she clearly explained her responsibilities and how other staff supported her to deliver good care in the home. The registered manager told us they were well supported by the provider and had a good relationship with other home managers working for the company. A health and social care professional told us that the home was well run and well managed.

Staff told us they had staff meetings from time to time and said these were used to communicate policy changes and changes to practice. We saw that all conditions of registration with the CQC were being met. We saw that a staff meeting had taken place in November 2014 and the manager had clearly set out their expectations of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

We found that the registered person did not act in accordance with the Mental Capacity Act 2005.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that effective systems and processes were not in place to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.