

Larchwood Care Homes (North) Limited

Ladyfield House

Inspection report

Peckmill View
Kiveton Park
Sheffield
South Yorkshire
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Tel: 01909771571

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 29 November 2016 and was unannounced. The home was previously inspected in January 2015 and the service was meeting the regulations we looked at.

Ladyfield House provides accommodation for up to 50 people. The home has two units; Salvin which provides residential care and Hewitt which provides residential care for people living with dementia. The communal areas of the home are accessible to people who use wheelchairs. The home is located in the Kiveton area of Rotherham. At the time of our inspection there were 37 people using the service. Some people were staying at the home for a short period of respite care.

At the time of our inspection the service did not have a registered manager in post. 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. There was a manager in post who was in the process of registering with the Care Quality Commission, but at the time of our inspection the manager was on leave. Present at the home was a registered manager from another service who was supporting the manager in their new role and covering while she was away. The regional manager for the company was also present during our inspection.

We spoke with staff who knew how to protect people from abuse. Staff told us they had received training in this subject, which had given them information on the types of abuse and how to recognise and report situation.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, we identified some improvements could be made.

We looked at care files belonging to people who used the service and found that risks associated with people's care had been identified. However, risk assessments in place were not always up to date with people's current needs and did not always offer guidance in how the risk could be minimised.

We observed staff interacting with people who used the service and saw that there was enough staff around to ensure people's needs were met. Staff worked well as a team and were able to respond to people's needs.

Recruitment systems were robust, so helped the employer make safer recruitment decisions when employing new staff. New staff had received an induction into how the home operated and their job role.

We looked at records in relation to staff training and found staff some training was required. However, staff we spoke with told us they attended training and completed training via e-learning.

People were supported to eat and drink sufficient amount to ensure they received a healthy balanced diet.

People were assisted with an appropriate diet to suit their needs. Snacks and drinks were also available throughout the day. However, food and fluid intake was not always recorded effectively.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People who used the service had been assessed to determine if a DoLS application was required. The manager and regional manager had a good understanding and knowledge of this topic. However other staff did not have adequate knowledge on this subject to be able to apply it in practice. Although we found the regional manager was aware of this and was addressing it.

People had access to health care professionals when required. We looked at records belonging to people who used the service and found evidence that professionals such as speech and language therapist, physiotherapist and dietician had been involved when needed.

Throughout our inspection we observed staff interacting with people who used the service. We found staff were kind, caring and considerate. They worked hard to make sure people were happy and content.

People's needs were assessed but care was not always provided in line with individual care plans. This was because they required more information and updating to reflect the persons current needs. However, we observed staff supporting people and found they did this in accordance with what the person required. □

We saw care staff providing some activities; however, there was not a designated activity coordinator on duty at the time of our inspection. This post had been recently recruited to.

The service had a complaints procedure and staff knew how to handle and deal with concerns.

The management team was in the process of being developed. A new manager had been appointed and they were in the process of recruiting a deputy manager.

We saw audits had been completed and action plans had been devised to ensure issues were addressed. However, new systems and processes put in place to address actions required embedding in to practice.

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.

Staff we spoke with understood the procedure to follow if they suspected abuse. They were confident their manager would respond appropriately.

Systems were in place to make sure people received their medications in a safe and timely manner. However, some areas required improvement.

We looked at records belonging to people who used the service and found that risks had been identified but did not always give guidance on how risks could be minimised.

We saw that there was enough staff around to ensure people's needs were met.

Recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff we spoke with told us they received appropriate training which was relevant to their job roles. We saw from training records and by speaking with the management team that some training required completing.

Sufficient food and drink was provided in order to maintain a healthy balanced diet. However, this was not always recorded effectively. We looked at people's care plans and found they did not always reflect the support and assistance people required when eating and drinking.

Predominately the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However not all staff had an understanding of how this applied in practice.

Requires Improvement ●

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

We observed staff and found they interacted well with people.

Staff ensured that people's choices and preferences were provided and respected.

Staff we spoke with could explain how they respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs were assessed but care was not always provided in line with individual care plans. This was because they required more information and updating to reflect the persons current needs. However, we observed staff supporting people and found they did this in accordance with what the person required. □

We saw care staff providing some activities; however, there was not a designated activity coordinator.

The service had a complaints procedure and staff knew how to handle and deal with concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The management team was in the process of being developed. A new manager had been appointed and they were in the process of recruiting a deputy manager.

We saw audits had been completed and action plans had been devised to ensure issues were addressed. However, new systems and processes required embedding in to practice.

Ladyfield House

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.

The inspection took place on the 29 November 2016 and was unannounced. The inspection was completed by two adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with six people who used the service and three of their relatives, and spent time observing staff interacting with people.

We spoke with five care workers, two senior care workers, the domestic, the administrator, the peripatetic manager covering from another service and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I am really safe here and the staff look after me well." Another person told us when asked if they felt safe, "I definitely feel safe."

We spoke with care workers who were knowledgeable about what they would do if they witnessed abuse. They told us they had completed training in the subject and would report any concerns as a priority. One care worker said, "I would report to the manager straight away and it would be resolved."

We spoke with the regional manager and cover manager and were shown a record where safeguarding concerns were logged. This gave a report of incidents and the action taken. There were no safeguarding concerns at the time of our inspection.

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 people.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The registered manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures.

We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed.

We saw people were prescribed medicines to be given as and when required (PRN). For example pain relief. Staff were able to explain how they supported people appropriately to take these medicines, that they were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required. However, the protocols in place that gave details of the PRN medication did not give sufficient detail if a person was unable to verbally communicate when they were in pain. The regional manager acknowledged this and told us this had been identified and they were in the process of addressing this.

We looked at care files belonging to people who used the service and found that risks associated with people's care had been identified. However, risk assessments in place were not always up to date with people's current needs and did not always offer guidance to staff in how the risk could be minimised. For example, one person had been assessed as being at high risk of malnutrition. There was no record to indicate that a dietician had been requested or what action was being taken to assist the person with their food and fluid intake. Staff we spoke with were aware of the risks around each person, but the documentation did not always support this.

During our inspection we spent time observing staff interacting with people who used the service. We found there were enough staff around to meet people's needs. We saw that the staff responded to people's needs

without delay and staff were available in communal areas of the home. People's care files contained an assessment of their needs which indicated the level of support they required. This ranged from low, medium, high and very high dependency.

The recruitment and selection process ensured staff were recruited safely. Staff had the right skills and experience to support the people who used the service. The three staff files we looked at included relevant information, including references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

During our inspection we looked around the service. We found the service was predominantly maintained in a good state of cleanliness. However, some areas were not maintained to be able to kept clean. For example we found store rooms were full with equipment stacked on top of other equipment and staff were unable to access the rooms. One store room had a strong unpleasant odour. This meant the room and equipment was not able to be cleaned effectively. We also identified staff hand washed medicine pots in the wash hand basin in the office, we saw the pots stacked dirty in the basin there was nowhere to effectively dry them so this posed a risk of cross infection. Pots need to be washed at high temperatures or disinfected to prevent cross infection. We also found one bedroom had an unpleasant odour on investigation it was the bed base causing the problem this was changed during our inspection. Sink units in bedrooms were also damaged exposing untreated wood that was not able to be thoroughly cleaned. We discussed these issues with the peripatetic manager who addressed what issues they were able during our visit other environmental improvements had been identified and were on the homes action plan.

This was a breach of Regulation 15 (1)(2) of The Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not always ensure that all areas of the environment were clean and properly maintained.

Is the service effective?

Our findings

We spoke with people who used the service and they had confidence that the staff knew their job well. One person we spoke with said, "The staff are lovely, they look after us well."

Staff we spoke with told us they had attended training courses to ensure their skills and knowledge were updated. One care worker said, "I am up to date with my training. We received training face to face and we can do e-learning as well." Most staff we spoke with were knowledgeable but told us they were not up to date with refresher courses for some training.

We looked at training records and found that some training required updating to bring staff training in line with the company policy for training staff. The regional manager showed us a training matrix which indicated what training had been completed and where the gaps were. The regional manager had identified these areas and was in the process of arranging staff training where needed. Staff told us that they felt supported and received supervision sessions with their line manager. Staff had previously received an annual appraisal of their work, but these were not all up to date. The manager was aware of this and was scheduling these at the time of our inspection.

People were supported to eat and drink sufficient amount to ensure they received a healthy balanced diet. On Salvin unit we saw snacks and drinks were provided throughout the day. We observed lunch on the Salvin unit and found staff made sure they assisted people at a pace suitable to them. Staff offered people a choice of meal and sat with people who required assistance to eat and drink. There was appropriate music playing in the background and people chatted with staff. This made the lunchtime experience pleasant. We also observed lunch on Hewitt Unit, this was a pleasant experience for people who sat in the dining room. However some stayed in the lounge to eat their meal and at times no staff were present to monitor and assist these people. When we explained this to the regional manager they were disappointed as staff had been told to ensure people were not left unsupported. They assured us this would again be addressed.

We asked people if they had enjoyed their meal and they told us the food was constantly good. One person said, "All the meals are nice here, we are well fed." Another person told us, "The food is good there is always a choice, two different things and if you don't like them the cook will always get you something else."

We looked at people's care plans and found they did not always reflect the support and assistance people required when eating and drinking. For example, one person who was prone to losing weight had their food and fluid intake recorded on a chart. There was nothing in this person's care plan to inform staff that this was required. However, staff knew this chart needed to be completed. We saw that food and fluid charts did not accurately reflect the diet taken and were not evaluated. We spoke with the regional manager and the cover manager and they told us they were aware of these issues and were currently working on improving the care plan documentation.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who

might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had applied for seven DoL'S and four had been approved. The regional manager told us they were currently working through mental capacity assessments and they were aware of any conditions attached the authorised DoL'S. However, assessments we saw were in people's plans of care were not fully completed and did not give clear reasons as to why decisions were being made or had been made. They did not evidence involvement of relevant health care professionals, staff or relatives. Staff we spoke with lacked knowledgeable of this subject, but were aware training was being organised. The regional manager confirmed when we discussed this that they had identified the shortfalls and were arranging training for all staff to ensure people's needs were met in their best interests.

People had access to health care professionals when required. We looked at records belonging to people who used the service and found evidence that professionals such as speech and language therapist, continence nurse, and advanced nurse practitioner. This was to ensure people received the appropriate care and that staff understood how to support the person.

We spoke with a visiting professional who informed us that the home referred people appropriately and were keen to ensure people's needs were met.

Is the service caring?

Our findings

Throughout the inspection we observed staff supporting people who used the service with consideration and respect. We spoke with people who used the service and they told us they were happy living at the home and staff were very caring. One person said, "I like it here. The staff make sure that I am fine." Another person said, "I am looked after very well, the staff are all good." Another person told us, "I am happy here, the staff are very nice."

We completed a tour of the home and saw that people's bedrooms were personalised and contained items people wanted around them. For example, photographs of family and friend, ornaments and magazines. One person said, "I spend a lot of time in my room because I like it so much."

Staff ensured that people were cared for in an appropriate manner and respected their individuality. We observed staff interacting with people and found they were kind, caring and friendly. For example, one person was trying to find their bedroom and said to a care worker, "I don't know where it is love." The care worker spoke with the person in a reassuring manner and pointed in the direction of the person's room saying, "It's number [x] your birthday number." This helped the person to remember where their room was and was able to locate it based on the information and direction from the care worker.

We also observed two care workers spending time talking with a person who was unsure about their surroundings and where they were. The care workers reassured the person and showed them familiar objects and spoke about the person's past history. This evidently made the person feel much better and they began to smile and remember where they were.

Each person had a key worker who was responsible for ensuring the individual and personal requirements of people were met. On the Salvin unit the key worker's name was displayed in the person's bedroom and it was evident by talking with people that they knew who their key worker was.

We spoke with staff who were able to explain how they maintained people's privacy and dignity. They told us that they close doors and curtains when carrying out personal care tasks. One care worker said, "I try to make sure that people receive care in line with their wishes." There had previously been dignity champions but these staff had left, we were told staff were being identified to fulfil this role and training would be delivered.

We observed staff offering people choices throughout our inspection such as what to eat and where they would like to spend their day. One person asked if they could stay in their room for their breakfast and this was respected.

Staff told us that when the hairdresser visited they did people's hair in the dining room as there was no designated room. Staff told us, "It would be really nice if one of the unused bathrooms could be converted." This would ensure more person centred care and provide a better experience for people.

One person who used the service was at end of life. This person was nursed in bed we saw staff visited them regularly, made sure they were comfortable and pain free. We saw charts were completed by staff to show change in position and fluids taken. However, we saw no fluids had been recorded on the chart and none were in the room. We questioned staff and they said the person had been refusing. We discussed this with the manager who said that fluids should be in the room and offered every time staff visited the person, which was at least hourly they told us even if they refused it should be recorded. This was put in place immediately.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us that the staff supported them well. One person said, "All the staff are lovely and know just what I need."

We looked at records belonging to people who used the service and found they contained information about people's medical and care needs. People's needs were assessed but care was not always provided in line with individual care plans. This was because they required more information and updating to reflect the persons current needs. However, we observed staff supporting people and found they did this in accordance with what the person required. We spoke with the regional manager and the cover manager and were told that they were introducing new paperwork which would reflect people's needs better. We were shown some care plans which had already been evaluated. This showed the provider was aware of the issues and were working on a resolution.

We looked at three care plans which belonged to people who were staying at the home for a short period. These contained limited information and were completed on a different format which was confusing to staff completing them. For example, one person had been staying at the home for five months and there was no evidence that the short term care plans had been evaluated. Therefore they were not in line with the person's current needs.

During our visit we saw care staff organising some activities. We saw some exercise to music but staff were struggling to get people involved. We also saw three people making pom poms, which they were enjoying. Staff told us they tried to arrange some activities but this was not always possible as they had to prioritise care and support. We were told there was no dedicated activity coordinator, but one had been recruited and was waiting for recruitment checks to be completed before they could commence in post.

People we spoke with told us at times there was nothing to do. One person said, "We need more activities, we used to do craft things, paint, make cards things like that. I enjoyed those activities. We haven't done these for a long time." Another person said, "We need more stimulation." Another person said, "There is never any outings, I haven't been on an outing in two years."

The service had a complaints procedure in place which was displayed in the main reception area. We spoke with the regional manager and the cover manager about complaints and they told us they were open to people raising concerns and they could be approached. The provider kept a log of concerns raised, which included what action had been taken and any lessons learned. We saw complaints had been addressed appropriately and in a timely manner.

People and relatives we spoke with all said they felt confident to raise any concerns and they would be dealt with. One person said, "If I have any concerns I tell staff or the manager and it is dealt with. I have no concerns." Another person said, "[the manager] is lovely they always listen." A relative we spoke with said, "I don't have any concerns, I am happy with the care, but if I had any issues I would not hesitate to raise them, I am confident they would be resolved."

Is the service well-led?

Our findings

People we spoke with told us the new manager was very approachable and listened to them. One person told us, "She's [the manager] lovely she listens." Another person said, "A nice lady in charge."

Staff we spoke with told us morale had improved recently since the new manager had commenced in post. One staff member said, "If we don't get on [staff] it affects those [people who used the service]." Another staff member said, "They [people who used the service] pick up when we [staff] are down." The staff told us there had been a number of managers over the last two years and this had affected staff. However, they praised the current manager one staff member said, "They [the provider] have got it right this time."

The management team consisted of the manager, an acting deputy manager, and senior care workers. The manager was in the process of registering with the care quality commission. The provider was in the process of appointing to the deputy manager position and interviews were taking place the following day. (The current manager had been promoted from the deputy position). The manager was being supported in their new role by other managers within the organisation including the regional manager.

We looked at several audits which took place to ensure policies and procedures were followed and the service was operating at a required standard. We saw audits had taken place which included medication, care records, accident and incident, infection control and the environment. Action plans were devised to address any issues that were identified as a result of the audits and we found that the issues we had identified during our inspection had already been identified as a result of completing the audits. For example, the medication audit completed in November 2016 identified that there were no protocols in place for medicine required on an 'as and when' required basis (PRN medicines). This was in the process of being developed. We also found that the weight loss audit identified people who had lost weight and showed that action had been taken to address this, for example, referral to dietician had been made where appropriate. Another example was that care plan audits had identified that they were confusing and required updating to reflect people's current needs. A new care planning system was being introduced but this needed to be completed. New systems and processes put in place to address actions required embedding in to practice.

This was a breach of Regulation 17 (1) (2) (c) of The Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not always ensure that an accurate, complete and contemporaneous record was available for each person who used the service. Systems and processes were not always established and operating effectively.

We saw that a quality questionnaire had been completed in August 2016 and the results had been collated. We spoke with the regional manager and were informed that the actions identified were in the process of being actioned. For example, quite a few people commented about the lack of activities. This post had recently been recruited to and the provider were looking in to a second activity co-ordinator so that both units could have dedicated activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not always ensure that the premises were clean and properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This was a breach of Regulation 17 (1) (2) (c) of The Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not always ensure that an accurate, complete and contemporaneous record was available for each person who used the service. Systems and processes were not always established and operating effectively.