Derbyshire County Council

Ladycross House Care Home

Inspection report

Travers Road
Sandiacre
Nottingham
Nottinghamshire
NG10 5GF

Tel: 01629531818
Website: www.derbyshire.gov.uk

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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**

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 25 April 2017. At our last inspection visit on 8 February 2016 we asked the provider to make improvements to the responsiveness of staffing, the types of stimulation available and the management of the service. At this inspection, we found some improvements had been made. However further improvements were required in relation to some management aspects of the service.

The service was registered to provide accommodation for up to 35 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 24 people were using the service.

There was 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.

Medicines were not always managed safely. We saw administration errors had been made and these had not been picked up in the providers audit processes. Risks to people had not always been identified when support was provider by external health professionals ..
Assessments had been completed when people lacked capacity; however some staff had limited knowledge and were unclear how this impacted on the support required for the person. Not all the staff had received their training as required. There were no systems in place to ensure staff had the necessary skills and knowledge to carry out their roles safely.

The systems in place to monitor and review care were not always effective in identifying areas for concern. Audits had not been used to consider when risks were identified. Staff had not always received the support they needed to support them their role, following induction or training .

People told us they felt safe and staff knew how to recognise and report potential abuse. The staff were available to meet people's needs and the provider had recruitment practices in place to check staff's suitability to work with people.

People were encouraged to make choices about their meals and their weight was monitored to ensure they maintained levels of nutrition to support their wellbeing. Referrals were made to health professionals to support people's health care needs.

Staff were kind and caring and treated people respectfully. Staff had established positive relationships with people. Relationships with their friends was encouraged and supported.

People's individual needs were met and people and their relatives were involved in discussions about how

they were cared for and supported. People were stimulated and supported to engage in a range of activities and areas of interest-.

The provider's complaints policy was accessible to people and when accessed had been followed. People's views were sought and they told us they enjoyed living at the home.

We saw that the previous rating was displayed in the reception of the home as required. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

We found breaches of 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe
Medicines were not managed safely to ensure people received their medicine as prescribed.
People's risks had not always been identified to reduce the potential for harm. People told us they felt safe and staff knew how to recognise and report potential abuse. There were enough staff available to meet people's needs and the provider had recruitment practices in place to check staff's suitability to work with people

Is the service effective?

Requires Improvement

The service was not always effective
Assessments had been made when people lacked capacity, however some staff had limited knowledge and were unclear how this impacted on the support for the person. Arrangements for staff training were not consistent and there was no check to ensure staff had the necessary skills and knowledge to carry out their roles safely. People were encouraged to make choices about their meals. Referrals were made to health professionals when additional support was required.

Is the service caring?

Good

Staff were kind and caring and treated people respectfully. Staff had established positive relationships with people. Relationships with their friends was encouraged and supported.

Is the service responsive?

Good

The service was responsive

People's individual needs were met and people and their relatives were involved in discussions about how they were cared for and supported. People were stimulated and supported to engage in a range of activities and areas of interests The provider's complaints policy was accessible to people and when accessed had been followed. .

Is the service well-led?

Requires Improvement

The service was not always welled
The systems in place to monitor and review care were not always effective in identifying areas for concern and improvement. Staff had not always received the support they needed to develop themselves or the service. People's views were sought, however on occasions further discussion was required before action was taken. The registered manager understood the responsibilities of their registration with us. People enjoyed living at the home.

Ladycross House Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with eight people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We spoke to three visiting health professionals, who provided us with information about people's health needs and the relationship they have with the home.

We also spoke with four members of care staff, the cook, domestic support, the deputy and the registered manager. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs We looked at the care records for six people to see if they were

accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. One person told us, "They bring tablets in a little pot and tip them into my hand. I don't know what they are. I just take them." A relative told us, "[Name] had an infection in their throat recently and they struggled to take their tablets properly. When they had been given to them, they were just left with white powder round his mouth." We observed staff administering people's medicines. People were given their medicine in a small medicine cup to take independently and on one occasion the medicine was tipped out on to the table and left for the person to pick up. The staff member didn't ensure these medicines had been taken before recording them on the medicine administration sheets (MAR). These records also showed that signatures had been missed from some MAR sheets. This meant we could not be sure people had taken their medicine as prescribed.

We could not be sure the stock of medicines was correct. For example we checked two medicines; both had the incorrect number in storage after the medicines which had been administered had been deducted. The care staff and registered manager were unable to explain the reason for the inconsistency. Systems were not adequate to ensure that people did not receive out of date medicines. We saw liquid medicine and eye drops had not been dated on opening. Some of these items should be consumed within four weeks of opening; therefore we could not be sure these were still valid in line with their prescribed guidance.

We saw that some people required medicine on an as required basis (known as PRN). They received medicine on a PRN basis for their pain relief. There were no protocols to establish when or why this medicine was to be given. Some people had been prescribed topical creams, and there was no medical administration record (MAR) or a body map to show where the cream should be applied or how often. This meant we could not be sure people had received their pain relief as necessary or their cream applied correctly to support their skin care.

The above demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw that risks to people's safety had been assessed for most areas. However, some areas had not been assessed whenthe service was being provided by a visiting health care professional. For example some people required injections to support their long term condition. This had not been recorded in their care plan or any risks identified from this procedure. This meant we could not be sure any safety measures required to support the person's health condition had been considered.

Some people had behaviours that challenged. We saw there was no plan in place to provide guidance on how to support the person. A health care professional told us, "We have requested that a behaviour chart be completed so we can provide advice in relation to how to support this person; however the charts have not been completed." We spoke to the registered manager who confirmed the charts had not been completed and acknowledged they needed to get them completed..

We could not be sure people's person information was protected. For example the daily log and health

monitoring folder had been left in the lounge on display throughout our visit. This contained personal information about people using the service and was clearly marked 'Private and Confidential'.

People told us they felt safe when they received care. One person said, 'I am very safe here. The staff do everything they can to make sure I don't fall. I had a few falls before I came here but I'm starting to get a bit more confidence now." One relative told us, "My relative is much safer here. They have quite a lot of chest infections and the staff are very good at keeping an eye on them."

The staff had recently received training in safeguarding and knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "It's important to keep people safe. I would always log things and report them." They also told us who they would contact if they had any concerns and that they felt confident it would be dealt with. We saw when safeguards had been raised they had been investigated and measures taken to reduce any further risks to people using the service.

There were sufficient staff to support people's needs. One person said, "There are plenty of staff around." We observed throughout the day people's needs were met in a timely and responsive manner. The provider had a dependency tool which had been used to identify the level of support each person required. One staff member said, "Since the new manager came we have not been short staffed." Another staff member said, "We have enough staff, one for each area and a floating staff member." The registered manager had introduced a clear method for the allocation of staff. One staff member said, "It's brilliant, you can see at a glance who is working and if any shifts need covering." The registered manager told us they had been using agency staff whilst they continued to recruit to the staff team. To ensure safety for people the registered manager had introduced a check list to confirm the agency staff had the correct skills and training to provide the support required. The agency worker was then allocated to a member of staff so they could provide advice and guidance in relation to the needs of the people using the service.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. The registered manager and staff told us some people living in the home were unable to make decisions about their care and support. We saw that where people were unable to consent, mental capacity assessments and best interest decisions had been completed in accordance with the Act. People were supported to have choices and their consent was obtained. Some staff told us they had not had training and those who had received training said they did not understand the Act. One staff member said, "I don't think I have had training in that, I am not sure what it means." Another staff member said, "I am not sure how people's decisions are made if they cannot make them." This meant we could not be sure staff understood how to support people in line with the Act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw the registered manager had made applications when people had been restricted. However ,staff providing the support to people had limited knowledge about DoLS and were unable to tell us the people who were subject to this restriction and what it meant. Some staff said they had received training, others said they had not and did not understand what this meant. One staff member said, "I am not sure who is on a DoLS here." This meant we could not be sure staff had the necessary level of understanding to support people in relation to any restrictions.

Staff had received initial training for their role, however ongoing training had not always been provided. One staff member said, "It has been raised as I have not had training for a while." Another staff member told us they had not had any training for the last two years. We raised this with the registered manager, and they told us, "There has been a delay in staff getting their training, but we are getting on top of this now and we have the latest list of training courses available." We saw the impact of staff not receiving competency checks was the errors to medicine management. We discussed this with the manager who acknowledged this was an area they needed to develop.

The provider had a clear system of induction. All new employees with no care experience completed the care certificate. This is a nationally recognised course which helps new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member told us, "The course is really useful, I have learnt a lot." They also added that during their induction they shadowed experienced staff; "They were

great, answered all my questions and helped with everything." This showed the induction supported staff with their role.

People told us they enjoyed the meals. One person said, "The food is smashing. I have no complaints." Another person said, "There is a choice of two things at lunchtime." One relative told us, "My relative really enjoys the food here. They're eating much better." We spoke with the cook who told us they had all the information about people's dietary needs so they could ensure the correct meal was provided. For example some people had pureed food and other people had a reduced sugar diet. The home had moved from one dining area to four separate ones within each small unit called 'bungalows'. We discussed the changes in the dining arrangements. The cook said, "It is more work as I have to ensure four lots of each meal, but the people like it and they are eating and drinking more." Staff understood people's needs and we saw choices being offered and the meals being served table at a time. People's weights had been monitored and any concerns had been raised with health care professional and guidance followed. This meant people received support to maintain their nutritional needs.

We saw that referrals had been made to health care professionals in a timely manner and any guidance followed. One health care professional said, "The staff make referrals quickly and know people well." They added, "They are keen to keep people mobile." We saw that the services from an advanced practitioner were received on a weekly basis; this had a link to the GP practice so people received the health care they required. One health professional said, "There have been staffing concerns, but these have improved. Staff are very caring and helpful."

Good

Is the service caring?

Our findings

People told us staff knew them well and had established relationships with them. One person said, "The staff are all brilliant. They are more like our friends." Another person said, "The staff are just beautiful. They are so friendly." We also saw that people used a range of walking aids and when needed they were supported or encouraged to be independent when moving around the home. One staff member said, "It's important to keep people safe and at the same time encourage their independence."
We saw staff talking with people at eye level so they were not leaning over them. We heard laughter and people seemed relaxed around the staff. One person said, "Nothing is too much trouble for them. We get everything we want." A relative told us, "I like it when staff speak to my relative, they crouch down beside them and concentrate on what they are saying. It makes me feel as though they really matter." One staff member said, "Since the changes to the layout of the building we have more time to spend with people." This meant the care was not only task focussed.

People had established their own friendship groups and these had been acknowledged and encouraged. One person said, "It's a happy place here. I've got a couple of friends that I've made here and the staff ensure we sit together." A staff member told us, "It's a friendly environment here, everyone is happy." We saw that people's dignity was respected. Staff knocked on bedroom doors before entering. People were supported to maintain their relationships with family and friends. Visitors were welcomed by the staff who were familiar with them.

People were able to make choices about their daily routine. We saw people rose and retired in line with their wishes and these were respected. One staff member said, "Its important people are able to make their own decisions, we try to encourage this as much as possible." This showed that people were able to make choices and feel relaxed in the home environment.

Good

Is the service responsive?

Our findings

At our previous inspection in February 2016 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured care was designed to support people's needs and preferences. At this inspection we found that the required improvements had been made.

We saw that when people required support this was available. One person told us, "I never have to wait. They always come quickly." Another person said "If I need any help the staff always come. It's the same at night. I don't often need anything but I never wait very long for somebody to come." We saw that call bells were responded to and we observed people did not have to wait to be supported with their personal needs. The system also provided flexibility. for example, the unit could be taken off the wall and placed next to the person so they could use it to request assistance when needed. This encouraged people to be independent and to feel secure they could request help when they needed it.

Records showed that before people moved to the home the registered manager completed an assessment to ensure the home could meet the person's needs. People and those important to them had been involved in identifying their needs.

At our last inspection people told us they would prefer to eat in the smaller units as at the time the home used one large dining area. The new registered manager, in consultation with the people using the service, had equipped the small 'bungalow' units so that people could eat their meals in these areas. We saw in each bungalow the kitchenettes had been fully equipped to enable the staff to provide a range of refreshments and snacks to people at their request. One staff member said, "The people like it in the bungalows. I think they feel more secure. They are more sociable and seem to be eating and drinking more."

The large dining area, situated in the centre of the building was now utilised for activities and the reintroduction of the pool table. People were encouraged to be independent and had choices about how they filled their time. There was an activities coordinator and people were able to tell us about activities that had been organised. We discussed the programme with the activities coordinator. They told us, "When new people come to the home we discuss what are their interests and then try to incorporate them into the programme of events." One person said, "We've been doing stretching this morning. It helps to keep everything moving." Another person said, "There's always something going on that you can join in with."

People's choices were respected. One person said, "I read and watch TV. I'm not bothered about games and that." We saw during the afternoon in the bungalows people played cards or dominoes and other people enjoyed a chat with other people and the staff. We saw that records had been kept to record the levels of enjoyment with activities and these were used to reflect on future events. The programme covered daily activities, a weekly evening session and entertainers that came into the home. This meant people were encouraged to engage in activities of interest to them

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There was a complaints procedure in place and people and relatives felt able to raise any issues. One relative said, "No complaints at all here, but I would raise any concern if necessary." We saw that when a complaint was raised this was addressed in line with the policy. The service had received many thank you cards of appreciation and thanks.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection we found that improvements were needed to ensure the service was well led. At this inspection we found there had been some improvements, but further improvements were needed.

We saw that some audits had been completed, however they had not always been used to drive improvement or used to develop the service. For example, the medicine audit had been completed quarterly. and errors which we identified should have been identified through the provider's processes. . An infection control audit had been completed, however following a sickness outbreak this was not revisited to see if there were any areas of improvements to be made to reduce the risk of a further outbreak. For example, we identified a toilet that was not clean. We checked on this area four hours later and it had still not been cleaned. In other bathrooms in the home we found personal items had been left. We raised this with the manager, however later in the visit they still remained in the bathrooms. These should have been removed to ensure other people did not use them to reduce the risk of cross infection.

The staff were provided with a daily handover which identified any changes which occurred with people and any actions required by the next staff member who was working. The system was not formally documented and used a range of different information. This system did not allow for staff who had been on leave or staff who were not regular to the home to reflect back on the previous events. We could not be sure that all the information would be transferred and provide staff with the relevant changes over a period of time.

There was not a consistent approach to supervision support for staff. For example, some staff had not received supervision for several years until recently, other staff had received supervision however it was not regular. We saw that new staff had been given a comprehensive induction programme; however there had not been any formal meeting to discuss and evaluate their progress. One staff member said, "I would really appreciate a meeting to see how my progress is and what else I can do." We discussed this with the manager during feedback and they agreed they should have had a more formal approach to their support and that the person was overdue a supervision. This meant we could not be sure staff received the support they required to ensure they had the skills for their role.

The above demonstrates a continued breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had held meetings with people who used the service to discuss the home and ongoing improvements and possible changes. We saw the changes to the dining arrangements in the bungalows was discussed and agreed before this action took place. However further discussions had been held to consider a change to the meal time. The managers understanding was that people were happy to move the meal time, but on talking with us several people said they had raised an objection. We discussed this with the registered manager and they agreed to revisit this discussion before any changes were made.

The registered manager had developed an improvement plan to track and consider the areas required to ensure the home would be compliant in meeting people's needs. This was still an ongoing area of

development, however many areas had been progressed. For example, new wheelchairs had been ordered for people when they were transported in ambulances. Each bungalow now had a dresser which was used to display the breakfast options for people to encourage choice and independence.

People told us they enjoyed living at the home. One person said, "This is such a lovely place. I feel blessed because I am so well cared for. I can please myself what I do. I can do what I want when I want." People, relatives and staff also felt that improvements had been made since the new manager had been in post. A relative said, "Things are much better than before. The new manager is making a difference." A staff member said, "The manager deals with things and they are open to ideas and suggestions." The registered manager said, "I know we're not there yet but I'm working on things. I know it's not going to done overnight."

The provider had notified us about important information affecting people and the management of the home. For example when an event affected the service provided or when a person required medical assistance.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and offered the rating on their website.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were administered accurately and in accordance with the prescriber instructions. Stock was not checked and audits had not ensure the safe practice of medicines People had been placed at risk from not receiving their medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not always in place to assess, monitor and improve quality of care. Staff did not always receive the support they required to support their roles. Communication was not always cascaded to ensure the people's needs would be met.