

Derbyshire County Council

Ladycross House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This unannounced inspection took place on 30 May 2018. At the last inspection the overall rating was 'Requires improvement.' There were also regulatory breaches in safe care and treatment and good governance. At this inspection we found some improvements had been made, however some areas required further improvements. Following the last inspection in April 2017, the provider was asked to complete an action plan in July 2017, to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. The home had been rated as requires improvement at the last two inspections. At this inspection we found that due to a range of breaches and the well led domain not being consistently maintained, the rating for the service remains requires improvement; with 'Inadequate' in the well led domain. .

Ladycross House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation is on one level and divided into four separate 'wings' which were colour coded for reference. Each 'wing' had a small kitchen area, lounge or dining area. There was also an open space off the main reception area. The service was registered to provide accommodation for up to 35 people. At the time of our inspection 21 people were using the service.

At the time of the inspection Ladycross House did not have a registered manager; however they had recruited a person to the post who was completing their employment check before commencing their post. The provider had made arrangements with an acting manager to support the home; however they were not available for this 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.

People are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice

People enjoyed the meals; however some people's dietary needs had not been followed to ensure their diet supported their health care needs. Areas of the environment had not been considered to support people in the development of the home or to support their long term conditions. Information was not accessible in different formats to aid peoples understanding and people's cultural needs were not always reflected.

Audits had not been used to drive improvements. Where areas of concerns had been identified it was not clear how these had been addressed or when action had been taken. Informal complaints had not been addressed.

Staff had not always received training in a timely manner and ongoing support was described as mixed. Information relating to people's needs was not always clear to enable the correct support to be made.

Health care professionals had been consulted and staff supported people to access appointments. Partnerships had been established to add value to people's wellbeing and ongoing health.

People were able to personalise their own spaces and we saw that some people enjoyed the benefits of a pet within the home. The staff were caring and provided a warm friendly atmosphere which people told us they enjoyed. Peoples dignity was maintained and there was respect for peoples own environment and security.

The garden had been developed as a project for all the people, relatives and staff to enjoy. There was a sense of achievement by all those who had been involved. Other activities were available to provide areas of interest for people

People felt safe, however some falls had not been recorded and the risk addressed with equipment. Other risks had been reviewed and guidance provided. Medicine was managed safely and there were sufficient staff to meet people's needs.

We had received notifications about events and incidents relating to the home. We saw the rating was conspicuously displayed at the home and on the provider's website.

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?

Good ●

The service was safe

People were protected from harm and risk assessments had been completed. There was sufficient staff to meet people's needs.

Lessons had been learnt following incidents and positive action taken.

Medicine was managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective

People were not always supported when making decisions. Staff had often been delayed in receiving training. People enjoyed the meals; however some people's dietary needs were not always being followed.

People were able to personalise their own spaces. Health care needs were responded to ensure ongoing wellbeing

Is the service caring?

Good ●

The service was caring

People and staff had established positive relationships.

Care needs were provided with respect and considered people's dignity

Relationships and independence was promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care plans were not always person centred and did not contain details about people's communication methods or equality needs

People were offered opportunities to follow their interests and to enjoy their daily choices.

There was a complaints policy and process in place, however informal complaints had not always been recognised and addressed

Is the service well-led?

Inadequate 

The service was not well led

The provider had not ensured the management of the home continued to drive improvements. Audits had not always been completed to reflect the needs and to ensure improvements had been carried out.

Staff were not always supported in their role or with information to support people's needs.

People were able to provide feedback in an informal way.
The rating was displayed and we had received notifications

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, an assistant 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 used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine 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 them in communal areas. We looked at the care records for five people to see if they were accurate and up to date.

We also spoke with three members of care staff, the cook and the acting deputy manager. After the inspection we spoke with a health care professional who provided weekly support to the home. We also spoke with the previous manager who continued to work for the provider at another location.

After the inspection we asked them to provide us with some information on audits, meetings and some

details relating to people's capacity assessments. The previous manager sent these to us within the required timeframe.

We reviewed these documents to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We also reviewed three recruitment folders to establish that the correct recruitments practices had been followed.

Is the service safe?

Our findings

At our last inspection in April 2017 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured medicine was managed safely. At this inspection we found that the required improvements have been made.

People told us they were happy with the support they received for their medicine. One person said, "The staff take good care of me. I get my pills in a pot at breakfast, lunch and tea time and they make sure I take them. I trust them to give me the right things." We reviewed the medicine management and saw that the stock was monitored to ensure there was the correct amounts to meet peoples prescribed needs. The medicine administration records had been completed correctly to provide confirmation when the medicine had been taken. When people had medicine on an as required basis this was documented to identify when it should be given. This meant we could be assured that medicine was managed safely.

People and relatives told us they felt safe. We saw that all the staff including domestic and kitchen staff had all received training in safeguarding. One staff member said, "I have not seen anything to worry about, but I would go to the manager." Information relating to safeguarding and how to report any concerns was displayed on the noticeboards which were accessible for everyone to read.

People's safety was assessed and any risk managed. One relative said, "Prior to my relative coming here they had a lot of falls, but they haven't had any problems since coming here." They added, "[Name] did fall out of bed once, but that was because they were not used to a single bed. The staff placed a mat at the side of the bed as a precaution, however there has been no problems since." We saw how staff supported people to maintain their independence with equipment. One person told us, "Since my eyes got worse, the staff organised a wheeled trolley to use when I walk about." Another person told us, "The staff encourage me to walk with my frame so I don't fall." We saw that when any equipment was used to support people there was a risk assessment completed to provide guidance.

There were emergency evacuation plans which detailed how a person would need to be supported in an emergency, such as a fire. These had been reviewed when people's needs changed or on a routine basis to ensure they remained current in line with people's needs.

There was sufficient staff to meet people's needs One person told us, "It's a big place, but there are always staff around to help you." Another person said, "The staff levels do vary in the evening and at weekends, but I think there are enough staff, I don't have to wait long at all for assistance." We saw that when people required assistance this was available. Staff we spoke with told us they felt there was enough staff and they were able to meet people's needs. One staff member said, "We have enough staff to cover and there are more staff that have been recruited to support any increase in the numbers of people." We were told by the acting manager that they had increased the staffing numbers for the night shift from two to three. Staff told us, "This was much better as the home is quite spread out and this extra resource will help with this."

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.

People were protected from the risk of the control of infection. One person said, "It is really clean here. They are always cleaning, mopping, changing beds or doing my laundry. It really is good."

We saw cleaning schedules were in place. The home had received a five star rating from the food standards agency. The food hygiene rating reflects the standards of food hygiene found by the local authority. The rating is from one to five, with five being of a high standard

We saw that improvements had been made when areas had been identified. For example, it had been noted the staff were not all wearing the same uniform. It was felt people responded to knowing who the staff were in the same colour. The acting manager had arranged for new uniforms to be ordered to support this area of continuity. The laundry person had requested a trolley and this had been provided. They told us it had made a big difference as it was specific for taking the laundry around the home.

Is the service effective?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved in relation to staff training. We reported on these in our last report. During this inspection we found that some improvements had been made, however further improvements were required.

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. 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.

At the last inspection we reported that staff had limited understanding of MCA and how decisions were made for people. At this inspection we found some staff had some understanding; however others were unable to explain to us about how people were supported to make decisions and which people were subject to a DoLS. Some people had a representative who held a legal power of attorney, who were making decisions on behalf of people although their capacity to make decisions had not been assessed. We discussed capacity assessments with some senior staff who were unable to share with us any assessments as they were unaware these should have been completed. After the inspection we reviewed a capacity assessment which had been completed, however after establishing the person had not got capacity, there was no evidence that a best interest decision had been made. This demonstrated that the MCA was not being followed as required.

This demonstrates a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified that staff had not always received their training in a timely manner to support their role. We saw at this inspection there continued to be incidents of training being delayed. For example, however had not received all their training for several months after their start date. After six months they not received sign off for their care certificate. The Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. Another staff member had identified they required additional support with understanding of paperwork in the workplace. This training had been delayed; however the person was required to continue their role without this support. This is important to ensure the staff had the support and skills for their role. However we did see that the process of allocating training to new starters had recently improved. All the new staff members due to commence their role in the next few months had been assigned training dates to coincide with their start dates.

People told us they enjoyed the food. One person said, "The food here is good and if I don't like something, I can get an alternative, but they know me well, so I usually don't have to ask."

The cook had all relevant information to support people's dietary needs; however some staff had not always followed people's dietary needs. One person required a specific diet which meant they could not have large quantities of certain foods. We saw this person received a second helping of these which could have an impact on their health. We asked the acting deputy manager to remind staff about people's dietary needs and to discuss the impact of the consumption of these foods with the person.

The cook told us they had a four weekly menu and they were able to make adjustments to suit people's needs or the weather. For example, salad was offered due to the weather being warm. We saw that people had been supported to be independent with their meals with adapted cutlery or plate guards.

People were supported with access to health care professionals. One person said, "If I need to see anyone, like the GP the staff just organise it for me. I have been to hospital once and they took me and stayed with me." Another person said, "If I have to go for a hospital appointment, the staff come with me and take care of me." People's health care was monitored and any blood tests or required treatment was followed up. One person told us how they now had tinted glasses. They said, "If I get one of my headaches, I have my painkillers. The Nurse said they are to do with my eyes and that's why they got me the glasses."

We saw how people had been able to personalise their space. For example, one person liked to sit in the reception. The space was decorated with their favourite photographs and a music player which played their favourite music. They also had a pet budgie which they enjoyed speaking to and which provided a talking point. One person told us, "I have made friends here and I can do what I want really. I like to get out in the garden when I can." Another person said, "The staff found out I like my gardening, so they got me some plants to pot up in the big garden and brought my pots from home. We saw these had been displayed on the wall outside their bedroom window."

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person said, "The staff here are brilliant and they really look after me." Another person said, "I have a bit of banter with the staff. It's nice that there are some men to talk to as before the previous home I was in they were all female." We saw how the staff spoke with people and this reflected on their knowledge of the individual. One person said, "I have a little moan sometimes if I am not feeling good, but the staff try and chivy me out of it. They are a good bunch of staff here."

Relatives also felt that positive relationships had been established. One relative said, "I certainly don't have to worry about [name] being here, they are well looked after. I think they look younger now than before they came here, which is probably because they have nothing to worry about here." A staff member we spoke with said, "It's a really nice place to work."

People's security for their belongings was considered. For example, those who wished to have a key to their room did so and staff requested access when they were required to enter the person's room for cleaning purposes. All the care plans were kept securely in a locked office. Relative told us they were kept informed of any changes. One relative said, "They ring me if there is any post for [name] as they know I have legal power of attorney, so they never open it."

People shared with us how they were supported to be independent. One person said, "There always seem to be staff around to help you if you need it, but I try to stay as independent as I can." Staff are very professional and caring to everyone." Another person told us, "I wash and dress myself because I still can."

The theme of independence was noted from further comments. For example, "Staff are kind to me I am perfectly comfortable asking for their help if I need it." Also, "I like to do things to help others here when I can and staff let me help. I wash up, get stools for people, and give them cushions if they need them." This showed that people were encouraged to retain some independence.

People and relatives told us they were welcomed. One person said, "My son can visit anytime. He's busy so it depends on his work." One relative said, "I can visit anytime, which is good as I fit it in with what I have in the diary. The staff know me and always say hello and remind me to make myself a drink in the kitchenette." We noted the kitchens were equipped for people or relatives to help themselves to refreshments. One person told us, "I use the kitchenette to make myself a drink when I want one which is nice."

People's dignity was considered. For example, one person was eating soup; it was noted by the staff they had spilt some, so the staff discreetly passed them a serviette. The person smiled and winked at the staff member as a note of thanks. We saw that people were spoken to in a friendly manner, using eye contact and people's chosen name. One person said, "Carers are respectful and use my name when they speak to me and they make sure I am happy." Another person noted, "Staff always seem respectful to everyone. I have never seen anyone being badly treated or spoken to unkindly."

Is the service responsive?

Our findings

The care plans provided a range of information to support people's care needs. These included people's history and any equipment needs. However the plans did not always identify people's cultural needs. The cook told us that one person enjoyed foods from their family culture, however this was not documented and staff remained unaware. Staff told us they had not got time to read the care plans and the handovers were not in any detail to support people's ongoing needs. People's religious needs had not always been considered, when some people's needs were not associated with church of England.

The Accessible Information Standard, details how providers assess and meet people's communication needs, relating to a person's disability, impairment or sensory loss. We saw that information was not always offered in a different format. For example, one person had identified they would like books and information in large print. This had not been provided. We also identified that there was not enough signage to support people to orientate around the home. As the home was divided into four 'wings' people felt they were isolated into these smaller homes. We saw one corridor had a new handrail which had been painted the same colour as the wall. For people living with dementia this can have an impact on their perception in seeing the rail as a separate part of the wall. Evidence has shown that when people living with dementia are able to see the rail they use it and it can reduce the possibility of falls. We saw that the bathrooms were being refurbished. People living in the home had not been consulted or consideration had not been made for people living with dementia in respect of the colours or environmental needs.

We saw that the provider had a complaints policy which provided timeframes and guidance with regard to how to respond. Since our last inspection there had been no formal complaints. People told us they knew how to raise a complaint. One person said, "If I needed to complain, I would just speak to someone in the office." However some people had told us they had raised some minor complaints and some had been recorded in the daily records. We could not see any records to show these had been addressed. This meant we could not be sure that informal complaints had been addressed.

The previous manager, staff team and people had driven a project to develop the garden. Each year the local authority had a garden competition and everyone we spoke with knew about this and was enthusiastic about the garden and the improvements they had made. One person said, "Staff suggested I go out and help in the garden as I like plants. I have helped to make the new rockery which I am very proud of being part of." We saw that the garden project had involved relatives. One family after the loss of their loved one had donated some money for a fountain to be added to the garden.

People told us there was a range of activities on offer and people were able to choose how they spent their time. One person said, "They do tell me about trips and activities, but they know I won't bother as I'm just not interested." Another person said, "You can do things if you want to and you don't have to do things if you don't." We noted that the home had access to a mini bus on a fortnightly basis. One person said, "We have had some trips out. We are going to Matlock soon, so I am looking forward to that." This showed that people were able to enjoy activities of their choice.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. We saw that the care plans have the opportunity to include people's wishes when it was felt appropriate to complete them.

Is the service well-led?

Our findings

At our last inspection in April 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the management of the home to continue to drive improvements. At this inspection we found that improvements were still required and there was a continuous breach.

After our last inspection the provider completed an action plan in July 2017. We found that areas identified on the plan had not been completed. We identified that staff required training in MCA. The action plan stated, 'Appropriate training will be arranged for those staff who need it, either initial or refresher training, along with all staff receiving a briefing pack and discussion at an identified staff meeting.' In addition, 'Knowledge of residents' who are subject to a DoLs will be discussed at staff handovers.' Staff we spoke with still had limited understanding of MCA and those staff responsible for capacity assessments were unable to show how these should be completed. Staff meeting minutes we reviewed did not reflect discussion about capacity or in the handovers.

We saw at this inspection that audits had not always been used to drive improvements. In the action plan the provider stated, 'Audits are completed and are used to drive improvements. There is a culture of continuous improvement at Ladycross, with staff and residents asked to identify ideas, which are then prioritised and put onto a working Action Plan. We saw that the medicines audit reflected 'yes' to all sections of the audit, however some areas had been identified as requiring action. For example, it was identified some staff required refresher training, it was also noted some photographs were missing in the medicines records along with signatures on the medicine administration records. There was no date set to confirm when these would be rectified. This audit was completed in January 2017; we saw no other audits had been completed in connection with medicines.

A local authority inspection completed in March 2018, identified that in three of the four medicine rooms there was no temperature gauge. Medicine should be kept in rooms regulated to avoid excess heat which could impact on the integrity of the medicine. We found the medicines rooms continued to have no temperature gauge. The infection control audit showed several areas recorded as answering 'no' to the questions. The audit instructions states, 'If you answer no to any of the questions please add detail in the comments box and add to action plan.' However no required action had been noted to address these areas. The homes improvement plan had not been updated since August 2017. This meant we could not be sure that audits were being used to drive improvements within the home.

The provider recorded when people had fallen to consider any trends. However, we saw from the daily logs that one person had fallen four times, and accident reports for these events had not been completed. The person's risks had been reviewed, however not recording falls or incidents could result in people safety being placed at risk or trends not being recognised. The acting deputy told us they had ordered a sensor mat for this person, however there was no actions taken to support this person's risk whilst they waited for the delivery. The mat had not been ordered until at least one week after the falls had occurred due to the administration arrangements when ordering equipment. They also told us they had ordered additional mats

so that the home would have a stock and avoid a repeat of having to wait for the required equipment in the future.

Staff we spoke with felt the support they received was mixed. Staff had received supervision; however areas identified such as training and broken equipment had not been addressed. For example, the home had pagers for staff to use linked to the call bell system. These had been broken for many months and there was no consideration of what actions to take to support staff in the interim.

Staff told us the handover information they received was not always correct. One staff member said, "I have been told that people are fine and then found them unable to stand and walk." Another staff member told us when they returned after annual leave they received the same handover, no extended version to include changes which had occurred during their leave. This meant we could not be sure staff received information and support to provide the correct levels of care at the right time.

This demonstrates a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This is reflected in the well led domain being rated as 'Inadequate.'

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services.

Within the PIR the provider told us they would be producing a newsletter, however to date this had not been produced. One person said, "I haven't seen any kind of Newsletter that would be good."

Despite this we noted that people had been involved in a meeting in March 2018 about the home. At this meeting the people had asked that the lunchtime be moved from 1.00pm to 12.30pm. The staff member consulted the acting manager and kitchen staff and we noted the lunchtime had moved to the requested time of 12.30pm now. This showed that people's views were considered. Further meetings were planned on a quarterly basis to consider activities, meals and other aspects in the home.

We saw that the home had established partnerships with health care professionals. These relationships were used to support people's needs. However a health care professional told us that all the relevant information was not always available, although staff were very caring and keen to ensure people's health care was supported.

We had received notifications which reflected accidents or events. This is so we can see what action the provider had taken. The home had conspicuously displayed their rating as required in the home and 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not considered people having consent to their care in line with legislation and guidance. People had not received an assessment or provided with the support to ensure that decisions were being made in their best interest when they were unable to make decisions themselves.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to assess, monitor and improve quality of care. The provider had not ensured that improvements made had been sustained,</p>