Shaw Healthcare (de Montfort) Limited

Lancum House

Inspection report

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Ratings

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

Overall summary

Lancum House provides residential care and accommodation for up to 43 older people, including people living with a diagnosis of dementia. On the day of our visit, there were 41 people living at the home. The inspection was unannounced and took place on 23 and 24 July 2015.

The registered manager had left employment in July 2015. We were informed that the registered managers' post was currently being advertised and the area manager and a deputy manager from another care home within the same organisation were managing the home in the interim. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The numbers of staff on duty did not fully support people with high dependency to be attended to in a timely manner.

People had individualised care plans in place that reflected their needs and detailed their choices about how they preferred their care and support to be provided. However the staffing resources did not allow time for staff to provide the support people needed to engage in their choice of activities.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink. However the mealtimes were not always a pleasurable experience, for people with high dependency and living with dementia, as they did not always receive the full support they needed to eat and drink.

The staff treated people with kindness and respect; however, due to people having to wait for the staff availability, people were sometimes placed at risk of their dignity not being maintained.

Quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the home and their representatives were sought. However resident meetings had not taken place as frequently as scheduled and matters raised at meetings had not always been fully addressed.

The staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any safeguarding concerns to ensure people's safety and welfare.

The staff recruitment systems were robust to ensure people employed at the home were suitable. All staff were provided with induction training and on-going training, which included accredited training. All staff received support through one to one supervision and annual staff appraisal.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare and suitable arrangements were in place for the safe administration and management of medicines.

The staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice.

People were supported to see health and social care professionals as and when required and prompt medical attention was sought in response to sudden illness.

People were encouraged to raise any concerns they had about the quality of the service they received, complaints were taken seriously and responded to appropriately.

We identified that the provider was not meeting regulatory requirements and were in breach of a number 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The numbers of staff on duty did not fully support people to be attended to in a timely manner.

The staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any safeguarding concerns to ensure people's safety and welfare.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

The staff recruitment systems were robust to ensure people employed at the home were suitable.

Suitable arrangements were in place for the safe administration and management of medicines.

Is the service effective?

Requires improvement

The service was not always effective.

The mealtimes were not always a pleasurable experience for people, as people did not always receive the full support they needed to eat and drink.

People received care from staff that were appropriately trained and supported to obtain accredited qualifications.

The staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice.

People received the support of health and social care professionals and prompt medical attention was sought in response to sudden illness.

Is the service caring?

Requires improvement

The service was not always caring.

The staff treated people with kindness and respect; however, due to people having to wait for the staff availability, they were sometimes placed at risk of their dignity not being maintained.

People were involved in planning their care.

Is the service responsive?

Requires improvement

The service was not always responsive.

The staff resources did not allow time for staff to provide the full support people needed to engage in activities of their choice.

Summary of findings

People had individualised care plans in place that reflected their needs and choices about how they preferred their care and support to be provided.

Complaints were taken seriously and responded to appropriately.

Is the service well-led?

Requires improvement

The service was not always well led.

There was no registered manager in post.

The views of people living at the home and their representatives were sought. However resident meetings had not taken place as frequently as scheduled, and matters raised at meetings had not always been fully addressed.

Regular quality monitoring was carried out to assess the quality of the service provided and identify improvements.

Lancum 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 July 2015 and was unannounced and was conducted by one inspector accompanied by 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.

Prior to this inspection we also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with the people who used the service and how people were supported during meal times.

We spoke with four people living at the home and seven relatives. We also spoke with the area manager, the project manager and five care staff.

We reviewed the care records of three people living at the home to assess whether they reflected people's needs. We also reviewed four staff recruitment files, the staff duty rotas and staff training records.

We looked at records relating to the management of the service, which included monthly and bi- monthly quality audits in order to establish that robust management systems were in place.

Requires improvement

Is the service safe?

Our findings

People using the service and relatives expressed concerns about the staffing levels at the home, especially on the two dementia care units. One person said "The main thing is they cannot get enough staff, sometimes they don't even have enough staff to take over from shifts".

Relatives, especially those of people living on the dementia care units, expressed concerns about the staffing levels. One relative said, "I know of at least five people who are not mobile and have very high needs, the majority of people need two carer's to handle them, I really do think they are under staffed, they need at least three staff working in the dementia units". Another relative said, "There is a very high demand to meet people's continence needs, and all round care, some people need staff to feed them and it's impossible for two staff to look after 13 residents with all the extra care that is required". Some people said they were not happy with the service using external agency staff as they liked to have staff they knew to provide their care.

One person told us they regularly had to wait a long time in the mornings for staff to be available to help them get washed and dressed, A relative said, "I think the staff are very good. 99.9% of the time things are done well, but sometimes it goes wrong, they could definitely do with more care staff on the dementia units".

We saw within the records of staff meetings that concerns had been expressed about high staff sickness levels, concerns about the staffing levels on the two dementia care units, and staff needing extra help at mealtimes.

The manager informed us the daily care staff allocations were two staff to each of the 13 bedded dementia care units: Redwell and Stanwell. They said that one member of care staff was allocated to work on Ladywell that had five beds, and one member of staff to Buckwell and Whitewell each having six beds. They said that daily additional support was provided by one team leader and one senior carer and that the domestic staff were to help out at lunch times. However our observations on the day of the inspection did not identify that the extra help was provided over the lunchtime. We saw that people who were immobile remained seated at the dining table for one to one and a half hours after they had finished their meal and this had not been at their request.

The manager acknowledged that they currently had to use staff from external care agencies and they were optimistic the staff vacancies would be filled and the use of agency staff reduced. They told us there was an on-going recruitment drive and that vacancies were being advertised locally and on a recruitment agency website. They said that some new care staff had recently been employed.

We were told the staffing levels were calculated using a dependency tool, to establish the level of support people required. However records to show the current dependency levels at the home were not available to view at the time of the inspection.

This was a breach of regulation 18 (1) (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The staff told us they had received training on safeguarding and whistleblowing and they spoke with knowledge of the different types of abuse, they told us they knew how to report any safeguarding 'concerns to protect people's safety and welfare.

The provider had reported concerns in relation to people's safety and welfare appropriately to the local authority and Care Quality Commission (CQC). Information on safeguarding people from abuse was on display on notice boards and gave the contact details for the local authority safeguarding team and the CQC.

One person said, "I feel safe here especially at night, I know no one will break in when I'm asleep". A relative said, "I know there is always someone on hand at night, my [resident] only has to press a buzzer, they always have contact with a care assistant, you can tell my [resident] is happy".

Each person had individual risk assessments carried out that identified specific areas of risk. For example, risks due to poor mobility, nutrition and hydration and pressure area skin damage. They had been developed with the person, and where this was not possible due to lack of capacity a representative for the person had been involved in the risk assessment reviews.

We saw that contact information was available in the event of any emergency, such as a breakdown with the heating, water, electrical and fire systems. Emergency contingency

Requires improvement

Is the service safe?

plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the premises having to be evacuated.

Accidents and incidents were recorded in line with the provider's policies and were regularly monitored to identify any trends in incidents, so that measures could be put in place to minimise the risks of repeat incidents.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. We reviewed the recruitment files of staff and documentation was available that demonstrated that gaps in employment histories were explored, written references were obtained from previous employers and Criminal Records Bureau (CRB) checks had been carried out through the government body Disclosure and Barring Service (DBS). A newly recruited care worker confirmed that she was unable to start working at the home until their DBS clearance had been obtained.

People's medicines were safely managed. Medicines were only administered by staff that had received appropriate training, which was followed up by having medicines competency assessments carried out that involved observing and assessing the competency of the staff to administer medicines to people safely. We also saw that records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines audits took place to check that medicines stock levels and records were in good order.

Requires improvement

Is the service effective?

Our findings

Relatives told us they had concerns that people did not always receive sufficient assistance to eat and drink. One relative said her mother who resided on one of the dementia units had difficulties eating and drinking and required constant assistance, they felt it was not always made available to them during the mealtimes. One person said, "I know there are a few residents who need the extra help, but they may possibly be not eating enough".

We visited one of the dementia units at 12:30pm and noted eight people were seated at the dining tables and three people were asleep. One person called out, "Hurry up for goodness sake, we're waiting forever". A member of staff approached them and explained the meal would be arriving soon. The heated trolley containing the lunch arrived at 12:55pm and the two care staff began serving people their meals at 1pm.

Throughout the lunchtime and saw that one person had the assistance of staff to eat and drink for a brief period and they ate a small amount of food as the majority of the mealtime they were asleep.

The meal ended at 1:45pm and we observed that people who were unable to mobilise independently were not given the support they needed after they had finished their meal to move away from the dining table. Some people remained seated at the table, not at their request for approximately one hour after the meal had finished.

The manager told us that arrangements had been made for the care staff working on the dementia care units, to be supported by domestic staff at meal times. However we noted on the day of the inspection the additional staff support was not provided.

This was a breach of Regulation 14 (1) (4|) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that a choice of meal was offered, as staff presented to each person a plated sample of the meal choices and asked people which meal they preferred and they accommodated their preferences.

One person said, "The drinks seem ok and the food is mainly ok". Another person said, "They [catering staff] are first class, we have a choice of two meals at lunch time and you can always have a salad, they [catering staff] don't find it too much trouble to do cheese on toast.

A relative said, "The catering staff are very helpful, my [relative] had a meal with minced beef and they couldn't eat it, the kitchen staff were able to help and minced the meat again, anything like that they will try to accommodate".They [catering staff] always come around and ask if we have enjoyed their meals so contact is always there between us and the catering staff". During our inspection we observed the catering staff came to the units after the mealtime talking with residents and staff seeking feedback on the meal.

We saw within people's care plans that individual nutritional assessments were carried out and the staff monitored the amount of food and drink people received. When concerns about people's food and fluid intake were identified the staff had contacted the person's GP and where necessary the dietician or speech and language therapist had been contacted.

All staff employed at the home were placed on a comprehensive induction training programme. They told us they worked alongside an experienced member of staff when they first started working at the home. They spoke highly of the training they had received, saying they had been provided with health and safety training and specific training to meet the needs of people living at the home, such as dementia care training. The manager told us that all new staff were assigned to work towards an accredited care qualification through the Qualifications and Credit Framework (QCF). This was previously known as National Vocational Qualification (NVQ) and /or the Care Certificate through Skills for Care.

People's needs were met by staff that were effectively supported and supervised. Staff team meetings took place regularly and each member of staff benefitted from one to one supervision and appraisal meetings with their supervisors. The meetings were used to evaluate staff members work performance and identify any further support and training needs. The staff said the manager was very approachable and always willing to offer advice and support and practical help whenever they needed it.

Requires improvement

Is the service effective?

People told us the staff always gained their consent before providing their care. One person said, “The carer’s will always ask for consent in terms of medical care”. Another person said, “The staff always seek my consent, they are some of the best, they go beyond and above the call of duty, I think staff are phenomenal". The staff said it was fundamental they sought consent from people before providing any care tasks.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice. People’s care plans contained assessments of their capacity to make decisions for themselves and where needed ‘best interest’ decisions had been made on a person’s behalf. For example, whether they were unable to manage their own medicines, the decision process followed the MCA and DoLS codes of practice.

People‘s care records contained information that demonstrated their physical and mental health condition was regularly assessed and monitored. The staff promptly contacted the relevant health professionals in response to concerns or sudden changes in people’s physical and mental health and acted on the instruction given from the health professionals.

Requires improvement

Is the service caring?

Our findings

People living at the home and relatives were generally pleased with their care. One relative gave an example of how the staff respected their relatives' privacy and dignity; they said the staff discreetly took their relative to their own room whenever they needed personal care attending to.

One person said, "The staff are lovely, they really do try to look after us well".

However people living at the home and some relatives were not so complimentary of the way they received care from staff deployed to work at the home from external care agencies, used to cover staff vacancies and sickness. For example, one person explained they did not feel they received the same level of care and attention from agency staff. The person said, "The agency staff don't seem to understand what my needs are, I think some have no idea of what is required".

A relative said "I arrived today to find my [relative] in a soiled state; I cleaned and dressed my [relative] myself". I think, there are a lot of nice staff but they don't have time to attend to everyone's individual needs". Staff not responding in a timely manner to people's continence care was also raised by two relatives who both found that their relatives had not been assisted with their continence needs on the day of our inspection.

We observed people being treated with dignity and respect and personal care was provided discreetly. We heard staff asking people whether they wanted to spend their time in their rooms or in the communal areas of the home. We observed the staff assist a person to move using a hoist to transfer from the armchair into their wheelchair. The staff took time explaining to the person what they had to do to move them safely and they gave the person time to sufficiently relax so that the move was carried out safely and comfortably for the person.

We saw that people were provided with information on how to access the services of an advocate and that some people had used the service when it was appropriate for them.

People and / or their representatives were involved in making decisions and planning their own care. We saw that each person was asked whether they wanted to share information about their past history and important events in their lives. The information went towards each person having a life history profile in place. The aim was so that staff could tailor their care to meet their specific needs and preferences. The staff demonstrated through their interactions with people that they knew each person living at the home very well and were able to tell us about the needs of individuals and the contents of their care plans.

Requires improvement

Is the service responsive?

Our findings

Each person had a care plan that was used to guide staff on how to involve people in their care and provide the care need. They contained information about people's interests and hobbies, likes and dislikes. However the relatives we spoke with on the day of the inspection expressed concerns that they did not feel there was not enough in the way of activities being carried out at the home, in particular on the dementia units. They said people needed more organised activities, some relatives suggested the home needed to include activity sessions, such as movement and exercise and games involving group participation. We also noted in the satisfaction questionnaires returned from people from a survey carried out in March 2015 that people had commented there was a need for more activities and stimulation to be provided for people living at the home.

One relative said, "I haven't seen anything by way of entertainment apart from bingo, nothing seems to have been happening." Another relative said, "They [people living at the home] need a little stimulation instead of just sitting in the lounge, not every day but sometimes to introduce some light exercise, this is where I think the problem is". Another relative said, "Entertainment and activities, that's a bit of a sore point, they have entertainment in 'the square' which is nice, it's a shame there is nothing provided on the individual units. People they do need a little more stimulation, there seems to be nothing for people that are not able".

The manager told us they currently did not have an activity person employed at the home, and the post was currently advertised. They told us that in the meantime a relative had offered to help out with providing social activities within the home. We saw posted around the building notices displaying planned entertainment events, however we also noted that health services, such as 'chiropody all day' was listed as an entertainment event.

Relatives told us they were involved in the care plan reviews for their relatives who did not have the capacity to understand the process. One relative said, "I am very familiar with my [relatives] care plan". Another relative said, My [relative] had their care plan review meeting at the beginning of the year, when their needs were discussed, I was involved and went through my [relatives] needs at the meeting, they involve you all the time".

The service routinely listened and learned from concerns and complaints made about the service. One person said, "If I want anything changing with regards to how I receive my care I only have to say and it's sorted, I'd speak to a team leader or Manager." Two people living at the home told us they had previously made complaints through the management and they were happy that the complaints had been dealt with appropriately. A relative told us their [relative] had fallen twice in the space of a short time and they had raised their concerns with the manager. They said, "I phoned the manager and action was taken straight away, a movement sensor mat was put in place. I feel I can always approach the manager to get things sorted.

We saw that the homes complaints procedure was prominently on display within the front entrance and had the contact details of who to contact outside of the home, such as the Care Quality Commission. Regular resident and family meetings took place and complaints were a regular item on the agenda.

Requires improvement

Is the service well-led?

Our findings

We were told the registered manager had left employment in July 2015; however they were yet to submit their application to cancel their registration with CQC. We were informed that the registered managers' post was currently being advertised and in the interim the home was being managed by the area manager and a deputy manager from another home within the same organisation.

Some people told us they were aware of who was currently managing the home but not all. One relative said; "I have asked who is in charge, it's tough on staff because they don't have enough hours in day to do everything they would like to do". Another relative told us the manager was available most of the time, they said; "The door to the manager's office is always open and they always make themselves available".

The provider's values and philosophy were explained to staff through their induction programme and staff at all levels understood what was expected of them. The home had an experienced and knowledgeable senior staff team with some staff holding long service. The staff received appropriate training in order for them to continually develop within their roles.

Annual satisfaction surveys were carried out and feedback received from the surveys was analysed and action plans put in place to improve the service. A relative told us that they had given the management feedback about the service, they said, "I think they listen and if they think something can be changed for the better it will be".

However some people told us the residents meetings were not taking place as often as they used to. One relative told us they were not happy that matters raised at the meetings were not followed through adequately. We saw that the most recent 'stakeholder' resident and relatives meeting had taken place in May 2015 during which people raised some concerns about staffing levels and the lack of activities for people living at the home. These were also areas we found in need of improvement during the inspection.

The staff we spoke with all told us they felt supported and enjoyed their work. One staff member said, "I really do enjoy working here, I came from a completely different line of work, I should have done this years ago, I find caring for people really rewarding". All the staff expressed that the training they received was good and equipped them with the knowledge and skills to carry out their jobs effectively.

Management audits took place that covered for example, health and safety, medicines management, building upkeep and routine maintenance.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation (18) (1) (2) (a)** **Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not sufficiently deployed in order to meet the requirements.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **Regulation 14 (1) (4) (d)** **People dependent on staff to meet their nutrition and hydration needs did not always receiving the full support they needed to eat and drink.**