

Derbyshire County Council

Lacemaker Court Residential and Community Care Centre

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 23 May 2017. This was the first inspection at the service since their registration with us. The service was registered to provide accommodation for up to 16 people. People who used the service were living with dementia. At the time of our inspection 16 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.

People were not always supported to make decisions about their care and when people could not make these decisions for themselves, it was not clear how the decisions had been made in their best interest. Assessments and applications to deprive people of their liberty had not all been completed. The provider had not always used effective systems to monitor and improve the quality of the care people received. People received their medicines safely, however audits were not in place to ensure on-going checks in relation to storage and as and when required medicines.

People were encouraged to make choices about their food. People had been encouraged to be involved in any changes within the service, however these were not always managed due to the service restrictions.

Opportunities to participate in activities were available and staff felt these increased their bond with people and their memories. Staff had developed relationships with people so they knew their likes and dislikes. People were encouraged to make choices about their day and staff ensured people's dignity was respected. Relatives had been encouraged to be involved in the care being provided and were welcome to visit anytime. They also felt able to raise any concerns, although the home had received no complaints.

Risk assessments had been completed to protect people from harm. The environment was kept safe and secure and relatives felt confident that people using the service were safe.

There were sufficient staff to ensure people's needs were met and there was additional resource available from the adjoining unit if required. Recruitment processes had been carried out to ensure staff were safe to work with people. Staff received training and an induction that helped them support people and maintain the knowledge they required for their roles.

Staff told us they were supported by the manager and provider. We saw the service had a positive relationship with professionals and referrals were made to health professionals when needed. The manager understood the responsibilities of their registration with us.

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 received their medicines safely. People's risks were assessed and managed to protect them from harm. The environment was kept safe and secure and relatives felt confident that people using the service were safe. There were sufficient staff to ensure people's needs were met.

Is the service effective?

Requires Improvement ●

The service was not always effective

People were not always supported to make decisions about their care. When people could not make these decisions for themselves, it was not clear how the decisions had been made in their best interest. Applications to deprive people of their liberty had not all been completed. Staff received training and an induction that helped them support people. People were encouraged to make choices about their food. Referrals were made to health professionals when needed.

Is the service caring?

Good ●

The service was caring

Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. Staff ensured people's dignity was respected. People were supported to maintain relationships which were important to them.

Is the service responsive?

Good ●

The service was responsive

People had the opportunity to participate in activities they enjoyed. Staff knew people and their likes and dislikes. People and relatives felt involved and updated about their care. There was a system in place to manage concerns or complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

The provider had not always used effective systems to monitor and improve the quality of the care people received. People had been encouraged to be involved in any changes within the service, however these were not always managed due to the service restrictions. Staff told us they were supported by the manager and provider. The manager understood the responsibilities of their registration with us.

Lacemaker Court Residential and Community Care Centre

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. This was the services first rated inspection since their registration with us on 11 December 2015, the visit was unannounced and the team consisted of two inspectors.

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.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with three 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 also spoke with four members of care staff and the registered manager. Prior to the inspection visit we contacted a health care professional for their view of the service. 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 four 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.

Is the service safe?

Our findings

We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. We observed the staff member saying, "Here are your tablets, I will give you your inhalers after your meal." The staff had received training in medicine administration and ensured the medicine administration records were completed. Medicines stock was checked and maintained so that medicine was available when required

Relatives we spoke with told us they felt their relative was safe. One relative said, "I am pleased this place is here, it's ideal and I would not want [name] moving. They are safe." We saw that all the staff had received training in safeguarding. One staff member said, "We have to ensure we keep people safe." Another staff member said, "If I had any concerns I would report it. The manager is really helpful and has all the information to hand." They added, "If I needed to go higher I would go to the council or CQC."

Staff we spoke with knew about individual risks to people and action they would take to keep people safe. For example, one person was at risks of falls we saw staff ensured they provided support when the person wished to move or access the outside space. Other risk assessments had been completed relating to people's safety and the environment. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. We saw plans were in place to respond to emergencies which provided guidance and the level of support people would need to be evacuated from the home in that situation.

We saw that some people had behaviours that challenged their safety. The care plans provided guidance so that staff knew how to support people. For example, we saw one person being offered a different location to sit and guided at their own pace. A relative we spoke with said, "The staff are pretty good they have a lot to cope with sometimes." One staff member said, "Some people have been very independent. You don't have to argue; we go away and try later." Another staff member said, "My face may not work, so we may need to try another staff member." We saw throughout our visit that people were responded to in a consistent manner.

People were supported by a staff team that knew them well and promoted their independence. One relative said, "There seems to be enough staff, from what I see they manage very well." Staff told us they felt there was enough staff. One staff member said, "There is enough staff, we are able to complete all that needs doing." Staff we spoke with felt the allocation of support to people worked well. One staff member said, "We all have different personalities so it's nice to be with different people. It's important to get the balance right." We saw that staff members from the adjoining extra care service came in to the unit. They supported people using the service in between the care calls they had planned in the extra care unit. One of these staff members told us, "It's great; I pop in between my calls." The manager told us, "This is a new arrangement, which works well as we get additional staff resources and staff are able to utilise their time better." We saw this arrangement was also available to support staff at night if they had an emergency or required additional

assistance.

There were recruitment procedures in place and checks had been completed to ensure the staff working with people were safe to do so. One staff member said, "I had to wait from January to March whilst they processed my police check and references." A police check uses the disclosing and barring service (DBS) to check for any criminal convictions. The manager told us their system does not allow them to proceed with the recruitment of the person until they have received their DBS. They said, "It's a good thing, we need to protect people." This meant the provider ensured the appropriate checks had been completed when recruiting staff.

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.

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 or authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed; however they were not always specific to the person's activity or decision. For example, some people didn't have a separate assessment for their medicines or when a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was in place. For example, it was not clear if best interest meetings had been completed and the relevant people consulted in relation to the decision. A DNACPR is an authorised document which gives an agreement for the person not to be resuscitated if their health deteriorates. We could not always see how decisions had been made without the appropriate assessment and decision process. All the people using the service had a diagnosis of dementia and were under constant supervision, this would usually reflect the need for a DoLS application to be made to the local authority, following an assessment. However, we saw that these had not all been completed. The manager told us they had a further six assessments and applications to complete. They said, "It's on the list to do." This meant some people were being restricted without the appropriate assessment or applications being made.

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

We saw people were offered choices and their independence promoted. For example, we heard people being asked where they wished to sit and what they wished to do or eat and drink. One staff member said, "We allow people to make their own choices, we guide them. Like on a cold day with regard to suitable clothing or giving people options." We saw that people's consent was obtained before staff provided the support to them. Staff had received training in MCA and DoLS and the staff we spoke with had an understanding of what this entailed, although had not been part of any assessment process for the person. One staff member said, "We must always assume capacity and encourage people to make their own decision." Although staff demonstrated the knowledge about MCA and DoLS we saw this was not always followed.

We saw that when staff commenced their employment with the service they received a package of training and onsite support from experienced staff. One staff member said, "Staff welcomed me and helped me. I had two weeks of shadowing, which was extended to three as I requested more support."

Other staff told us they received regular training for their role. One staff member said, "I went on a lot of training." All the staff had received specific training on dementia. One staff member said, "The training was good as it taught you how to approach people for their needs. Everyone is different."

People were asked about their choices of meal the day before. A staff member told us, "It's not ideal as people forget or see something else and change their mind. However we usually have enough if this happened." One person said, "Somethings are worth remembering. I don't bother remembering what's for lunch, it's a nice surprise." We saw people were given a choice on the day and staff knew the types of meal and portion sizes people liked. Other people were supported to be independent with their meals with different utensils and guidance.

We saw people received refreshments and snacks throughout their day. One staff member said, "We have a lot snacks if they want anything. Even at night. Some people don't sleep so they get up and have a drink or snack." This demonstrated staff gave people choices about their daily routines and the meals they wish to eat.

We saw that referrals had been made to health care professionals in a timely manner and when people had attended their appointments, the outcome was recorded. A health care professional said, "We receive referrals which are appropriate and staff follow our guidance." This demonstrated people were supported to maintain good health.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. For example, staff spent time with people and enjoyed some laughter and open conversations. One person said, "We don't take each other seriously, life's too short." One staff member told us, "I love my job; everyone here has become part of my family."

We saw staff encouraging people to reminisce. One staff member told us about a trip to the farm. The staff member said, "It was amazing what memories and stories the visit generated." Staff told us about their role. One staff member said, "It's more than a job, there is never a dull moment, you see so many different aspects of life every day."

We saw there was a dignity tree displayed in the home. Messages on the tree referred to people having clean clothes, tidy appearance, and privacy with closed doors when dressing. We saw staff being responsive to people's needs to maintain their dignity. For example, one person dropped their teeth. The staff member took them away to wash them before returning and supporting the person to replace them.

People had been supported to maintain their appearance. For example, people had jewellery, handbags or clothing that was their preferences. For example, a smart shirt and trousers with a jacket. Other people had on glasses or hearing aids to support them to be independent in this area of impairment.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "I visit every week, I can come anytime." We saw that people who mattered to the person had been included in discussions and any changes in the person's care had been communicated in a timely way.

Is the service responsive?

Our findings

Records showed that before people moved to the home the manager completed an assessment to ensure the home could meet the person's needs. Staff told us they found the care plans to be clear and informative. One staff member said, "When I am on nights I get the care plan and have a look, especially when someone has changed." People and those important to them had been involved in identifying their needs. We saw that the care plans covered all aspects of people's care and provided individual preferences and lifestyle choices. For example, types of music, the love of outside or the culture they originated from. A staff member said, "It's important we support people with their care or any goals they wish to achieve."

The home provided prompts to support people to be independent. For example, an orientation board with the date and time and weather which was correct for the day of our visit. Also signage which detailed the rooms purpose or the direction of travel. We saw that each room had a memory box on the outside, which contained photos and memorabilia relevant to the person. This demonstrated that people were encouraged to be independent.

People were encouraged to be independent and had choices about how they filled their time. People who walked with a purpose were able to access the outdoor space. For example, we saw staff supported people to walk in the garden. Other people enjoyed sitting and observing the birds and squirrels. The manager had encouraged the wildlife with the purchase of seeds and nuts. We saw people enjoyed the activity of being outside, one person picked some lavender and this provided conversation between them and the staff and other people using the service.

We saw people being given choices about where they wished to spend their time. Some people choose their room and they had music of their choice playing. Other people participated on and off with a ball game. Staff responded when the person showed an interest then, when they lost interest they respected this until they engaged it again. This meant people were encouraged to engage in activities of interest to them at their own pace.

The staff had initiated a newsletter, which detailed events in the home, forthcoming events and any staff changes. This meant people and those important to them could be kept informed of things at the home.

Relatives felt able to raise any concerns. One relative said, "I'm happy to raise any issues, however I have been very happy up to now." The home had not received any complaints since they opened. The complaint policy was displayed on the noticeboard to provide people and visitors with guidance on raising concerns.

Is the service well-led?

Our findings

The provider had not always completed audits across all aspects of the home. For example, there had been 14 falls at the service between January 2017 and April 2017. There had been no analysis of the falls information to consider any trends relating to the people, location or time. The manager told us, "I am planning to do an analysis of the falls and have recently accessed information on how to make referrals to the falls team myself. Prior to this the advanced practitioner nurse had made the referrals." By completing a trend analysis of the falls some people who had repeated falls could have received support sooner to reduce the risk of them falling. This meant we could not be sure measures had been taken in a timely way to reduce the risk of further falls occurring.

Systems to support the management of medicines were not always in place. For example, we read that the monitoring of the medicine storage room was regularly above the recommended temperature to store medicines safely. This had been reported to the housing manager, but no interim arrangement had been made to reduce the temperature. This meant we could not be sure medicines stored within this room, would remain effective as they were not stored in accordance with medicine storage guidance. We saw there were no medicines audit in place, the manager told us this was going to be introduced. We had identified that some people received medicine on an 'as required' basis. The staff understood the importance of recognising when people required pain relief, however there were no documented protocols in place to provide them with guidance. For example the amount of medicine which can be given in any period and how the person presented when they required medicine. This information is important for new staff or as a reminder to staff to ensure they are prescribing the medicine correctly for each person. When staff had given the medicine it had not been recorded so there was no record of the reason for the administration, which may alert staff to an ongoing concern. We discussed this with the manager, they acknowledged this would have been picked up with an audit.

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

Other areas where audits were required had been completed and improvements made. For example, following an infection control audit, all staff had been issued with hand gel and guidance of increased awareness of hand hygiene.

The provider had asked for feedback from the people who use the service. For example, a meeting had been held and minutes taken to record the areas requiring improvement. The main area of improvement related to the meals on offer. One relative said, "The food in brought in and doesn't always meet the needs of people with dementia. It is often bland." The provider currently has no influence on the meals being provided as they are prepared by the kitchen from the adjoining extra care home. However the manager was keen to meet people's requests and was looking at ways to ensure the choices requested could be made

available.

Staff told us they had received support in relation to supervision. One staff member said, "I get supervision every three months, there is an open door approach here and the manager is very hands on." The manager told us they had an open door approach, they told us, "Staff do not need to wait until supervision; they can speak with me anytime." The manager felt supported by the provider. The manager told us, "I have regular support and can contact them anytime." This meant staff were supported with their roles.

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.

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>People had not always 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>The provider did not always established systems and processes to ensure the safety of the services being provided. Risks had not always been reviewed placing individuals and others at risk of harm.</p>