

Ladymead Care Home Limited

Ladymead Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ladymead Care Home is a nursing home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

People's experience of using this service and what we found

Quality assurance systems had been improved but these needed further time to be developed and embedded into practice to identify all shortfalls and implement changes. Where areas for improvement had been identified these had not always been addressed in a timely way, for example environmental changes.

Some improvements had been made to record keeping but some further improvements were required to ensure that records fully reflected the care people received. Improvements were needed to ensure risks to people in relation to some aspects of medicines management and risks related to infection control were managed safely.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Risk assessments provided guidance for staff about individuals. Staff knew people well and understood the risks associated with the people they supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 16 August 2019). Following this we received a number of concerns about the service and a focussed inspection was undertaken (published 18 October 2019). The focused inspection found four breaches of regulation. Regulation 12 Safe care and treatment, regulation 13 Safeguarding service users from abuse and improper treatment, regulation 17 Good governance and regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The last rating for this service was Requires Improvement (published 18 October 2019). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last three consecutive inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. Therefore, this report covers our findings in relation to the Key Questions Is it Safe? and Is it Well-led? only. At this inspection we found improvements had been made however the provider

remained in breach of regulation 17.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led relevant key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ladymead Care Home on our website at www.cqc.org.uk.

Enforcement

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. Please see the action we have told the provider to take at the end of this report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ladymead Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Ladymead Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager however they were not registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had a 'virtual' meeting with the provider. We discussed how we would safely manage the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the provider about the improvements that had been made since the last inspection. We also asked the provider to send some records for us to review. This included action plans, a variety of records relating to the management of the service, audits, training records and staffing rotas.

During the inspection

We spoke with seven members of staff including the manager. We spent a short time in communal areas, this allowed us to safely observe staff interactions with people, observe medicine procedures and infection prevention control measures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included further information about medicines. We spoke with five people by telephone to get their feedback about what it was like to live at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

At the last inspection in September 2019 the provider had failed to ensure risks to people and medicines were safely managed. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also not ensured people were protected from abuse and improper treatment. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to ensure there were enough staff to safely meet people's needs. This was a breach of regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of these regulations. However, further improvements were still needed to fully embed some changes related to pressure area management, medicines and infection control into everyday practice.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At the last inspection we asked the provider to make improvements to ensure medicines were managed safely. At this inspection we found improvements had been made. However, further improvements were needed to embed best practice guidelines into everyday practice.
- We found medicine records were not completely accurate. Two people's medicine administration record (MAR) charts did not reflect their current prescribed medicines. One person's medicine had been changed six months previously. Their MAR chart was being amended by staff. There is a risk that this information may be amended incorrectly and the person may not receive the medicine they require. On another person's MAR chart staff had hand written instructions reflecting the prescription for injections for symptom control, when needed. The manager immediately reviewed these records and contacted the GP to ensure prescriptions were updated to enable the pharmacy to provide accurate MAR charts. We recommend that until accurate MAR charts are provided by the pharmacy the original information about the prescription change is kept with the MAR. This would help to ensure all staff have clear instructions from the prescriber to follow to ensure medicines were given safely.
- Some people were prescribed medicines 'as required' (PRN). There were protocols in place to show why these may be needed. However, the reason for giving these and the effect had not been recorded on the reverse of the MAR chart. There was a risk medicines and their effect could not be monitored effectively. After the inspection the manager told us this had been discussed with the nurses and they were reminded to

complete this information.

- Registered nurses managed all medicines. They followed best practice guidelines and gave medicines on an individual basis ensuring their hands were cleaned between each person. The manager told us all nurses had their medicine competency assessed on a routine basis.
- People received their medicines at the right times to ensure safety and effectiveness. For example, both the night and day nurses supported people to have their morning medicines at varying times according to effectiveness.
- Systems were in place that ensured the safe ordering, storage and disposal of medicines. Medicines were stored in a secure room and in suitable cupboards and drug trollies. The temperature of this room was monitored to keep medicines in a good condition.

Preventing and controlling infection

- At the last inspection we asked the provider to make improvements in relation to infection control. At this inspection we found these improvements had been made. The home was clean and tidy throughout and there were systems in place to manage laundry safely. However, we identified other areas where improvement was needed.
- As part of the response to the COVID-19 pandemic CQC has currently incorporated Infection Prevention Control (IPC) into all inspections to ensure the provider is meeting and following current government guidance to mitigate the risk of COVID-19.
- Although staff generally had a good understanding, we found they had not received training specific to COVID-19. We observed some cleaning taking place, but staff were not using the most appropriate product for this purpose. We found one waste bin was not foot operated which meant staff could be at risk of touching infectious waste. We raised these with the manager as areas that needed to be improved. Following the inspection, the manager told us a foot operated bin had been purchased.
- There was enough personal protection equipment (PPE) and staff were seen to be using this appropriately. Hand washing facilities were available with liquid soap and paper. Hand sanitizers were available in strategic areas throughout the service. For example, at the front entrance. There were clear signs in the service to promote safe putting on and taking off of PPE. Staff had received training in relation to this. There was also signs on hand washing.
- The manger told us that although people did not maintain a two-meter distance, they sat by the same people. For example, those sitting together in the lounge sat next to each other in the dining room. The manager called these 'bubbles' within the service.
- Testing of people and staff had taken place and the manager told us they would continue to follow the government guidance in relation to this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At the last inspection the provider had not ensured that safeguarding concerns were recognised and reported to the appropriate authorities. We found examples of incidents which had not been documented as incidents or recognised and escalated as safeguarding concerns. As such, no action had been taken to prevent reoccurrence of the incidents and safeguard people. At this inspection we found improvements had been made.
- People told us they felt safe living at the home. One person said, "Safe in every respect, they don't mind what they do for you. I have been to many nursing homes where I wouldn't put anybody, in comparison to this one. It really is marvellous." People said if they had any concerns they would report to, "The woman in charge" or "One of the top people, top nurses."
- Since the last inspection the provider had worked with the local authority to address safeguarding concerns. Safeguarding concerns that had been identified since the last inspection had been referred to the local authority safeguarding team appropriately.

- Staff had previously received safeguarding training and told us what steps they would take if they were concerned people were at risk of harm or abuse. This included reporting to the most senior or most appropriate person on duty. If they did not respond how staff believed they should, they told us they would escalate through the organisation or to external bodies such as CQC.
- Staff had a clear understanding of how to record and report accidents or incidents. For example, if a person sustained a bruise, they told us they would report to the nurse or manager on duty, they would record their findings and take a photograph of the bruise so that it could be monitored. They were confident that senior staff would take the appropriate action to safeguard people from further harm.
- Staff were updated about any bruises or injuries that people had sustained and any change in care or support needs at handover or through reading daily notes.

Assessing risk, safety monitoring and management

- At the last inspection we asked the provider to make improvements to ensure risks to people were safely managed. At this inspection we found improvements had been made. However, further improvements were still needed to fully embed these changes into everyday practice.
- Some people were at risk of developing pressure wounds. Risk assessments and care plans had been completed and showed the support they needed. For some people this included the use of pressure relieving air mattresses. These need to be set appropriately, for example according to the person's weight to reduce the risk of skin breakdown. There were no records to show the mattresses were regularly checked to ensure they were at the correct setting. This could leave people at risk of pressure damage. We raised this with the manager as an area that needed to be improved. Following the inspection, the manager told us mattress settings were now checked by the nurses when they supported people with their medicines. The manager also told us one mattress that appeared to have been set incorrectly, had been at the request of the person using it. We were told this decision had been made after a number of discussions with the person who was fully aware of the risks.
- Servicing contracts were in place for electrical equipment and gas. Required checks of moving and handling equipment had not been completed by a relevant professional. The manager explained this had been due to the COVID-19 lockdown as visitors to the home had been minimised as far as possible. Regular visual checks of equipment took place as part of the audit system and staff checked them before each use.
- Records showed that regular position changes took place when needed. Daily notes confirmed that people's pressure areas were checked when personal care was provided. No-one at the home had any pressure wounds.
- Risks related to people's mobility and nutrition were well managed. Risk assessments and care plans provided details of the support people needed, for example, in relation to the use of mobility aids or assistance from staff. We saw this being provided appropriately.
- Staff told us how people were supported to safely have enough to eat and drink. Where required food and fluid charts were completed to help staff identify if people were not eating or drinking enough each day. There was a nutritional audit which included an overview of people's weights and included actions taken to help reduce the risk of malnutrition.
- Environmental risks were identified and managed. Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.

Staffing and recruitment

- At the last inspection we told the provider to make improvements to ensure there were enough staff to safely support people. At this inspection, we found the provider had recruited more staff to ensure people's needs could be safely met.
- People told us their needs were met in a timely way. One person said, "Always somebody here ready to

help if you need it. Always smiling doing it. Always got time to sit and talk to you. I hope I never have to leave."

- Recruitment had taken place and there were now enough staff working each shift to safely respond to people's needs. Staff told us there was enough staff working each shift to meet the needs of people currently living at the home. Staff told us on occasions it would be nice to have an extra staff member, for example if everyone wanted to get up at the same time.
- The provider sent us copies of the rotas which showed there was a consistent number of staff working each day. There was occasional use of agency staff and staff told us they covered each other, and especially during the lockdown period had worked extra shifts.
- The provider had introduced a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- During the inspection we observed people's call bells were responded to in a timely way. The manager also kept informal checks on how long call bells were ringing for to help ensure timely responses were maintained.
- Room checks took place each month to ensure there was a call bell in each person's bedroom. The manager told us a staff member had recently reported some call bells were not working. This was promptly addressed and demonstrated that staff were aware of the importance of people having access to call bells when they needed them.
- Some people remained in their rooms and staff completed regular checks to ensure they did not need any support. These checks were recorded.
- A maintenance person was due to start work soon, once employment checks had been completed. The manager told us recruitment was ongoing to ensure there were enough staff to support people as residency numbers increased.
- Staff had been recruited safely. Checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in September 2019 the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. People's records did not always reflect their ongoing needs and how staff should meet these. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although improvements had been made, more time was needed to fully embed the changes made into practice. Time was needed to ensure quality assurance systems were entirely developed to identify areas for improvement and fully embedded into practice. This was a continued breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager at the service. There was a manager who had recently started working at the home but had not yet registered with CQC. The manager told us they were planning to start the registration process.
- At the last inspection the quality assurance systems did not identify all the shortfalls and areas for improvement that we found to mitigate risks relating to the health, safety and welfare of people. At this inspection we found a new quality assurance system had been recently introduced and improvements were seen although further time was needed to fully develop the systems and embed them into everyday practice.
- There were a range of audits and these were completed regularly, however they had not identified the shortfalls we found in relation to pressure area management and infection prevention and control (IPC). The audits had not identified the shortfalls we found in relation to medicines. However, the manager acknowledged the medicine audit needed to be improved to ensure they identified all areas of good practice.
- There were a number of environmental improvements needed at the home. This included general re-decoration, window and flooring repairs. These had been identified in previous audits but not yet addressed. The manager told us they were currently recruiting maintenance staff who would be able to complete some tasks. Other work was reliant on outside contractors visiting the home and this had been

delayed to the current pandemic. We saw that quotes had been sought for a number of these works. One person told us, "It's not dirty. Sometimes things don't get done very quickly, but the essential things do."

- At the last inspection we found improvements were needed to records, to ensure they were well completed and reflected people's needs. At this inspection we found some improvements had been made. Care plans contained guidance how to support people safely. However, care plans were also being transferred to a computerised system and time was needed to fully review the care plans, change to the computerised system and embed into everyday practice.
- Recording of topical creams were being transferred to a computer system. These records were not currently complete and did not demonstrate topical creams were applied in a consistent way.
- Cleaning schedules had not been updated to reflect the increased cleaning that was being completed to manage COVID-19.

The issues above are a continued breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the inspection the manager was not able to locate the Infection Prevention Policy to guide and inform staff. They sent us this and the COVID-19 policy following the inspection.
- There were a number of action plans. These were in place following the last inspection and also further action plans had been developed as a result of the completed audits. The manager had good oversight of what was needed at the home. For example, she had identified that the nurses would benefit from some further clinical training and was developing a training plan with an external professional. This training was due to start in the autumn.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection we identified improvements were needed to the culture of the service. At this inspection we found there had been improvements. Records of staff meetings showed discussions about the culture had taken place with staff. Interactions between staff and people and the staff team itself were relaxed, happy and positive.
- Staff were positive about the service and achieving positive outcomes for people. They told us how they regarded people as part of their extended family and how their relationships with people had grown during lockdown.
- People spoke of a positive atmosphere. One person told us, "Everyone seems happy, we're not all sitting around being numb. We're kept entertained or helped to entertain ourselves. Not sitting there waiting for somebody." Another person said, "Lovely, people are so kind and helpful. I'm very happy here. Lots of jigsaws and books and games. All get together. [Name] comes for Sunday service. Hair done and nails done. Lovely food and bedroom."
- Staff spoke well of the manager. They told us they felt supported by her and she was approachable. They told us changes were being made for the better and told us if they felt any changes weren't working, they would be able to discuss this with her.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The manager understood duty of candour, working openly and honestly with people when things went wrong. The manager told us they were getting to know people's relatives through telephone conversations and felt this would improve as visiting restrictions were lifted.
- Accidents and incidents were recorded and where appropriate these had been referred to local authority safeguarding team. We saw evidence that the provider had been working with the local authority to address

safeguarding concerns and make improvements at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Throughout the inspection staff engaged with people and involved them in what was going on throughout the day. A recent survey had gone out to people, relatives and staff for their current feedback on the service, but these had not yet been returned.
- We saw actions had been taken as a result of a relative's survey in January 2020. Some relatives had commented that staff did not always respond promptly to call bells. The manager told us this had been addressed and was continually being monitored. However, due to lockdown they had been unable to obtain a printout of call-bell waiting times as this was dependant on the call-bell provider accessing the data.
- There was a suggestion box available, so that people and staff could suggest improvements to the service.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)