Ladyville Lodge Care Limited

Ladyville Lodge

Inspection report

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Date of inspection visit:
18 May 2022

Date of publication:
14 July 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ladyville Lodge is a care home for older people who have nursing or dementia care needs. It is registered to accommodate and support up to 38 people. At the time of the inspection, 31 people were living at the home. The home has two floors with adapted facilities and en-suite rooms.

People's experience of using this service and what we found
People told us they felt safe in the home. However, the home required some maintenance work, such as repairs to windows, doors and outdoor disposal areas, to ensure it was fully safe. The provider was aware of this and had plans in place for works and renovations to be carried out.

Medicines were managed and administered safely. Risks to people's health were assessed and managed. There were appropriate numbers of staff and safe recruitment procedures were in place. Infection prevention and control procedures ensured the risk of infections spreading was minimised. Accidents and incidents in the home were reviewed to prevent re-occurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were trained and developed to maintain their skills so people could be supported effectively. People were provided with food and drink they preferred to maintain a balanced diet. The provider worked well with health professionals and other agencies to ensure people's health and wellbeing were maintained.

Staff were kind and respectful towards people. People's equality and diversity characteristics were understood. People were supported to keep in touch with family and friends to avoid social isolation. There was an activities programme for people to keep them engaged and staff spent time with people at other times.

People received care and support that was personalised for their needs and preferences. Their communication needs were assessed and met by staff. People and relatives were involved in how the service was managed. Complaints were investigated by the management team.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. The registered manager carried out audits to ensure procedures were being followed. The provider was meeting regulatory requirements and notifications of incidents were submitted to us.

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

Rating at last inspection
This service was registered with us on 3 March 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 15 December 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Ladyville Lodge

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ladyville Lodge 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.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection.
During the inspection, we spoke with the registered manager, the clinical manager, four care staff, two nursing staff, one domestic staff and the chef who managed the kitchen. We carried out observations of people's care and support and spoke with five people and seven relatives.

We reviewed documents and records that related to people's care and the management of the service. We reviewed six people's care plans and five staff files. We also reviewed audits, medicine management and infection control procedures. After the inspection we spoke with the nominated individual by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Good

Is the service safe?

Our findings

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

This is the first inspection of this registered service under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The premises of the home required some maintenance and repair work. The provider did have plans in place for renovations of the home to ensure people were in a safe living environment. We did not find evidence that people had come to harm.
- Maintenance and repair work had not been carried out in some areas of the building. Some windows had handles missing which meant they could not be closed securely.
- Rooms that should be locked at all times were found unlocked. For example, the door to the sluice room, which can contain harmful chemicals or waste, was not locked. After our inspection, the registered manager confirmed a notice had been put on the door reminding staff it should be locked at all times.
- The registered manager explained their regular maintenance engineer was on long term leave and they have had to ask one of the garden staff, who was the previous maintenance engineer, to carry out some of the repairs. However, some work still remained outstanding.
- Most of the issues were known to the registered manager and we saw they had an action plan agreed with the provider for redecorating communal areas, such as the dining room and lounge, new furniture and furnishings, refurbishing the activity room, replacing old flooring and dealing with ongoing maintenance issues. After the inspection, the registered manager told us they would be recruiting a temporary maintenance contractor.
- Gas, water and electrical installations had been serviced by professionals to ensure these were safe. Fire alarm testing was carried out and each person had a personal emergency evacuation plan, in the event of a fire or other emergency. This set out how to evacuate the person safely out of the home according to their individual needs.
- The registered manager confirmed they had booked fire risk assessments and Legionella disease assessments, to be carried out by external professionals.
- Risks relating to people's health were assessed for staff to be aware of so they could support them safely. These included risks such as bruising, choking, pressure sores, falls and specific health conditions, such as diabetes and arthritis.
- Triggers that could cause people to become angry, distressed or upset were also assessed, so that staff were able to reassure people and de-escalate situations, to keep the person and others safe from harm. For example, one person's assessment noted, "[Person] will at times cry and hold their head. Staff have noted that a cool flannel to [person's] head can help to calm [person] down."
- Staff told us risk assessments were detailed and helped them to support people safely.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and

records. The registered manager raised safeguarding alerts when required. Records showed they complied with recommendations set out by safeguarding investigators.

● People and relatives told us the home was safe. A relative said, "[Family member] is absolutely safe. They had a fall but were well looked after. [Family member] can walk OK and doesn't need a frame at the moment. Plus the night staff are good too." Another relative told us, "[Family member] is a hundred times safer here than at home. [Family member] now says, 'This is my home now, I get very well looked after'."

● Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Staffing and recruitment

● Staff were recruited by the provider appropriately. This included carrying out criminal background checks, obtaining references, proof of identify and eligibility to work. However, some staff recruitment files were incomplete. For example, proof of the staff member's address and their previous employment history. The registered manager had identified this through audits. They explained, "When I took over from the previous registered manager there were files missing and audits missing. I have had to do a lot of reorganising and it is ongoing."

● There were enough staff available in the home. We saw the required numbers of staff on duty during our inspection, in accordance with staffing allocation rotas. Agency staff were used to fill gaps where staff were not available but there had been a reduction in agency staff usage in recent months, as more permanent staff were recruited.

● The home had staff present for 24 hours a day to make sure people remained safe. The registered manager was on call to respond to any out of hours emergencies.

Using medicines safely

● Medicines were managed safely. They were stored securely in a locked room within the home. However, the temperature of the room was not recorded regularly to ensure medicines were stored within the recommended range to retain their effectiveness. We discussed this with the management team and after the inspection, the registered manager confirmed a recording chart was now in place.

● Protocols were in place for medicines prescribed on a 'when required' basis (PRN), to enable staff give these medicines consistently. Records showed PRN medicines were given to people as needed. Authorisation from people's GPs was provided and evidenced if people required their medicine to be administered covertly.

● Risks relating to people's medicines, such as their side effects were assessed and included in people's medicine files.

● Staff were trained and we saw records to show their competency was assessed.

● Controlled drugs (CD's) which are known to be particularly dangerous or open to abuse were stored safely and securely.

● The home used medicine administration records (MARs) which were completed by staff when people took their medicines. We reviewed MARs and saw that people received their medicines as prescribed. The home had previously used an electronic system for MARs but the system they used was not effective and a decision was made to revert back to paper recording.

● Daily checks of medicine stock and balances were carried out to ensure medicines were all accounted for. We saw the balances were correct.

Preventing and controlling infection

● The provider was preventing visitors from catching and spreading infections.

● The provider was admitting people safely to the service.
● The provider was using PPE effectively and safely.
● The provider was accessing testing for people using the service and staff.
● The provider was promoting safety through the layout and hygiene practices of the premises.
● The provider was making sure infection outbreaks can be effectively prevented or managed.
● The provider's infection prevention and control policy was up to date.

Visiting in care homes

● The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● There were procedures for the recording of incidents and accidents.
● The registered manager investigated and analysed incidents and accidents in the home to learn lessons and minimise the risk of re-occurrence.
● For example, they investigated and analysed unwitnessed and witnessed falls and accidents to identify trends. Actions such as reminding staff to be aware of trips and hazards in people's rooms that could cause them to fall were put in place.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Ladyville Lodge is located in a quiet residential area. The home was within a large area of open green space and woodland for people to walk around.
- We saw that people felt comfortable in the home. People were able to personalise their rooms with items of their choosing. A comment from a person in the home was, "This place [decoration] is not posh but the care is good."
- The design and decoration of the service required some updating and improving which the provider had planned to carry out to make it more accessible for people with dementia. The registered manager told us, "We will replace the laminate flooring in the large day room with a purpose designed carpet which can be easily cleaned and is stain and bacteria resistant. This in turn will make the large lounge more homely for the residents."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. The assessment was a way for the staff to determine if the home was a suitable place for the person.
- People's needs, choices and desired goals were sought so that people could receive effective care that led to good outcomes.
- Pre-admission assessments contained comprehensive details of people's backgrounds, health conditions, mobility, their skills and abilities, mental capacity, cognition and equality and diversity needs.
- People and their representatives were involved in the assessment and decisions made about the level of support they received.

Staff support: induction, training, skills and experience

- Staff were trained to help them develop the necessary skills to support people safely and effectively. Staff told us they completed an induction and training programme.
- Training topics included safeguarding adults, infection prevention and control, medicine administration, first aid and health and safety awareness.
- Refresher training was provided to staff to aid their development and update their knowledge of important topics.
- Staff were supported in their roles. They told us they had opportunities to discuss their work, their performance and any problems with the registered manager or other members of the management team.
- Records showed the registered manager held supervision meetings and annual appraisals with staff to assess their performance, discuss training needs and assist with any problems they encountered.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to have food and drink that they enjoyed and maintain a balanced diet.

● During our observations, we saw that people were provided enough fluid throughout the day to keep people hydrated and reduce the risk of infections.

● People had a choice of meals based on a seasonal menu. They could also ask for a different meal, should they change their mind about what they wanted to eat on the day. People told us they enjoyed their meals and could choose how they wanted them. One person said, "The food is good. I've just finished my breakfast. I can take as long as I like. You can have toast or even a full English if you want it."

● People's nutritional requirements and risks were assessed. For example, if they were at risk of choking and they required their food to be softened or pureed or if they had allergies or controlled diets, due to diabetes. The kitchen staff knew of this information and prepared meals according to each person's specific needs.

● People's weights were monitored to check if they had gained or lost weight, which could have a negative impact on their health. If there were concerns about people's diets, they were referred to dieticians or other health professionals.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

● People were supported to maintain their health and were referred to health services such as the local GP, tissue viability nurses (TVN) and dentists.

● People's wounds, skin conditions and infections were treated by a TVN, for example, pressure ulcers or cuts people had sustained. We saw up to date records of wound management. Body maps were completed to show the areas affected, when they were treated and when they were to be reviewed. Staff told us they worked well with the TVNs who visited the home. Records showed people were repositioned in their beds at the correct intervals to reduce the risk of pressure ulcers developing.

● Care plans included the contact details of health professionals or agencies involved in their care. The staff and management team worked well with health professionals to ensure people were in the best of health.

● Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded. People's choices and decisions were respected. Records showed if people required decisions to be made in their best interest.

● The provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived.

● Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I always respect people's capacity and make sure I ask

for their consent and permission when I am supporting them."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were caring and respectful. One person told us, "Yes, the carers are very nice people." A relative said, "There are kind and caring people here, who are spending a lot of time with [family member] because [family member] needs it at the moment. The carers are working on settling [family member] down; so far so good."
- People's privacy was respected and staff ensured they protected people's dignity. Staff told us they made sure doors and curtains were closed when providing people with personal care.
- Care plans contained information about people's levels of independence and daily living skills. For example, their ability to walk independently and dress themselves. A staff member said, "We always encourage and support people to do what they can. We are there for them."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk.

Ensuring people are well treated and supported; equality and diversity

- People were well treated and supported. We observed staff speaking kindly to people. Staff engaged with people in the home and spent time with them on a one to one basis sitting and chatting.
- Staff told us they had got to know people well and had developed positive relationships
- Staff understood equality and diversity procedures and were aware of how to not discriminate people. Staff told us they respected people's beliefs. A staff member said, "I treat people equally with no discrimination."
- People's equality characteristics were understood, such as their race, religion, disabilities and sexuality. Their cultural backgrounds and sexuality were recorded in their care plans. For example, one person preferred to speak in their native first language, as this made them feel more comfortable. Records showed staff respected this and there were staff available who spoke the same language to assist the person with anything.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions for themselves. People were allocated a key worker who was a member of staff who worked with them closely to ensure their needs and wishes were understood.
- People and their relatives were involved in decisions about their care.
- Records showed people were supported to express their thoughts and provide feedback to staff.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care was planned and personalised for people in the home. They had choice and control of how they wished to receive their care so their needs could be met. People were supported to achieve good outcomes.
- Care plans were stored on a digital system that all staff could access and update using their personal devices. Care plans provided detailed information about people's personal history, preferences for their care needs, likes and dislikes, interests and communication abilities.
- Care plans included specific information such as their habits, behaviours and routines and things that could make them sad and upset. One person's care plan said, "[Person] is sociable and enjoys spending time with the team and other residents. [Person] enjoys gardening and fixing things."
- Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place between shifts so staff could update incoming staff of how people were and share important information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to take part in activities but there were no activities planned on the day of our inspection. This was because the activities staff were not employed full-time and did not work in the home everyday. This meant some people did not have much to do. However, we observed that people could chat with each other and watch TV. Some people were visited and taken out by relatives for a few hours or sat outside with them as the weather was sunny. Others were members of a local social club, which they went to two times a week.
- The registered manager told us they were planning to recruit a full-time activities coordinator and redevelop the activities room. They also said, "The quiet room will be our new activities centre. This would mean those who wish to opt out can still use the large day room and the others can access the activities in a new facility." In the meantime, the registered manager said the two part-time activities staff would continue to ensure activities took place on most days and other staff would make sure people did not feel lonely or isolated.
- Records showed the provider had recently arranged for singers and entertainers and people also took part in individual one to one activities with staff. An activity board was on display which showed the types of activities that took place such as games, quizzes and a visit from the hairdresser. The home had its own hairdressing salon. One person said, "I like the activities and the people here are very pleasant."
- People were supported to maintain relationships with family and friends to avoid social isolation. They were able to have visitors and keep in regular contact with them by telephone or video call. We spoke with visiting relatives during the inspection. One relative said, "During COVID, I could see [family member]

through the window and chat. I was luckier than most I could still visit them."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were set out in their care and support plans. Staff told us they followed the person's communication plan. One person's communication needs were described in their plan and said, "I am able to verbally state preferences in English and I respond to soft tones of voice instead of instructions."
● Staff were able to use signs and gestures to communicate with people who were less verbal.
● The provider ensured information was made available to people in easy read formats to help them understand what the information was trying to say, such as details of their keyworker.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy with aspects of the service. Complaints about the home were logged and investigated.
● The registered manager investigated all complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint. They apologised for any shortfall or mistakes, sought advice from external professionals and took action to resolve concerns and make improvements. They took disciplinary action against staff if necessary.

End of Life care and support
● People's wishes for end of life care and support should it be required in the event of changes in their health, were explored and respected. Where applicable people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) agreements in place.
● Staff had received training in end of life care, which would help to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives in future.

Good

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.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems were in place to monitor the safety of the home. The registered manager carried out audits of care plans, daily records, medicines, infection control processes, the environment, staff recruitment and staff training and competency checks.
- An action plan was in progress which set out timescales for improvements and actions to be taken. They had already identified that there were maintenance issues within the home and we saw that efforts were being made to fix and repair items or areas in the home that were damaged or had deteriorated.
- For other things, we saw that some actions were still in progress and some had been completed. The registered manager said, "We are on target and hope to be in a stronger position in a few months. I want to make sure we have the right staff to help us."
- The registered manager had been in post for eight months and demonstrated an understanding of regulatory requirements and of monitoring the quality of the service. They were supported by a clinical lead in the day to day management of the home. The clinical lead told us they worked well with the registered manager and shared updates and issues with them.
- The registered manager said they were also well supported by the nominated individual, who represented the provider to oversee the management of the service. The registered manager said, "The company is very passionate and has a core set of values. The owners visit every month."
- Staff told us they were clear about their roles and responsibilities. They were encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] is very good and supportive. They are doing lots of work." Another staff member said, "The managers have been brilliant and have guided me with everything."
- People and relatives we spoke with were positive about the home and staff. One relative said, "They [staff] care for [family member] really well. The staff are very accommodating and lovely."

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

- People received support to help them achieve positive outcomes. We observed that staff were able to support people in a calm and considerate way, which helped to maintain a pleasant atmosphere. A relative told us, "Yesterday when I came in they [people and staff] were all sitting and chatting outside. It was wonderful and the food is good here too."
- Staff told us there was an open door policy and could approach the management team with any issues. A

staff member said, "Everyone is welcoming and friendly here. It's lovely."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● People were engaged with and their views were listened to. They met with staff to discuss what was important to them. They and their relatives were kept informed and updated on any changes in the home or to people's needs.
● Relatives also met with the registered manager monthly in virtual online meetings to listen to updates and air their views. Minutes were sent out to relatives who could not attend or access these meetings. A relative said, "If we have any problems they [staff] are always promptly addressed. They are responsive to [family member's] needs."
● Staff meetings were used by the management team to share important information and discuss any issues. The registered manager also reminded staff of their professional responsibilities to ensure people received a good standard of care.
● People's equality characteristics were considered and recorded in their care plans.
● The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. We saw that comments were positive. One relative had written, "Since [registered manager] started there have been lots of improvements. Nice to see regular staff who know [family member's] needs." Another comment was, "Lovely home, great location. The care is excellent and the home is streets above the rest."

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
● The provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
● The registered manager was open and transparent to people and relatives when things went wrong.

Working in partnership with others:
● The provider worked well with other social care agencies and professionals, such as GPs and pharmacists so that people received good quality care.
● The provider kept up to date with new developments in the care sector and shared best practice ideas with the management team. They were a member of networks and forums. This provided the opportunity to seek and access information that was relevant to the home.