Cumbria County Council

Lapstone House

Inspection report

Lapstone Road
Millom
Cumbria
LA18 4BY

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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

This was an unannounced inspection that took place on 19 March 2018.

We last inspected the service in November 2015 where we found that there were not enough staff deployed at night. We judged the service to be in breach of Regulation 18: Staffing. This meant that the service was judged as requiring improvement in the safe outcome. The registered provider sent us an action plan and confirmed that staffing at night had been increased from two to three support workers. We saw evidence to support this at this inspection in March 2018. We judged the service was no longer in breach.

At our last inspection we rated the service as good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Lapstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care and support to mainly older adults, but may also take people living with dementia or those living with learning disabilities.

The home accommodates 25 people in one purpose built building. The home has three separate units, each of which have separate adapted facilities. At the time of our visit only two units were routinely used as there were only 21 people in residence.

The home is situated in the town of Millom and is within walking distance of the amenities of this small town. There are good transport connections in the town. It is operated by Cumbria County Council who run similar services across Cumbria.

The home had a suitably qualified and experienced registered manager. 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately. Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. There had been no accidents or incidents reported to the Care Quality Commission but the registered manager was aware of her responsibilities if there were any issues in the home.

The registered manager and her senior team kept staffing rosters under review as people's dependency changed. We judged that there were suitable care and support staffing levels in place by day and night. There were suitable numbers of ancillary staff employed in the home.

Staff were suitably inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. The team made sure that strong medicines and any sedation were kept under review with the local GPs.

Good assessments of need were in place and the staff team reviewed the delivery of care for effectiveness.

People were told us they were very happy with the food provided and we saw well prepared meals that staff supported and encouraged people to eat.

Lapstone House is a purpose built home that was refurbished over twenty years ago and has been updated by the provider since then. The house was warm, clean and comfortable on the day we visited. Suitable equipment was in place to help people with things like mobility.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who lived in the home told us that the staff were very caring. We observed kind, patient and appropriate care being provided. Staff knew people and their families very well. They made sure that confidentiality, privacy and dignity were maintained. People were encouraged to be as independent as possible. Staff were trained in end of life care and we saw evidence to show that this kind of care had been done to good effect for many years.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service were aware of their care plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

Staff could access specialists if people needed communication tools. They had been able to offer people specialist support in the past.

We learned that the home had regular entertainers, activities and parties. Staff took people out locally and encouraged people to follow their own interests and hobbies. Staff in this home were active in raising money for these activities and for adding homely touches to the environment. Local people supported the home in this.

We noted that this home had good links to the community and had a locally based culture. The registered manager ensured that staff understood the vision and values of the County Council. Staff were able to discuss good practice, issues around equality and diversity and people's rights.

The service had a comprehensive quality monitoring system in place and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

There had been no concerns or complaints received but the registered manager was aware of the protocols of Cumbria County Council.

Records were well organised, easy to access and stored securely.

Further information is in the detailed findings below.

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.

Staff understood their responsibilities in keeping people safe from harm and abuse.

The home was now suitably staffed at night.

Medicines were well managed with people receiving suitable medicines to keep them well.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Lapstone 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 checked 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 19 March 2018 and was unannounced. The inspection was conducted by an adult social care inspector and 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. The team were experienced in the care of older adults and people living with dementia. During the day the team was joined by an inspection manager who was undertaking a routine monitoring of how the inspector conducted inspections.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular meetings with them. We planned the inspection using this information.

We met all of the 21 people in the home and spoke in some depth with fourteen of them. The expert by experience shared a meal with people in the home and the team spent time in shared areas simply observing the life of the home. We also met three family members and two friends of someone in the home.

We read ten care plans and looked at daily notes related to these care plans. We also looked at records of medicines when we checked on the medicines in the home. We saw risk assessments, risk management plans and moving and handling plans and charts that helped staff record care delivery.

We met the registered manager, two supervisors, the cook, a domestic and five support workers. We talked with them in small groups or individually. We looked at four support staff files which included recruitment,

induction, training and development records. We checked on the details of the supervision and appraisal notes on these files. We looked at the development file for the registered manager and one of the supervisors.

We saw rosters, records relating to maintenance and to health and safety. We looked at money managed on behalf of people in the home. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information from the registered manager related to staffing issues and quality audits after the inspection.

Good

Is the service safe?

Our findings

When we last visited the home we judged that the staffing levels at night did not always meet people's needs. We made a requirement because we judged the service to be in breach of Regulation 18 of the Health and Social care Act {Regulations 2014] because there were only two staff on at night. After the inspection the registered provider sent us an action plan showing how they were keeping people safe. At this inspection in March 2018 we learned that three staff members were on duty every night and had been since very shortly after our last visit. We judged that night care ratios met people's needs and the home was no longer in breach of the regulation.

We saw four weeks worth of rosters and spoke with staff who told us there were plenty of staff by day with five support workers on in the morning and four in the late afternoon and evening. A supervisor was also on shift all day. Suitable levels of catering and housekeeping staff were on duty every day. We noted that the registered manager was also very 'hands on' and would help and support staff where necessary. There was also a part time administrator which freed up senior staff time. People told us said "staff are always about" and "they come if you buzz at night".

Staff were suitably trained in understanding harm and abuse. Safeguarding matters were discussed in supervision and in team meetings. We had evidence to show that the management team would make safeguarding referrals, if necessary. Good arrangements were in place so that staff could 'blow the whistle' if they had any concerns. People told us they felt safe and well cared for at Lapstone House. One person said "Safe? Of course I'm safe, I'm safer here than I was at home". A visitor said "I have never seen anything to worry me, I am absolutely sure [my relative] is safe here".

Staff were trained in understanding human rights and matters of equality and diversity. Staff could also talk about the balance between individual rights and the duty of care. We spoke with support staff who understood the need to allow some people to take their own risks. They also understood that some people, due to the disorders they lived with, needed to have their rights managed for their own safety. Risk assessments and risk management plans were in place.

We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. We also looked at equipment and saw it in use. The environment was as safe as possible. The service had a good contingency plan in place for any potential emergency.

There had been no accidents or incidents reported to the Care Quality Commission. Any potential accidents and incidents would be dealt with using the registered provider's policies and procedures and senior officers of the County Council would take the lead if the issues were of a serious nature. The senior staff understood the policies and procedures around this and understood how they would deal with any incidents or accidents.

We looked at recruitment files and spoke to staff who confirmed that background checks were made prior to

new staff having any contact with vulnerable people. We looked at personnel records and these were in order. There had been no matters of a disciplinary nature in the home. The registered manager said she was confident that she would be supported appropriately if there were any issues of competence or discipline that needed to be dealt with formally.

We checked on medicines managed on behalf of people in the home. These were kept securely with good recording in place. Staff ensured that they kept medicines under review and we saw that the GP or specialists ensured people got appropriate medicines. Suitable monitoring of administration was in place with staff training and competence checks being undertaken. We saw people being given their medicines at a time and pace suited to their needs. We heard staff discussing medicines with people so they would know they were getting appropriate treatment.

Staff had suitable training in infection control and access to protective clothing and equipment. We walked around all areas of the home and found it to be very clean and hygienic. One or two people had suffered a 'stomach bug'. The registered provider had reported this appropriately and sent samples for investigation. It was found to be a minor viral illness and it did not spread through the house. A member of the housekeeping team explained how they had managed this to good effect. This staff member was very knowledgeable about cleaning routines and chemicals to use. We saw good stocks of aprons, gloves and chemicals to ensure any infections did not spread.

We had a number of conversations with staff at all levels who could talk about how they analysed the delivery of care and the systems used in the home. We saw that the team reviewed their approach and had a 'lessons learned' approach to the work. We had evidence to show that the registered provider had responded to staff comments and had changed some elements of the management arrangements in the home. Senior staff said they had changed the way medicines were audited and that they had changed the way they recorded other systems in the house to lessen the 'paperwork'. One support worker told us, "We have more time to spend with residents as spend less time on daily notes...I think that is an example of 'lessons learned' ".

Good

Is the service effective?

Our findings

We looked at assessments for people on admission and as part of the on-going care delivery. We saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them. Staff took advice from health and social care professionals and paid attention to any relevant legislation. Assistive technology could be accessed to allow staff to monitor people, whilst protecting their privacy.

We observed staff asking people and giving them options about their lives. We also met people who were assertive and confident because they knew their opinions were listened to. We also saw that, where appropriate, people were asked for both formal and informal consent. One person said, "I have signed saying I agree but I get asked all the time".

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. When people lacked capacity to make major decisions the team had undertaken 'best interest' reviews with social workers and, where appropriate, family members. This had been done where people were living with dementia or had other mental health needs. The team had considered that some people were being deprived of their liberty to ensure they were kept safe. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that authorisations were in place, where necessary, and that staff supported those people in the least restrictive way possible to comply with the authorisations. New applications had been completed and the team were waiting for updates and approvals.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, health and safety and person centred thinking. Staff had effective induction, supervision, appraisal and training. We had evidence of this in records and in discussions with staff. A staff member said, "I've done a load of training, I've just finished my medicines training and I've done my NVQ level 2 and 3, I have only been here a year and done all that".

People ate well and told us they enjoyed the food. One person said, "The food is good and there is a choice if sometimes there is something you don't like". Other people said, "The food is very good" and "The food is excellent, I love it" We looked at menus and care plans about eating and drinking. We also went into the kitchen and spoke with a knowledgeable and experienced cook. We saw that the food was well prepared and nicely presented. Special diets were catered for and advice of dieticians and other professionals was followed. Catering staff were undertaking training on nutrition and plans were underway to develop nutritional planning further. We saw some nice touches to help people living with diabetes. The freezer had

special diabetic cakes and cream scones made by the head cook which could be taken out and defrosted so people wouldn't be deprived but would be helped keeping their sugar levels under control.

The people in the home looked well and well cared for. They told us, and we saw in files, that the staff helped people to good health. The local surgery team visited regularly. We met a GP who said the home was, "Lovely...no problems...very good staff team who call us appropriately". We read care plans for people living with dementia and we saw that there was suitable guidance on file to help staff support them if they became disorientated or distressed. Staff used distraction and reorientation. Restraint was not used in this service.

Lapstone House was a purpose built home that had been open for a number of years. It had been adapted to a group living model more than twenty years ago. This meant people lived in groups where they had access to small kitchens and lounges. The home had signage in place to help people find their way around and we met people living with dementia who used the signage to orientate themselves. The home had new unit kitchens, new floor coverings and bedrooms and other areas had been redecorated. The registered manager showed us the new bids she was putting in to continue with the on-going improvements to the home. We also noted that the staff team raised money for things like pictures and mirrors that would brighten the shared areas. They were planning to spend money on new patio furniture and plants to brighten the outside areas.

Good

Is the service caring?

Our findings

We measured this outcome by observation of the care delivery and the approach of staff, we read notes written by staff and we spoke with people in the home. We judged that this was a caring home, with kind and considerate staff who displayed respect, empathy and affection for people in the home.

These are some of the things people told us:

"The staff are lovely, so pleasant."
"We are well looked after, they make sure we are comfortable."
"The staff are very good, most kind and considerate."

A relative said,"I'm actually very impressed, they are so nice to everyone, everyone I speak to thinks it is so good". Another visiting relative told us, "The staff are very kind, not just to my [relative who is living with dementia] but also to me. I find it all very difficult but the staff care about me and my feelings. That is so helpful".

People were treated with kindness and politeness. Humour and affection were used appropriately and people responded warmly. A member of the inspection team noted that, "Everyone looks very happy here". We met people who were very happy and several people said, "I would never want to go anywhere else". We spoke with staff who could discuss people they cared for in a compassionate and respectful way. Staff knocked on doors and gave people space in their own rooms but most people preferred the company in the lounge. Personal care was delivered discreetly and allowed people to retain their dignity. Staff showed patience and understanding of people living with dementia.

Staff told us they had received training on things like dignity, privacy and confidentiality. We saw that staff were careful about supporting people in the most dignified way and people responded well to the staff team. People living with dementia responded warmly to the staff and were able to tell us they thought the staff and management were, "Very nice people...kind."

The registered manager told us that the service had access to independent advocacy services and that relatives, where appropriate, also acted as advocates. We saw this on file and we spoke with a relative who confirmed that they were, "Consulted because that's what my [relative] wanted before they became ill. The staff ask [my relative] first but I am asked as well"]

We saw that where possible, people made their own decisions and staff supported people to be as independent as possible. People went out unaccompanied if they wished. People wanted to go out to do their own shopping and banking and staff supported them to do this as independently as possible. We noted that care plans showed people's strength as well as needs. Independence was promoted through care planning and through the attitude of staff.

One person told us, "I go out and do things with a bit of support...the staff know I am trying to keep my

independence and they let me have a go at most things."

We saw an e-mail from a health care professional specialising in treatment of people living with dementia who said, "I am impressed with the standard of care...in particular the compassion and empathy in the care staff. The gentle manner and thoughtful approach allows people to receive truly person-centred care..."

Good

Is the service responsive?

Our findings

We looked at a range of care plans for people with different needs. We saw that full assessment of needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. The care plans were detailed and comprehensive. People told us they had been asked about their needs and their opinions. Two people discussed this together and agreed that, "We can see them but we don't bother...the staff look after us...they do follow [the care plans] and ask us if we want anything else".

We noted that the care plans for people living with dementia gave staff strategies for how to support people who were disorientated or distressed. We saw staff following the guidance in plans and people were, in the main, calm and relaxed in the specialist unit. We met a relative who told us they had been involved in the care planning process and was happy with the way the staff supported their relative who lived in this specialist unit. We saw that care plans were reviewed on a regular basis and the registered manager made hand written comments on the plans to help staff refine and develop each plan. We also saw that support staff could make comments and suggestions for updates and changes to the plans. We judged the care plans to be reflective of people's changing needs and preferences.

The staff team were keen to develop activities for people. They raised money for parties, entertainments and for equipment. We saw that they supported people to go out to local activities. We also noted that people were given the right levels of support to go out to the barber, the hairdresser, the shops, church or for snacks and drinks. We heard that sometimes they had takeaway at tea time

We asked people about activities. One person said, "It's very good here, I have the telly and there are things on, the singers come in". Another person said, "My family visit when they want and are made welcome". One person told us, "The church was in yesterday and we had hymns and prayers, he [the vicar] comes regularly". We saw that there was a timetable each day for activities. Staff asked people if they wanted the suggested activity but they wanted something different. The staff member found a quiz on her smart phone instead. We heard that staff were flexible and made suggestions about activities and entertainments. A staff member said, "When the weather is better we will get out and plant seeds and help people do tubs and things".

Some people in the home had a visual impairment, were living with dementia, had a learning disability or were hard of hearing. We saw that staff managed to communicate with them and to guide and support them. We saw how well staff understood the communication needs of a person living with the after effects of a stroke and they both pre-empted needs and helped the person express themselves. No one in the home used specialist forms of communication like sign language or braille. The senior staff said that they could access support or training if they had a person in the home who needed specialist communication skills.

Consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. These had all been updated as necessary. Staff ascertained that any legal requirements, like lasting power of attorney, were in place and would act upon them. A group of people told us, "We do get asked what we want, well all of us here in this lounge are more than capable of saying". We noted that residents' meetings were well attended and people's views recorded in review meetings and in daily notes.

The service had a comprehensive complaints and concerns policy and we had evidence to show that the registered manager, the operations manager, the provider's quality teams and the county manager could all be involved in investigations if necessary. There had been no complaints to the service. People told us that they would "Just talk to the office staff...never had to but they would sort it".

Staff were trained in anti-discriminatory practice and we saw that they were aware of the needs of people due to the ageing process or because they were living with a disability. Staff made no difference to the way they treated people or the choices they offered them. We saw that people were treated very much as individuals.

Staff told us that they could care for people at the end of life. They said they had good levels of support from the GP practice next door and that the community nurses guided them in how to give people palliative care. We saw that the home had some 'just in case' medicine for a person who was very frail and who might need medicines if their condition changed. We saw compliments received from relatives thanking the staff for the care their family member received at the end of life.

Good

Is the service well-led?

Our findings

The home had a suitably qualified and experienced registered manager. She had previously managed a home elsewhere in Cumbria and had taken over the management of the home in September 2017. She had built on the good systems in place in the home and had, as staff told us, "Put her own stamp on the home...made us question how we did things and brought some new ideas into the house." Staff were very pleased with the new manager's approach and felt that although, "She has shaken us up a bit maybe we needed it...and she has a nice way about her. Very much for the residents which we all like."

Through observation and discussions we judged that the registered manager was very enthusiastic about leading the team and improving the home. We saw a really good example of how person centred the registered manager. She went into a lounge with the inspection team but before introducing us she went straight to a person who was going through a difficult time. The registered manager reassured this person and spoke with them because she judged their well-being to be of prime importance.

Staff and people in the home judged that the registered manager created an open culture where, as one staff member told us, "She will take you to one side to talk to you or advise you and then it's finished and done with...no grudge or bullying here!". People told us, "She is a good manager...things run smoothly here". A person living with dementia who was very much in tune with emotions and feelings said of the manager, "She has a good face...she's nice, she is calm". The inspection team judged that positive values were present in all areas of the service and that the registered manager led the team in delivering a caring service that valued people.

We met two of the supervisors and people were very aware of their role. They would talk to them about anything they needed. One person putting their coat on said, "I am going to the bank because [the supervisor] has agreed to take me...nothing too much trouble for them." Staff said they trusted the senior team and were guided by them. Staff also said, "We work as one team here...and I think the senior team respect everyone". Staff and people in the home knew the operations manager who visited regularly.

We had evidence to show that the registered provider had analysed and reviewed the governance arrangements and had listened to people's views and those of the staff. The registered manager was committed to improving and developing all aspects of the care and service delivery. She had already worked with staff on updating care planning, refining the rosters, accessing and delivering training and on improving the environment. Staff and residents meetings showed that lots of lively discussions went on about the way forward for the service.

The registered provider had an in-depth quality monitoring system. The organisation used their own auditors external to the home and the operations manager worked with the registered manager to look at future planning. We saw evidence of internal audits of things like people's money, medicines, care plans and daily notes. The registered manager completed all the checks expected by the registered provider but also did more than this. We saw that care plans and other records were audited and that what staff called, "The manager's coloured pens" were used to highlight good results and areas for development in all areas of the

recording system.

We looked at financial records and food and fire safety records. These had all been monitored and evaluated. Records were easy to access and simple to understand but recording was in enough depth to reflect on the well run systems in the home. A member of staff said, "There is plenty of staff and we work well together...and not being funny it's so well organised this place runs itself".