

Voyage 1 Limited

Ladycroft Respite Service

Inspection report

Ladycroft
Wath-upon-Dearne
Rotherham
South Yorkshire
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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

About the service

Ladycroft is a respite service providing short stay accommodation for people with learning disabilities. All rooms are en-suite with facilities to meet the needs of people who have mobility problems. The home is situated in Wath-Upon- Dearne, close to local shops and amenities.

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

The provider had systems in place to safeguard people from the risk of abuse. Staff were knowledgeable about recognising and responding to abuse. Risks associated with people's care had been identified and plans were in place to ensure risks were minimised. Accidents and incidents were analysed to ensure trends and patterns were identified to reduce future incidents.

Medicines were managed in a safe way and people received their medicines as prescribed. The premises were maintained, and routine maintenance checks were carried out, equipment had been serviced and was safe to use. There were sufficient staff available to meet the needs of people who used the service.

People's needs were assessed and care was provided in line with their preferences. People had access to a healthy and balanced diet and dietary needs were met. Staff were trained and supported to carry out their role.

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.

We observed staff interacting with people in a caring and sensitive way. Staff were friendly and knew people well.

Care plans we viewed identified people's preferences and choices. People had access to regular day services and activities while staying at the service. The service had a mini bus to facilitate outings to various places of interest. The provider had a complaints procedure to receive and act on complaints. This was also available in an easy to read format. Staff received training in end of life care which was provided by the local hospice.

The registered manager completed several audits to monitor the quality of the service. When issues were raised an action plan was drawn up to address them. People had a voice and could contribute their views about the service. We saw people had complimented the service. The service worked with others to achieve a quality service. The registered manager listened and acted on feedback.

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

Rating at last inspection

The last rating for this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Ladycroft Respite Service

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ladycroft 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 registered with the Care Quality Commission. 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.

Notice of inspection

We gave the registered manager short notice of the inspection because the location provides a respite care service for people who are often out during the day and we needed to be sure that someone would be in.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

At the start of the inspection we met two people who were at the home and preparing to go out to their day

care provision. We spoke with six members of staff including the registered manager, operations manager, senior care workers, and care workers. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We saw a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five relatives about their experience of the care provided.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff told us they received training in safeguarding and would be able to recognise and respond appropriately to abuse. Staff were confident the registered manager would take appropriate action to keep people safe.
- Relatives we spoke with told us their family members were safe using the service. One relative said, "[Name] always wants to go to Ladycroft and always enjoys their stay and returns home happy."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and managed to keep people safe.
- People had risk assessments in place for things such as moving and handling, choking, and finances. Risks were assessed based on the severity of the risk and danger involved.
- The service had processes in place to ensure the building and premises were safely maintained. Equipment such as specialist bathing facilities, ceiling tracker hoist and specialist chairs were maintained and safe to use.
- A fire risk assessment was in place for the building and people had individual plans in place in place to ensure they could evacuate the premises safely in an emergency.

Staffing and recruitment

- Staff we spoke with told us there were always enough staff available to meet people's needs. Staffing was provided based on the differing needs of people who used the service
- We looked at staff files and found staff had an induction checklist in place which covered the workplace, conditions of employment, health and safety, security and fire, conduct, facilities, education training and development and communication. The registered manager confirmed that new starters completed eLearning training and shadowed experienced staff, so they learned their role. This took place over two weeks. Where people had not previously worked in care, they completed the care certificate. Files included application form, references, terms and conditions, enhanced DBS and job description.

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- People's care records contained information about how people preferred to take their medicines, such as with water or glass of juice.

Preventing and controlling infection

- We completed a tour of the home with the registered manager and found the service to be clean and well maintained. The registered manager informed us that the service would be redecorated over the next few months. This was routine redecoration plan.
- We saw staff used gloves and aprons when completing tasks.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed to ensure lessons were learned and incidents minimised.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people using the service, they were invited to visit the service to have a look round and meet staff. Then a full assessment to identify the person's needs was completed and the service assessed if they could meet the person's needs.
- The initial assessment was carried out under consultation with the individual, their family or carer.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their role effectively.
- Staff training was recorded in individual staff files. Staff we spoke with told us the training they received gave them the skills and knowledge required.
- We saw supervision sessions took place regularly and staff told us they felt valued and involved and had a say in the development of the service. They felt their contributions and ideas mattered and were taken seriously.

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

- People were supported to maintain a healthy and balanced diet. Where people required specialist diets, these were provided.
- People's food choices and preferences were considered and met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had systems and processes in place to ensure people were referred to external services to maintain continuity of care.
- We saw healthcare professionals such as dentist, dieticians, chiropody, and learning disability nurses had been involved in people's care.

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

- The service was designed to meet the needs of people living there. The registered manager informed us that a scheduled redecoration programme was currently taking place.
- People had access to outside space and garden areas which had plenty of space for people to enjoy.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the guidelines of the MCA. Where people lacked capacity, decisions had been made in their best interest.
- Decisions had been made for things such as leaving the unit unsupported, administering medication, managing finances and taking photographs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interacting with people and found they were friendly and caring. They involved people by assisting them to make choices about their care and support.
- People we spoke with told us they liked the time they spent at the service. Relatives we spoke with were complimentary about the care their family member received. One relative said, "They [staff] are absolutely brilliant, I would be lost without them." Another relative said, "I can't praise them [staff] enough."

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

- People were supported to make their own decisions and staff respected people's opinions.
- We saw staff chatting with people about their day and what they needed to take with them, such as packed lunches.
- A document called 'this is me' was available in care records and gave details about people's preferences and what was important to them. These were colourful and easy to read, ensuring people were involved in decisions.

Respecting and promoting people's privacy, dignity and independence

- The philosophy at Ladycroft was to promote and encourage independence for people and the enhancements of their individual rights. The staff carried out their role with this in mind.
- It was also important to the staff group that people's privacy and dignity were maintained. There was a recognition of people's ethics, religious belief, social needs and characteristics to ensure person centred care was provided.
- Relatives we spoke with told us their family members were really happy to go to Ladycroft and felt staff maintained their privacy and dignity. One relative said, "Anything we have needed they [staff] have done their best to support us. They [staff] are kind, supportive, friendly and very caring."

Is the service responsive?

Our findings

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

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

- People received person centred care and support which met their needs and considered their preferences.
- People and their families and relevant others were involved in developing support plans. Support plans also incorporated people's preferences and choices.
- Relatives we spoke with were complimentary about the support their family member received. One relative said, "[Name] gets on well with everyone at Ladycroft, they [staff] are lovely."

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 had planned regular activities schedules in their support plans. This included attending day centres and visits out in the community.
- Trips out usually took place at the weekends due to people attending their regular day care activities during the week. Staff told us how they ensured people took part in activities of their choice to make their stay at the service enjoyable.

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.

- Information was presented to people in a way they could understand. For example, pictures and photographs were used as a way of communication.
- Some people who used the service could not verbally communicate but staff understood how to recognise what people wanted. This was done by use of facial expressions and body language.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The service had not received and complaints, but relatives we spoke with felt they could talk to staff if there was a problem and they would act on it.
- The registered manager kept a record of compliments. One compliment from a relative was, "I would like to thank all staff who help to make [name of relative] stay each time enjoyable and fulfilling."

End of life care and support

- At the time of our inspection, nobody was in receipt of end of life care.
- We spoke with the registered manager who told us that all staff received end of life training.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and the staff team were committed to providing a service which met people's individual needs and preferences and was person centred.
- The provider was aware of their duty of candour and took this responsibility seriously. The registered manager reported events such as reportable incidences to relevant bodies such as safeguarding teams, local authority and CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a team of senior support workers. Staff we spoke with told us they knew people well, felt supported and worked well as a team. Staff enjoyed coming to work and saw it as an extension of their life rather than 'work.'
- The registered manager told us that regular manager's meetings were held within the company and this gave managers the opportunity to share practice and learn from each other, looking at what went well and not so well and how these were overcome and addressed.

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

- People who used the service and their relatives had the opportunity to feedback their opinions.
- An annual service review was completed which looked at aspects of the service and how well the service was performing. Some comments from their review were, "Care and support are brilliant. We know that some clients can be quite hard to look after but staff always do their best," "Staff are always approachable," and "It's an excellent service my son receives and loves attending Ladycroft, I can honestly think of nothing that doesn't work at Ladycroft."

Continuous learning and improving care

- The provider had a system in place to measure and improve the service.
- The management team carried out audits such as medication, infection control and health and safety, to ensure any issues were identified. Action plans were then drawn up to address any concerns.

Working in partnership with others

- The provider worked with schools to assist people with transition from children's respite services.
- The registered manager could demonstrate they listened and respond to commissioners of the service.