

# Larchwood Care Homes (North) Limited

## Ladyfield House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out 12 July 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was previously inspected in November 2016 and was rated requires improvement with two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the report from our last inspections, by selecting the 'all reports' link for 'Ladyfield House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The service did not have a 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.

Before our inspection the provider had identified concerns in relation to the quality and safety of services provided and had appointed a new management team to identify and implement improvements and provide leadership and direction. A new regional manager was based at the service until a peripatetic manager was appointed to oversee the service. A peripatetic manager will manage the service until a new suitable permanent manager is appointed. Although we identified breaches of regulations at this inspection we saw that the new regional manager had identified areas that required improvements to be made and was in the process of implementing these. People who used the service and staff told us they had seen recent improvements had been made and spoke positively about the new manager.

Ladyfield House provides accommodation for up to 50 people. The home consists of two separate units; Salvin and Hewitt. The service provides accommodation for people who require personal care, including people living with dementia. The home is located in the Kiveton Park area of Rotherham. At the time of our inspection there were 30 people using the service, which included some people who were staying at the home for a short period of respite care.

Before this inspection we received information of concern. Concerns were in relation to staffing levels, and the management of the service. We therefore brought this comprehensive inspection forward. We found at times that there was insufficient staff to meet people's needs.

The provider had safeguarding procedures in place and staff were aware of the process to follow if they suspected abuse. Staff we spoke with confirmed they had received training in this subject.

Care records lacked detail, while others had not been completed. Risk assessments were not sufficiently detailed to ensure staff could meet people's needs.

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration.

We found staff approached people in a kindly manner. However, at times staff did not have the time to interact with people as they were very busy meeting people's personal care needs. We observed at times people had to wait for assistance. Staff we spoke with told us there was not always enough staff on duty to meet people's needs. Relatives also commented they felt that people were not always safe due to lack of staff. Although they could see this had improved since the new management had been in post.

A refurbishment programme was underway in the service at the time of our inspection. Many communal areas had been redecorated and further improvements to the environment were planned. This included ensuring the home was dementia friendly meeting best practice guidance for people living with dementia. We found the service was maintained to a good standard of cleanliness but lack of domestic hours was impacting on staff being able to adhere to infection control measures.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. New staff received an induction and were supported into their new role. Staff supervision had commenced and staff told us they felt supported by the new manager. Yearly appraisals for staff were out of date, but the peripatetic manager showed us a schedule for booked appraisals that would be completed in the next three months.

Staff received training that ensured they had the competencies and skills to meet the needs of people who used the service.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Most staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. However, we found two people who were admitted urgently for respite care had not been assessed and met the criteria for an urgent DoLS application; this was addressed by the peripatetic manager during the inspection.

A well balanced diet that met people's nutritional needs was provided. However, we found the meal time experience varied depending on which unit people lived.

We observed no activities taking place during our inspection. People and their relatives told us that activities were very infrequent as there was no activities coordinator. Relatives and people who used the service raised concerns about the lack of social stimulation.

People and their relatives we spoke with were aware of how to raise any concerns or complaints. Some complaints had been raised and dealt with appropriately.

There were processes in place to monitor the quality and safety of the service. However, these were new and were not embedded into everyday practice.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risks had not always been assessed to ensure these were managed and people were safe.

Staffing levels did not always enable people's needs to be met in a timely way or in keeping with their preferences.

Recruitment procedures were robust to ensure the right people were employed to work with vulnerable people.

Medicines were managed safely.

We found the service was maintained to a good standard of cleanliness but lack of domestic hours was impacting on infection control measures.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff supervisions had not been effective or meaningful. However, these had been improved with the new management and staff felt more supported. Induction and training was sufficient to ensure staff could meet people's needs.

People's consent was sought in line with legislation and guidance. However, we found in two instances it had not been followed.

We found people received adequate nutrition to meet their needs. However, the meal time experience could be improved.

People had good access to health care support.

### Is the service caring?

**Good** ●

The service was caring.

Staff interactions we observed were kindly and caring. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas.

Care plans reflected people's wishes, choices and decisions.

### **Is the service responsive?**

The service was not always responsive.

Care plans were in the process of being updated some reflected that people had been involved in their care planning. However, many did not show involvement and lacked detail to be able to meet people's needs.

People were unable to access regular activities. We saw no activities taking place on the day of the inspection.

There was a complaints system in place; complaints had been recorded and resolved

**Requires Improvement** 

### **Is the service well-led?**

The service was not always well-led.

Before our inspection took place the provider had identified at lack of leadership and direction within the service and had acted to improve the home. There was a new peripatetic manger and deputy manager in post and a regional manager was also overseeing the service.

People and their relatives told us the culture of the service was improving and was more positive, open and inclusive. However, had concerns as there had been many different managers in recent years so were concerned it would be sustained.

The peripatetic manger had introduced new quality monitoring and audit systems these had identified issues that required improving but had not yet been embedded into practice or sustained.

**Requires Improvement** 

# Ladyfield 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and 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.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information we received from notifications sent to the Care Quality Commission by the service. We also contacted Rotherham commissioners and safeguarding to gather further information about the service.

We did not request a provider information return (PIR) from the provider because the inspection was brought forward. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the regional manager, peripatetic manager, deputy manager, the team leader, one senior care worker and three care staff, two catering staff and a domestic. We also spoke with nine people who used the service, four visiting relatives and two health care professionals. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including the outside garden space, some people's bedrooms, communal bathrooms and lounge areas.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care records. We also looked at the systems used to manage people's

medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

# Is the service safe?

## Our findings

At our previous inspection in November 2016 there was a breach of Regulation 15 (1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure that all areas of the environment were clean and properly maintained.

At this inspection we found that renovation and redecoration was on-going. Many communal areas had been redecorated and clean. The work was scheduled to continue to ensure the environment was further improved, well maintained and met the needs of people living with dementia.

People said that they felt 'safe' and that they had no concerns or worries. One person said, "The staff are so helpful, that makes me feel secure." Another said, "I feel safe and well." A further commented, "It is certainly secure here, I know my family feel confident that I am safe." Then also added, "The night staff are great, they pop in and ask how you are from time to time."

People were really clear that they would speak to someone if they were worried or had any concerns. People could make choices and yet still take risks. Throughout the visit we saw and heard staff attending to people's needs, although staff were seen to be very busy at times.

However, not all relatives we spoke with were confident that their loved ones had been safe; they felt that people had not always supervised. One relative said, "As sometimes, there were not enough staff." Another said, "It is just that there are not enough staff." A further commented, "When I come at the weekend, the staff are on their knees." They added, "If the managers get more staff, everything will settle down." Another relative commented that at weekends staff are very stretched, they said, "When I come at the weekends, the staff are working flat out it's just not right." However, relatives could see a marked improvement since the change in management and were confident things would improve.

We brought this inspection forward because we received information that people may not be receiving the care they needed as there was not enough staff. People we spoke with although they confirmed they felt safe did raise concerns regarding staffing levels at times. One person said, "There are not enough staff." Another said, "I have to say, there are not enough staff." Another commented, "Staff do as much as they can for you, but there aren't enough staff." They explained, "Some people here need two staff to care for them, so I often have to wait until they are free."

On arrival there was a senior care worker administering medication on each unit and a further two care workers on each unit. However, one care worker on Salvin unit told us they were to accompany someone to the hospital that morning, which would have only left two staff to cover the unit. Prior to the care worker leaving, the deputy manager, who should have been on a day off, was called in to help, so they based themselves on the unit for most of the day. Without their input there would have only been two staff supporting 16 people, some of whom were living with dementia.

Throughout the day both units were calm and well organised, but staff were constantly busy. People's needs

were met, but staff did not have time to sit and talk to people or carry out any activities. One care worker told us that due to staff shortages they felt, "I can't give residents the care they deserve. For example there are no activities." Another staff member told us, "There are times when we just can't get everything done to meet people's needs as there is not enough staff." We saw that there were people who could present with behaviour that may challenge and staff were struggling to manage these people as well as meet other people's needs.

We looked at staffing levels at the service. We were told that service uses the Rhys Hearn tool to calculate the minimum number of staff on duty each day. The Rhys Hearn tool is a nationally recognised dependency tool that takes into account the number of people living at the home and the level of dependency of each resident, which in turn gives directions on the hours of care provided to be able to calculate staffing levels required. We looked at the previous month's dependency tool which showed that the service was staffed above the minimum guided amount. However, staff told us that there was not enough staff on duty and that team leaders should not be included in the dependency tool calculations as their roles meant that they were not always available to attend to a person's needs. Staff told us that due time constraints they felt that their roles were more task focused and that they did not have sufficient time for more person-centred care. One staff member told us that they felt 'run ragged.'

We discussed our concerns about poor staffing levels with the management team. The peripatetic manager told us that they will review staffing and that they are actively recruiting more staff, which included one full-time post for an activity coordinator. We saw evidence that peripatetic manager was recruiting more staff and had undertaken interviews for various positions on the day of inspection.

The deputy manager told us it had been determined that additional staff were needed and the provider had agreed to recruit more staff. Staff told us they felt there was not always sufficient staff available to fully meet the needs of the people currently living at home. For example, they told us on occasion they had worked below the planned numbers and until recently agency staff had not been used so they had worked short staffed. When asked how this had impacted on people living at the home one care worker told us, "If someone wants a bath that morning we sometimes can't as we are on our own. Also if two ladies want to go to the toilet at the same time we can only take one, so the other one has to wait and could have an accident [be incontinent]." Staff were clearly upset that sometimes people did not receive timely care and attention. When discussing staffing levels at night time staff said sometimes there were only three staff for the whole home, which they felt was not sufficient.

Domestic staff we spoke with also told us they were struggling to fulfil all their responsibilities as they were very short staffed. They told us the housekeeper had left and two domestics. This meant only two domestic staff were currently employed. One said, "I have to prioritise the laundry and the toilets as these are the areas that I have to keep on top of." They also went on to explain that, "It also doesn't help as only one washer is working in the laundry." This impacted on the management of infection control as some areas of the service were not cleaned as often as they were required.

Observations at lunchtime on Salvin unit indicated there were enough staff to assist people at that meal as the deputy and senior care worker were helping the care worker. This was also helped by the fact that the majority of people living in the unit did not require assistance with their meal. However, on Hewitt Unit we found people did not always receive the support required due to lack of staffing. Staff understood people's needs and knew they required support but could not give everyone the support required during the meal. This meant people did not always eat their meals as adequate support was not provided.

This is a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) regulations

## 2014. Staffing.

We discussed the staffing levels with the regional manager, who told us they were relying on existing staff covering shifts and agency covering any shortfall. This was because they were short staffed and were currently recruiting. The regional manager and the peripatetic manager both agreed that three staff on nights was not sufficient to meet people needs or to be able to evacuate the building in the case of an emergency. They agreed to provide four staff as a minimum on nights. We have received confirmation since our inspection that they are maintaining four staff on nights and have been successful in recruiting new staff. The regional manager assured us they had a contingency plan in place in case of last minute sickness, that would ensure the service did not have insufficient staff on duty to meet people's needs.

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. They said they would escalate concerns up the management team if necessary. However, not all staff we spoke with were aware of the contact details for the safeguarding team, should they need to speak to them. Staff said they had received training in this subject as part of their induction and refresher courses were available. Staff were aware of the company whistleblowing policy.

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described the different ways they tried to reduce the risks people may present. For instance, making sure walking aids were within easy reach.

We observed care and support was delivered in a way that promoted people's safety and welfare. However, not all care files sampled showed records were in place to monitor specific areas where people were more at risk, and did not always clearly explained what action staff needed to take to protect them. For example one person's care file we checked only had two care needs identified, when from the pre assessment it was clear they had more needs. We also found a number of risk assessment were blank. This meant the person could be at risk as staff were not aware of how to manage their risks safely.

The provider's audits highlighted missing risk assessments, but these had not been added to the files in a timely manner, as indicated on the audit. We saw that risk assessments that were in place had also not always been reviewed. The peripatetic manager had identified this and told us the new deputy manager was going to commence updating the risk assessments to ensure staff had up to date information on how to manage risks. We did see that each person did have a personal evacuation plan in case of fire to ensure information was available on people's individual needs in the case of an emergency.

This is a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

A recently recruited staff member described their recruitment and told us they had not been allowed to start working with people until all their checks had been completed. They told us they had completed an

application form and taken part in a face to face interview. The staff member confirmed they had provided two referees and undertaken a DBS check.

We looked at the arrangements in place for the management and administration of medication coming into and out of the home with the team leader on Hewitt, and found these to be robust. Staff told us medicines were only handled by members of staff who had received appropriate training.

Regular checks had been made to ensure Medication Administration Records [MAR] had been completed accurately and stocks were correct. For instance, we saw where a gap in signing had been identified on one MAR the team leader had checked the stock and established that the dose had been given. She had then recorded this on the reverse side of the MAR. We also saw good recording with regards to topical applications and charts were in place to monitor where medication patches had been sited, to ensure sites moved around the body.

We found information to tell staff about the administration of medicines prescribed on an 'as and when required' [PRN] basis, had been improved since our last inspection. However, in some cases more detailed information was needed. We discussed the benefits of having more additional information available with the team leader. For instance, especially with regards to people who could not verbally express they were in pain. They assured us more detailed information would be added as soon as possible.

At the last inspection we noted the thermometer used to monitor the temperature in the room was not the minimum and maximum type that gave temperatures reached throughout the day. At this visit was found a new thermometer had been purchased and temperatures were being recorded appropriately.

We also observed the senior care worker administering part of the morning medications on Salvin and Hewitt units and saw they followed good practice guidance. People told us, "I get my medicines on time." Another said, "Medication is given out with meals, they are always on time."

The management team told us the local GP visited the home weekly to discuss people condition and assess and medication issues. We also saw minutes from monthly meetings held with the GP, the dispensing pharmacy and the home's staff. The content showed they discussed topics such as people who were not eating or drinking enough, Deprivation of Liberty Safeguards, new admissions and deaths. In the minutes from the meeting on 27/7/17 the pharmacist had said they were happy with how medication issues were actioned.

## Is the service effective?

### Our findings

People we spoke with were very happy with the care and support. They said, "The staff are lovely, very helpful and considerate."

Staff we spoke with confirmed that they had undertaken a structured induction that had included completing the company's mandatory training and a period of shadowing an experienced staff member. A recently recruited care worker confirmed they had completed an induction which included completing the company's mandatory training and shadowing experienced staff for a period of time. They told us, "I had to do some of the training, such as manual handling, before I was allowed to work in the home. Since then I have done fire awareness and basic life support with the dummies." The care worker said they still had some training to complete, but they felt their induction had been satisfactory.

The regional manager was aware that staff that had no experience in care should be registered onto the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We found training was up to date and any updates or refresher courses required were booked and organised for staff to attend to ensure their knowledge was up to date. Staff we spoke with told us they felt they had access to all the training they needed to do their job well. All the staff we spoke with had either completed, or were undertaking a nationally recognised award in care.

The Deputy Manager told us that in a previous role she had trained staff to use Non-Abusive Psychological and Physical Intervention (NAPPI). NAPPI is a method used when working with people whose behaviour can be challenging. The Deputy Manager told us that it is her intention to train all staff on NAPPI.

Staff we spoke with said they had not received regular one to one support sessions and one care worker who had worked at the home for some time could not recall when they had their last annual appraisal of their work performance. One staff member told us, "I haven't had any feedback or anything from the office [management team], but the senior carer talks to you and tells you you're doing well." When we discussed what supervision sessions should look like none of the staff felt they had received meaningful support sessions. They also said no-one had asked them what training and development they felt they needed.

When we discussed staff support sessions with the management team we were shown copies of supervision records signed by staff. However, these were typed generic forms which covered topics such as the staff handbook, they were not individualised to the staff member and appeared to have been completed to provide evidence of supervision rather than provide staff with the one to one support they needed. The peripatetic manager was aware they needed improving and had devised a new format for both supervision and the yearly appraisal.

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.

Care files provided information about people's capacity to make decisions. We saw that where people did not have the capacity to consent the requirements of the Mental Capacity Act had been followed. Care staff had a general awareness of the Mental Capacity Act 2005. They told us they had completed e-learning on this subject to help them understand how to protect people's rights.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people had been assessed and application made, however, we identified two people who met the requirements of an urgent DoLS application and this had not been assessed as required. The peripatetic manager agreed an application should have been submitted and this was rectified during our inspection.

People we spoke with said that the catering system could benefit from some improvement. It seemed that people's experience of food provision varied. Although some people complimented the food, others felt that it was sometimes cold and did not look pleasant in presentation. People told us, "I cannot complain about the food I eat everything that they give me." Another said, "The food is good," However another person said, "The food varies from day to day sometimes it's just rubbish."

We observed the lunchtime meal on both units. The dining tables on both units were neatly set out and looked welcoming with linen tablecloths, condiments, flowers and napkins. Meals were served first to people in their rooms. The cook took the lead on serving the meals and the staff were seen to be very calm and patient when delivering meals to people who were in their bedrooms. Staff were describing the meals to people as they delivered it.

In the dining rooms there were no menus clearly visible on both units, but staff told us they went round each day with the planned menu to ask each person what they would like. They said pictures of meal choices were also available to assist some people to select their meal choice. One care worker described how people could request an alternative meal if they did not want anything off the set menu. However, many people told us they did not know what was for the lunchtime meal. One person said, "I have no idea what is for dinner today."

Lunch observed on Salvin was calm and organised. Ten people ate in the dining room, two in the lounge area and four in their rooms. Tables were set nicely with tablecloths, cutlery, serviettes, condiments and a vase of flowers. People were offered a choice of cold and hot drinks, which were readily topped up as needed. Meals taken to people's rooms were covered and presented nicely on a tray. Lunch consisted of soup, sandwiches or a hot light meal, followed by a pudding, the main meal was service in the evening.

We saw staff bending down to speak to people at their level. Both service users and staff chatted with each other in a cheerful friendly manner. Staff seemed eager to ensure people had what they wanted to eat and offered alternatives if someone did not want the food of offer. We also heard staff offering people second helping at both courses, and one person confidently asked staff for more ice cream, which they received. We saw when one person became a little agitated the deputy manager spoke with her, changing the subject,

which led the person to settle down to continue to enjoy their lunch.

The people we spoke with on Salvin unit said they had enjoyed their meal. However, the meal time experience on Hewitt unit was completely different; the service of food was calm and organised. However, when the food was served there were a number of people who required assistance and there was not enough staff to offer assistance to everyone. This meant some people were sat with food in front of them that went cold while they were waiting for assistance. We also observed people were struggling to get food on their fork so we saw people give up and push the plate away. One person said, "Sometimes the food is cold, if you have to be helped with eating it is cold by the time they get round to giving it you."

Care files included information about people's nutritional needs, their likes and dislikes. Nutritional assessments had been completed and where it had been identified people were losing weight, or needed to gain weight, action had been taken to increase their daily calorific intake. Staff explained how cream, full fat milk and butter were added to food to fortify them. Staff also said supplements were requested from GPs when needed and people's weight was monitored more regularly. We saw people's weight had been recorded more regularly where needed and food and fluid intake charts had been used to record exactly what and how much people at risk had eaten throughout the day and night. However, we noted that the senior staff responsible for analysing these records had not done so consistently. This meant that people's intake was not monitored effectively so issues could be missed; meaning timely action may not be implemented if people were not eating or drinking enough.

Salvin and Hewitt units were being redecorated at the time of our inspection, with the decorators painting the lounge area between corridors and doors in the alternative lounge/diner. The main corridors had already been decorated but looked bare, as pictures etcetera had not yet been replaced. Staff told us this would be completed as soon as all the decorating was concluded. Furnishings were of a satisfactory quality.

We saw the garden area that was accessed from both units had seating and sun shades so people could enjoy sitting in the garden, but it required some attention. For example, the grass needed cutting and flower beds had not been weeded or planted for the summer.

Care files sampled showed that people were supported to maintain good health and had access to healthcare services. We saw people had accessed outside agencies and health care professionals when needed. This included GPs, district nurses, dieticians and opticians. The management team described how the local GP visited the home weekly to address any concerns and monthly meetings were used to promote better communication between the home, the surgery and the dispensing pharmacy. Feedback we received from visiting health care professionals was very positive they told us staff sought advice and guidance and delivered effective care.

All the relatives spoken with said that the staff looked after people properly and saw GP's/opticians and nurses when they needed them.

# Is the service caring?

## Our findings

People that live in the home and the staff got on well together. It was clear from observations that people and visitors alike enjoyed their relationships with the staff team. People and relatives were very complimentary about certain individuals in the staff team. People told us, "I get on with everybody, the staff are great." Another person said, "Staff are terrific this is a happy place with lots of laughter." Another commented, "The staff here are great." Then added, "Everyone is so kind I do appreciate it."

Relatives we spoke with were also very happy with the care. They told us, "It means everything to me that [My relative] is happy here." Another said, "Every member of staff is so obliging they are so kind and do their best." Another commented, "This home is just that, a home. My relative is happy, and so am I."

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and residents looked comfortable together there was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them and meeting their needs. Relatives and visitors were also welcomed in a caring and friendly manner.

On both units we saw staff supported people in a caring and responsive manner while assisting them to go about their daily lives. Throughout our inspection we saw staff interacting positively with people who used the service. They gave each person appropriate care and respect while taking into account what they wanted and how they wanted things doing.

People's needs and preferences were recorded in their care files. One care worker told us how one person preferred to be supported by female care workers, and this was respected.

The staff spoken with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They felt the care provided was very person centred.

People were given choice about where and how they spent their time. We saw staff enabled them to be as independent as possible while providing support and assistance where required. Staff gave examples of how people could choose what time they went to bed and got up and the activities they joined in.

Staff we spoke with gave clear examples of how they respected people and maintained their privacy and dignity. One care worker said, "I shut the curtains and doors and ask people for their consent for giving personal care. I ask what they want to do for getting up or staying in bed [implying it was their choice not staffs]." Another care worker told us, "I tell them [people using the service] every step of the way what I am going to do, it gives them the opportunity to say they don't want something doing." They described how they gave people privacy when they could do so safely and added, "I think how I would want my mum and dad treated. I treat people how they [person living at the home] want to be treated."

Observed staff helping people to access toilets and move around the home in a safe and caring way. They offered constant guidance, communicating and interacting with people in a friendly but professional

manner.

Not all relatives and people living at Ladyfield House were involved in planning their care. Some people were not aware that they had a care plan. Although one visitor told us they had been involved in planning and reviewing their relatives care.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People told us they were happy with the care they received and said staff were very good. However, commented that they were bored as there was not enough stimulation or activities to meet people's needs.

Needs assessments had been carried out before people moved into the service and they and their relatives had been part of that assessment. Although some of these were very basic and were not fully completed. In particular, people who were admitted for urgent respite care.

Care files did not always contained information about the areas the person needed support with and risks associated with their care. Staff we spoke with were aware of people's needs and how to meet them. However, at the time of our inspection new staff were being recruited and agency staff were being used, therefore this posed a risk as these staff did not know people's needs.

The care files we sampled had been audited by a member of the management team. These clearly detailed any shortfalls such as the file needing a risk assessment as the person was at risk of choking, or additional information needed to be added to the a care plan. However, these had not always been completed by the timescale indicated on the audit form. There was no evidence that anyone had checked if the highlighted shortfalls had been addressed, and most timescales where in May or June 2017.

We spoke with the regional manager about this and she said she though most actions would have been completed and just not signed off, overall this was not what we found, we saw many of the actions were still required. This meant care plans were out of date and did not reflect people's current needs and the audits were not effective. However, the peripatetic manager told us new care plan audits had been devised and these would be implemented to identify any shortfalls in the care files.

Weekly booklets were used to record daily notes on how the person had spent their day and any changes in their wellbeing, as well as monitor areas such as pressure relief care and food and fluid intake and output. The content of daily notes seen was good, but monitoring forms had not always been analysed by senior staff as indicated in the booklet. For instance, in one booklet on five out of seven days the person's fluid intake had not been checked to see if they could be becoming dehydrated. On the two days there was a comment and signature it stated the person had not drunk enough. This was pertinent as the person only had one kidney and had been admitted to hospital the previous day with dehydration.

During the visit we saw no activities taking place on any unit. The activities board was out of date as it had the activities arranged for Easter still on display. Staff told us as there was no activities co-ordinator they tried to provide some stimulation, such as manicures and sing-a-longs, but said they had very little time to organise activities.

People and relatives told us the range of organised activities was not always good. Relatives said that they should be more varied and suitable for people with dementia.

On the day of the visit the board stated that there was to be 'arts and crafts' and 'reminiscence' this was not the case. Staff told us that they did not have time to offer any quality meaningful activities. They said there was on occasions some ad hoc music and entertainment 'moments.' Relatives felt although staff do make an effort this did not meet the needs of the people using the service.

During our observations we did not see any care workers actively sitting with people or chatting with people. There were some conversations in the afternoon but staff were completing paper work sat at dining tables as they spoke with people and their relatives socially. People we spoke with told us, "There are no proper activities." Another said, "The activities should be better organised." Another said, "I don't think we have activities anymore." Another commented, "There is never anything going off on the activity front. We used to do all sorts of things I miss the activities."

Relatives also told us there was a lack of activities. One relative said, "There never seems to be enough activities [My relative] would like to go on trips and outing even in winter." Another said, "It's a crime that people get so bored people need proper structured activities." This meant care was not person centred as it did not meet peoples social needs or reflect their preferences.

This is a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Person-centred care.

There were occasional entertainers and church services held in the home. People told us, "There is a lovely church service here it means a lot to me." Another person said, "I love singing hymns we have a little service every month."

The provider had a complaints procedure which was available to people who lived and visited the service. Records showed the service had received three complaints since our last inspection, although the log at the front of the file had not always been completed with the details of the concern or the outcome. The complaints and compliments files was disorganised and the regional manager found it difficult to locate all the necessary information [she said some would be in email form on the computer]. The outcomes of two of the complaints were located but not the third. The acting manager showed us a new form he was introducing which will provide a good summary of each complaint, if completed consistently. We were assured that in future any complaints received would be recorded appropriately.

## Is the service well-led?

### Our findings

At our previous inspection in November 2016, we found a breach of regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

At this inspection we found a continued breach of this regulation. Although we found that new monitoring systems had been introduced from the date that the peripatetic manager was appointed, which was two weeks prior to our inspection. The systems were not fully implemented or embedded into practice.

The peripatetic manager told us that not all monitoring systems that were in place prior to his arrival were sufficiently robust to drive forward improvements at the service. For example, we saw that medication audits were being completed and actions were being identified. However, there was no completion date listed which meant that we were unable to evidence whether any action had been taken to rectify an issue. We saw that the peripatetic manager was already in the process of updating monitoring systems, such as medication audits, to ensure that these were recorded to a satisfactory standard.

We saw monthly checks and audits had been undertaken by the peripatetic manager and senior staff at the home. Those seen included care plan, deprivation of liberty, quality assurance visits, safeguarding, dependency tool, medication, health and safety and infection control audits. We also saw the regional manager monitored the service and had identified the shortfalls that we saw at the inspection and had an action plan in place to address these.

However, the care plan audits had not been effective as many actions identified were still not addressed. The peripatetic manager told us that new care plan audits were also being devised and would be implemented. However, these had not been implemented at the time of our inspection. The new systems needed to be fully implemented and staff to become familiar with them and to become embedded into practice so the improvements when in place can be sustained.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good governance.

At the time of the inspection there was no registered manager in place. 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 management team consisted of a peripatetic manager, a newly appointed deputy manager and two team leaders, one for each unit. A peripatetic manager is a person who works at different care services to fulfil similar responsibilities to that of a registered manager for a short period of time. We spoke with the regional manager who told us that it was their intention for the peripatetic manager to remain in place until a suitable manager was identified for the purpose of registering with the Care Quality Commission to manage the service on a more permanent basis. The regional manager told us they wanted the right calibre

of manager and would continue advertising and shortlisting until they were identified. They had already interviewed some candidates but felt they were not suitable. This gave us assurances they wanted to sustain the improvements.

The peripatetic manager had worked for the registered provider for many years at other homes within the registered provider group and had worked at Ladyfield House as acting manager since June 2017.

There was a positive and welcoming atmosphere at the home. All people spoken with knew how to complain or knew who they would choose to tell about any concerns. We saw there were action plans drawn up following a management feedback summary report dated March 2017. This was developed following surveys undertaken with people who used the service and their relatives. However, there was no up-to-date evidence that people's current thoughts and ideas were acted upon.

The people who use the service were gaining confidence in the temporary manager but were still uncertain about who will manage the home long-term. One relative we spoke with told us, "We have filled in various questionnaires; I never saw any results from them."

Staff spoke positively of the current management team and told us that they are, "Very approachable, if you have a problem they listen to you. They don't shove you away." Staff told us that they felt well-supported by the management team in the performance of their roles. For example, staff told us that the management team had given them additional time to update care files, which was protected and separate from their caring roles. Staff told us that they valued this time as it enabled them to manage their time better and deliver high quality care.

Staff told us that they felt confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. For example, a staff member told us that a person they supported was known to refuse their meals, which the staff member attributed to the portion size appearing too large on the plate. The staff member noted that the person preferred their meals on a smaller plate as it gave the appearance of a more manageable portion size, even though the portions were the same. The staff member informed the peripatetic manager who thereafter arranged for this resident to have their meals served on a smaller plate. This proved successful in increasing the resident's nutritional intake. This demonstrates that management team are committed to person-centred care to ensure that physical needs are being met.

The peripatetic manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw them greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached them to speak with them. We found the atmosphere in the home was friendly and we saw positive interactions between people using the service, their family and staff.

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. Where an increase or pattern in falls had been identified, we saw records to show relevant consultations and referrals had taken place with health care professionals to support and improve the person's well-being. We saw that a fire risk assessment and personal emergency evacuation plans were in place. The peripatetic manager told us that as part of the health and safety action plan they would be conducting regular fire drills to minimise risk in the event of a fire. We saw that there was monitoring

systems in place for service certificates, which were stored digitally and were within expiry dates. For example, we saw records that showed all electrical appliances had received portable appliance testing (PAT) in the last 12 months, the fire alarms and boiler had recently been serviced, and water samples had been taken to minimise the risk of legionella.

Staff spoken with said some staff meetings and daily handovers took place so important information could be shared. Records showed unit meetings had taken place but the unit accommodating people living with dementia held fewer meetings. Staff told us the management had an 'open door' policy and were very approachable.

The manager told us 'residents meetings' were held and planned so people had further opportunities to share their views.

The peripatetic manager told us that people were able to attend Holy Communion each month and they had planned an excursion to a pantomime show later in the month. We did not feel that this was sufficient in order to maintain a person's community links while living at the home. We discussed our concern with the peripatetic manager and they assured us that this would improve following the appointment of a full-time activity coordinator. We saw the peripatetic manager was holding interviews for care staff and an activity coordinator position on the same day of the inspection.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff could be kept fully up to date with current legislation and guidance.

The peripatetic manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this. However, we identified two incidents that had occurred, that would require a notification to CQC. The peripatetic manager had not been made aware and no notification had been sent in.

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 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive care and treatment that was person-centred and met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were at risk as risks had not always been identified and measures were not in place to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems and processes established to ensure effective monitoring was embedded into practice to improve the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not always ensure that there were sufficient numbers of staff deployed to meet people's needs.

