

# Veecare Ltd

# Loughton Court

## Inspection report

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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?

Requires Improvement



### Overall summary

We inspected this service on 2 March 2015. The inspection was unannounced. At our previous inspection in May 2013, the service was meeting the regulations that we checked.

The service provides accommodation and personal care for up to 24 older people who may have dementia. Twenty one people were living at the home on the day of our inspection.

A requirement of the service's registration is that they 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. At the time of our inspection there was a registered manager working at the service. The registered manager was about to leave but the provider had recruited a new manager and a handover period had been arranged.

There was a calm, relaxed atmosphere at the home and people told us they felt safe and were happy living at the home. The registered manager and staff understood their responsibilities to protect people from harm.

Staff were trained to care and support people safely and had a good understanding of people's needs because

# Summary of findings

they read their care plans and took the time to get to know them well. The registered manager operated safe recruitment processes and new staff received induction training that supported them to meet the needs of people living at the home.

People were supported to maintain good health and accessed the services of other health professionals. People told us they saw their doctor, district nurse and social worker when they needed to.

The registered manager understood their responsibility to comply with the requirements of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. For people who were assessed as not having capacity, we saw that their families were involved in discussions about who should make decisions in their best interest.

We saw there were sufficient staff to support people and people did not have to wait long when they asked for assistance. People told us they liked the staff and we saw that they were relaxed and comfortable in their company. Staff understood people's individual needs and abilities and were alert to verbal and non-verbal cues and responded in a way that respected people's dignity and promoted their independence.

People enjoyed the food at the home and had access to drinks and snacks to meet their nutritional needs. We saw people were able to make choices and relatives told us they were encouraged to visit whenever they liked. People were encouraged to take part in activities within the home.

People and their relatives were involved in planning and agreeing how they were cared for and supported. People told us the registered manager was approachable and they felt able to raise their concerns. The registered manager shared complaints with staff as an opportunity for learning and to make improvements to the service.

Audits were carried out to check the safety and quality of the service but these were not effective in identifying shortfalls in the way medicines were handled at the home, and the monitoring of people at risk of not drinking enough fluids. There was no system in place to monitor the information from accidents and incidents.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have asked the provider to take at the back of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Risks to people's health and welfare were identified and their care plans described the actions staff should take to minimise their identified risks. Medicines were stored securely and administered as prescribed. We saw there were enough staff on duty to meet people's needs and people told us they did not wait long when they asked staff for support. Staff were recruited safely and received induction and training to enable them to keep people safe from harm.

Good



### Is the service effective?

The service was effective.

People received support from staff that were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs. People received timely support from appropriate health and social care professionals.

Good



### Is the service caring?

The service was caring.

People were supported with kindness, respect and dignity. Staff were patient, understanding and responsive to people's individual needs. Staff had a good understanding of people's preferences and supported them to spend their time as they wished.

Good



### Is the service responsive?

The service was responsive.

People received individualised care from staff who understood their choices and preferences. People's relatives were involved in care planning reviews and felt their views were taken into account. People's concerns and complaints were responded to and acted on.

Good



### Is the service well-led?

The service was not always well-led.

The registered provider did not always have adequate systems in place for assessing and monitoring the quality and safety of the service. People knew the registered manager and were complimentary and supportive of them. People's views were listened to and taken into account in the planning of the service.

Requires Improvement



# Loughton Court

## 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 registered 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.'

The inspection took place on 2 March 2015 by two inspectors and was unannounced.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives and professionals who visited the service, from the local authority commissioners and we reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about important

events which the registered provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our inspection we spoke with five people who lived at the home, two relatives, three care staff, two domestic staff and the registered manager.

We observed care being delivered in communal areas and we observed how people were supported at lunch time.

We looked at a range of records about people's care including four care files. This was to assess whether the information needed about each person, and the care offered to each person was available.

We reviewed records of the checks the registered manager and the registered provider made to assure themselves people received a quality service.

We looked at personnel files for two members of staff to check that suitable recruitment procedures were in place and staff received training and were supported to deliver care and support appropriate to each person's needs.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe at the home. One person told us, “It was funny at the beginning but I’m settled now”. A relative told us, “It gives me peace of mind [them being here]”. There was a calm atmosphere throughout the home and we saw that people were relaxed with staff and spoke confidently with them. Staff we spoke with were aware of their responsibilities to keep people safe and protect them from harm. Staff told us they had completed training in safeguarding people and knew what action they would take if they had concerns. For example, one staff member told us, “I would report it to the registered manager if I saw anything”. This meant the staff understood their responsibilities to keep people safe.

In the care plans we looked at, people’s individual needs were assessed before admission and where risks were identified, the care plan described how care staff should minimise the identified risk. Staff we spoke with knew about people’s individual risks and explained the actions they took and the equipment they used to support people safely. One person’s care plan included strategies for managing complex behaviour and staff we spoke with were able to describe how they used the information to help reassure people and maintain their wellbeing. The member of staff told us that the person liked to hold a soft toy to comfort them if they were feeling anxious. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

We saw a register of equipment which showed regular maintenance checks were carried out. Risk assessments were in place and a planned programme of checks, servicing and maintenance arrangements for fire alarm

systems, water systems and temperatures and call bells. This meant the provider took appropriate actions to minimise the risks to people’s safety in relation to the premises and equipment..

People we spoke with did not express concerns about the number of staff on duty at the home and we saw that care staff were in attendance in the communal areas throughout our inspection and were proactive in making sure people were comfortable and engaged with people. Care records we looked at showed a dependency profile was completed for people, which enabled the registered manager to identify how many staff were needed to support people according to their needs. The registered manager told us staffing levels had been reviewed in the last three months and increased to meet the needs of people in the early evening and rotas showed that staffing numbers were being maintained at the increased level. Staff told us they always had enough staff to hoist people safely and we observed staff helping people to mobilise safely and in accordance with their plan of care which meant that risks to people’s safety were being managed effectively.

The records we looked at confirmed suitable recruitment procedures were in place. References were followed up and checks were made through the Disclosure and Barring Service (DBS) before staff started work. The DBS is a national agency that keeps records of criminal convictions

We saw that medicines were stored securely and administered correctly. We looked at the medicines administration records (MAR) for three people which showed that medicines were administered as prescribed. Staff told us and records confirmed that staff received training to administer medicines and had their competence checked periodically by the registered manager to ensure that people received their medicines safely. We observed people were supported to take their medicine sensitively and were not rushed. Staff explained to people what they were doing as they supported them.

# Is the service effective?

## Our findings

Throughout the inspection we saw that staff communicated and interacted well with people and had the skills and knowledge to meet people's needs. People we spoke with told us that staff met their needs and that they were happy with the care provided. One person added, "I get a bit confused but they [staff] help me." Relatives told us, "We are really pleased with the care. I can't fault it here, the treatment is fantastic".

Staff told us and records confirmed they received an induction when they started working, which included shadowing other staff for a few days and having time to look at care plans to become familiar with people's history and their likes and dislikes. The registered manager told us about how they encouraged staff to develop their skills. For example, they were mentoring a new member of staff who had started work at the home with very little experience, making sure they know what is expected of them and ensuring they undertake the necessary training to gain the skills needed to meet people's needs.

Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had and said they felt well supported in their role. One staff member said, "You get the support you need, there's no pressure, the support is amazing". One member of staff talked to us about dementia awareness training they received recently. They told us, "It is the best thing I've done in six years, it gave me more of an understanding of the different types of dementia, and different behaviour". This meant people were cared for and supported by suitably skilled staff.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The registered manager had a good understanding of the MCA and records showed that where required, people's capacity had been assessed. Staff understood that where people lack capacity to make

decisions for themselves, decisions were made in their best interests, with involvement from family members and the local authority DoLS team. One member of staff told us, "When someone can't make decisions, we would need to get the DoLS team involved". All the staff had received training in the MCA and DoLS and we saw that staff sought people's consent before care and support was provided. One member of staff told us, "If they can't tell you, we always ask, and show and offer choice". No one was deprived of their liberty or was under a DoLS at the time of our inspection.

We saw people were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, "You can't fault the meals". And, "There is always a choice". We observed staff offering drinks. One person told us, "They do that every day, they always offer orange or blackcurrant". Menu boards showed that there was a varied menu and that people were offered choice. We saw staff offer further helpings or something else if people didn't like what was on offer. People were encouraged to be independent with eating, but where needed, staff were observed offering support and assistance which meant that people were supported to eat and drink enough and maintain a balanced diet.

People told us they received care and treatment from other health care professionals such as their GP, district nurse and social worker. For example, care records we saw showed that people's weights were recorded. One person had lost weight during a month had been referred to the dietician and GP for a review of nutritional supplements in order to minimise risks to their nutrition.

Staff told us they worked closely with a GP to review people assessed at high risk of falling and could make direct referrals to the falls prevention service. Records showed that specific falls prevention equipment was provided where needed. The registered manager told us staff supported people to attend hospital appointments if relatives could not attend. This showed that people were supported to maintain their health and receive ongoing healthcare.

# Is the service caring?

## Our findings

People we spoke with were happy with the care and support they received and were complimentary about the staff. Comments included, "I like them, they are very kind". And, "We can do anything, eat anything, and say what we want properly, I like it here, in a nutshell it's good"

We spent time in the communal areas observing the interaction between people and the staff. We saw staff knew the people in the home well and engaged with them at every opportunity. Staff looked for nonverbal cues or signs in how people communicated their mood, feelings or choices. For example, one member of staff asked a person, "Is it your handbag you're worrying about [name]... Shall I get it for you?" This demonstrated the staff were friendly and respectful and responded quickly to people's needs.

People told us they could choose how they spent their time and we saw staff gave people choices about what they wanted to do. For example, we heard staff asking people if they wanted to watch television or listen to music. One member of staff asked, "Is there anything you would like to be doing?" One person told us, "I get up in my own time, I go to bed when I like... the staff say, do what you like, it's your home". Another person added, "I choose what I want to wear and picked out my clothes last night.... I like my jewels and wear them every day".

We saw that when people asked for support, staff responded without delay and spoke discreetly with people. We saw they made sure people were comfortable at all times and if needed, their frames were close by to promote their independence. Staff told us they enjoyed working at the home and felt confident that people received good care. One member of staff told us, "It's really good, the residents are well looked after". All the staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity.

Relatives were able to visit at any time and were made welcome. People told us the registered manager kept them informed about any changes to their relative's needs. One relative came to find us to tell us how happy they were with the support they'd received from the registered manager and staff during their recent bereavement. They told us they had visited every day for 18 months and had not experienced any problems during that time.

Records showed that the services of an advocate had been offered to people living at the home which showed that people were being supported to make decisions about their care, treatment and support. An advocate is an independent person who is appointed to support a person to make and communicate their decisions.



# Is the service responsive?

## Our findings

People told us staff were responsive to their needs. One person added “Staff will go and get anything I want or need”. Staff told us they knew people’s preferences by reading their care plans and talking with people. Care plans we looked at contained a variety of information about each individual person, including a life overview, school, work, family and social and leisure preferences. Staff told us they had handover at the start of each shift and used a communication book to share information on how people were feeling day to day. This showed that staff had up to date information on people’s needs and were able to provide the care and support people required. Staff told us they enjoyed working at the home, “it’s family focussed....it’s great”.

We saw evidence that when people didn’t have capacity to make their own decisions, relatives were involved in making decisions in the person’s best interest. A relative told us about a meeting where they had requested not to have a male carer and confirmed that their wishes were respected. This demonstrated that people were given the care and support they needed in relation to their gender preferences. We also saw that the home was responsive to the needs of a person who was waiting to move to more independent accommodation. They told us “If it wasn’t for [staff member] I’d have gone round the bend. ....they [staff] help me, we have a joke, and I can talk to them normally”.

People we spoke with told us they were supported to follow their interests and take part in social activities. Once

person told us they liked to crochet. They said, “I never have to ask, they [the staff] buy all my wool for me”. Another person added, “I enjoy it here” “I have a good time”. On the day of our visit, one person who was living with dementia was singing along to music on a CD player alongside them. Staff and relatives told us the person loved to sing and had the CD on almost every day. Staff told us trips and outside entertainment was provided. One person told us they had really enjoyed being able to accompany their relative on a recent outing to a local garden centre.

People told us the staff and management were approachable and they felt they were able to raise any concerns they may have. People we spoke with did not have any complaints about the service. One person told us “I’m happy, I’ve not had any troubles here”. There was information displayed in the home for people and relatives about how to make a complaint and records showed that complaints were investigated in line with the provider’s policies and procedures. The registered manager told us and records showed that complaints were reviewed and discussed with staff as an opportunity for learning and to make improvements to the service.

Resident’s and relative’s views were sought through an annual questionnaire, which the registered manager was in the process of analysing. The registered manager showed us feedback from a previous consultation which had resulted in re-decoration work at the home and an increase in the types of activities on offer at the home.



# Is the service well-led?

## Our findings

Some of the systems the provider had in place to assess and monitor the safety and quality of the service people received were not effective. The registered manager showed us some of the checks they had completed. We also saw checks undertaken by the provider, but there was no action plan that could be reviewed and signed off when any required improvements had been made. We found the recording of stock balances of medicines was not well managed as the check list only looked at surplus balances of medicines and there was no audit trail to show that any errors had been investigated. We checked the medicines administration records (MAR) for three people's medicines and found that the medicines for pain relief on an 'as required' basis, were incorrect in all instances.

There was no audit in place to monitor if care plan entries were accurate and appropriately written. We found there were omissions in people's care plans which had not been identified. For example, we looked at records for a person who told us they were able to administer their own medicines with support. This had not been risk assessed and there was no management plan in place. We also looked at records for a person at risk of dehydration and found that their intake was not being monitored and staff we spoke to were not clear on who had overall responsibility. The registered manager told us there was no written audit tool or guidelines for staff on who had overall responsibility for passing information onto a health professional.

The registered manager told us they had increased staffing levels at the service to meet people's needs in the early

evening but there was no system in place to monitor and review staffing levels on an ongoing basis to make sure there were always sufficient staff to meet people's physical and social needs.

We found there was no analysis of trends for accidents and incidents, for example if people were more likely to fall when staffing levels were lower. This meant the provider did not have a system in place to identify how further accidents or incidents, such as the cause of repeated falls, might be avoided.

**This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.**

People told us they found the registered manager very helpful and felt they could go to them with their concerns. One person said, "The registered manager is lovely, [name] can't do enough for us". The registered manager told us about the standards they set for staff and how they took action if there were concerns about their performance.

The staff culture at the home was open and honest. Staff told us they felt supported by the registered manager, one added "An absolutely brilliant registered manager, for residents and staff...residents want for nothing". The registered manager told us outings were financed through the Residents Fund, which had received a number of donations from relatives of people who had lived at the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17 (1)-(2) (a)(b)</p>