Derbyshire County Council

# Lacemaker Court Residential and Community Care Centre

## 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? | Good |

# Summary of findings

## Overall summary

The inspection took place on 10 August 2018 and was unannounced. At the last inspection in July 2017 we rated the home overall as 'Requires Improvement.' Following the last inspection, we asked the provider to complete an action plan to show how they would make the required improvements. What they would do and by when to improve the key question in 'Effective' and 'Welled' to at least good At this inspection we saw the required improvements had been made.

Lacemaker Court 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 home is purpose built to support people living with dementia. The accommodation is provided over two floors, each floor has communal spaces to provide dinning and relaxation. All the bedrooms have ensuite facilities. On the ground floor there is access to a secure garden and additional communal rooms.

The service was registered to provide accommodation for up to 16 people. At the time of our inspection 14 people were using the service.

Lacemaker Court has 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.

People were supported to be protected from harm. Staff had received training in safeguarding and a range of courses to support their role. Risks had been assessed to reduce the opportunities of accidents or incidents occurring. Where these had happened, we saw risk assessments had been reviewed and measure put in place to reduce the risk of reoccurrence.

There was enough staff to support people's needs and recruitment practices were in place. This ensured staff were suitable to work with people. Medicine was managed safety and reviewed when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Independence was encouraged and supported. People could choose how they spent their day.

Activities were available and people had been encouraged to be part of the planning. Their views mattered and any comments or suggested improvements had been followed.

The care plans reflected people's needs. These included those in relation to culture and communication.

People had been able to connect with the staff and had established positive relationships.

The registered manager completed a range of audits to reflect on the quality of the care being provided. These had been used to consider trends or to drive improvement. We had received notifications and the provider understood their responsibilities under their registration.

Partnerships had been established with health care professionals and this enabled good communications in promoting people's health care needs. This included people's nutritional requirements. These were supported and people were able to make choices in relation to their meals.

The environment was kept clean to reduce the risk of infection. The home was purpose built and provided space for people to socialise with other or to have some private space. People had been encouraged to personalise their own space.

## 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
People were supported to be safe from harm. There were sufficient staff to support people and recruitment checks were in place. Lessons had been learnt to drive improvement.

Medicine was managed safely and risk assessments had been completed. People were protected from the risk of infection.

### Is the service effective?

Good

The service was effective
People were supported to make their own decisions. When they lacked capacity, the correct processes were followed.

People's nutritional and health care needs were met. Staff received training to support their role and the environment was adapted for people

### Is the service caring?

Good

The service was caring
People enjoyed positive relationships with the staff. There was a kind and respectful approach to the care people received.

When required people had access to an advocate and relatives could visit whenever they wished.

### Is the service responsive?

Good

The service was responsive
Care plans reflected people's care needs, including cultural requirements and communication methods.
Activities were available to support people's interests and daily choice. There was a complaints policy, which was followed when required.

### Is the service well-led?

Good

The service was well led
Audits were completed to reflect on the quality of the care and any ongoing improvements. Staff felt supported and there was a positive atmosphere within the home.

People's views were considered and partnerships had been established.
The registered manager understood the requirements of their registration.

# Lacemaker Court Residential and Community Care Centre

**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 10 August 2018 and was unannounced. The inspection was completed by one inspector and an assistant inspector. This was the homes second inspection; the previous rating was 'Requires Improvement' with two breaches of the regulations. The provider had completed an action plan in July 2017 and we saw at this inspection the required improvements had been made.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service and one relative. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with them in communal areas.

We spoke with five members of care staff, the two deputy managers and the registered manager. We also

spoke with two health care and one social care professional who were visiting on the day of the inspection, their comments have been included.

We looked at the care records for four people to see if they were accurate and up to date. In addition, we looked at audits completed by the home in relation to falls, infection control and medicines. We also looked at minutes for meetings and feedback events to ensure the quality of the service was continuously monitored and reviewed to drive improvement. After the inspection we asked the provider for information in relation to recruitment and maintenance and this was provided within our agreed timeframe.

Good

# Is the service safe?

## Our findings

People were supported to be safe from abuse or harm. Staff confirmed they had attended safeguarding training. They knew how to recognise signs of abuse and were clear of the actions they should take if they suspected abuse, and how to report any concerns. We saw information relating to safeguarding was on display on the notice board.

Individual Risk assessment were in place to help keep people safe, these promoted people's independence. When they were mobilising, people were encouraged to walk and the correct support was provided, for example, two staff. Some people required the support of equipment to move and we saw clear guidance was detailed in their assessments. Staff we spoke with understood people's individual risk and how to support them safely.

The risk assessments also covered areas to protect people from sore skin and areas of personal care such as catheter care, and tissue viability. One staff member explained how they supported a person to manage their continence care to promote independence while keeping them safe. When people's needs changed, their risk assessments had been updated to reflect this.

There were measures in place to support people in case of an emergency. Each person had an emergency evacuation plan which was specific to them and the support they required. These were accessible within the care plans and in the emergency 'grab bag' located at the exit.

There was sufficient staff to support people's needs and maintain their safety. One relative said "There's always plenty of staff around". We observed staff responding to people's needs as required. Each person had a dependency tool within their care plan which provided guidance on the level of staff that person would require to support their needs. The registered manager told us that they had increased staffing levels if people required additional support. Staff we spoke with all felt there was enough staff. One said, "The manager will put extra staff on duty if people are poorly or if there is an activity planned." We reviewed the staffing rotas and they corresponded with the number of staff on duty and the agreed planned staffing levels.

All recruitment details were held by a central office. We asked for details of recruitment after the inspection. These confirmed that the required checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff we spoke with also confirmed these checks had been completed. This demonstrated that the provider had safe recruitment practices in place.

Medicine was managed safety. We saw that there was a planned approach to ordering and managing the stock, this ensured that people had the correct medicine to meet their prescribed needs. We observed people receiving their medicine and staff explained the medicine to them and they provided a glass of water to assist with taking tablets. All medicine was recorded on the medicine administration record. Staff had

received training in relation to medicine management and were unable to provide this level of support without the training. They had completed supervised medicine rounds to check that they had understood the training.

The registered manager was committed to ensuring people received a review of their medicine. They told us, "The wrong medicine can have a major impact on how a person is able to function, so it is important we get that right." We saw how this was used to reflect on lessons learnt and shared with the staff. Several people had received a review and their medicine had been reduced with positive impacts on their wellbeing.

The home was clean and hygienic which reduced the risk of infection. We saw there were cleaning schedules in place and staff used protective equipment like gloves and aprons when they provided personal care or served food. The home had a five-star rating from the food standards agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority.

Good

# Is the service effective?

## Our findings

At our last inspection in June 2017 we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that assessments had been completed when people lacked capacity. At this inspection we found that the required improvements have been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity, we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. When a DoLS had been authorised, this was recorded and all the staff had been informed. Staff had received training in MCA and understood the importance of giving people the opportunity to make their own choices. One staff member said, "We always assume someone has capacity as it can vary depending on the time and the situation, it's important to know the individual." This demonstrated the provider adhered to the MCA requirements.

Care and support was planned and delivered in line with current guidance and standards. For example, one person was diabetic. We saw that information was available within the care plan and detailed records were kept so that the person's blood sugar could be monitored. Staff understood the importance of the levels and had guidance to follow if any risk was identified.

Staff had received training to support their role. We saw these covered a wide range of skills. All the staff had received comprehensive training in supporting people living with dementia. One staff member talked to us about some of the things they had learnt. They said, "The training is really detailed, it reflects on how dementia affects the brain. It has made me aware of when approaching people, and to do this from the front along with talking directly to people. This is because people could have lost their spacial awareness."

Some staff required additional support with their learning. The registered manager had supported one person with additional training tools. They had established some mechanisms to enable them to complete the training and when completing daily log recordings.

People were supported to maintain their health and wellbeing. Staff were clear on the process to refer

people to health care professionals. We spoke with two health care professionals during the inspection. One said, "Staff contact us when they are concerned and when we have left guidance this is followed." One health care professional told us staff had managed people's pressure care which had reduced the risk of sore skin.

The home had a kitchette on each floor. This enabled staff to provide people with regular drinks and snacks. We saw there was a wide choice available. Meals were prepared by the cook situated in the extra care site next door. The kitchen catered for people's dietary needs and the registered manager worked with them to consider the choices of meals on offer. The lunch was chosen from the menu the previous day; however, alternatives were available and offered. People's weight was monitored and any concerns had resulted in a referral to health care professionals for advice and guidance. Where this guidance had been provided we saw this was followed. For example, the consistency of the meal to reduce the risk of choking.

Lacemaker had achieved the Gold award from the Sirling University in relation to the environment being dementia friendly. We saw that the home had wide corridors and space for people to walk at their leisure. There was a secure garden which had a path guiding people. Outside each bedroom there was a memory box, this was personal and contained items which related to the person, their life or interests. A relative of a new person moving into the home said, "Staff have encouraged us to bring in things from home to personalise their room that has made such a difference." Communal spaces were bright and welcoming.

Good

# Is the service caring?

## Our findings

People had been able to establish a relationship with the staff. We observed this through the interactions between the people and the staff. One staff member said, "I like to speak to everyone. It's important to have interactions that are specific to the person." A health care professional said, "Care here is very good. The staff want to make a difference."

People were supported to be independent. One staff member told us, "We encourage people to participate in daily tasks, like washing up or folding towels." We observed people being encouraged with making a choice. Some people walked with a purpose around the home and staff observed them at a short distance to avoid intruding on their space, however being close enough to support if required.

Some people had no immediate family or a person who could support them with their decisions. We saw how this had resulted in a referral being made for an advocate. A statutory advocate, for example Independent Mental Capacity Advocates ('IMCAs') and Independent Mental Health Advocates ('IMHAs') are independent and provide people with support in their decision making.

Relatives were welcome to call at the home anytime. We saw when relatives arrived they were offered refreshments and the opportunity to spend time with their relative in the privacy of their own bedroom or in the quiet spaces available.

Staff showed respect to people. For example, a health care professional had called to see a person. It coincided with the midday meal.  Staff asked the person if they wanted their meal keeping warm or if they would prefer to see the professional later. Giving them the choice and supporting the persons chosen response. A social care professional said, "I have observed the staff talking with people and this is done as an equal. People are respected here." Before staff entered people's room they knocked and announced themselves. We saw people's dignity was considered when they received personal care or when being moved with equipment.

Good

# Is the service responsive?

## Our findings

People received an assessment before they made the decision to move to the home. A relative told us, "After we agreed the move the manager was in regular contact. They also included me in developing the care plan including likes and dislikes." They added, "I feel very lucky to get them a place here, the staff have been lovely and the manager has spent time with me and [name]."

When staff commenced their shift, we saw they received a handover. This enable staff to understand anyone's changed needs. A staff member told us, "We all take part in handover this is very important to keep up to date with what's happening."

Care plans were detailed and provided a range of information to support the person's care needs. These included their history, preferences and any aspects of care which may have an impact on the care needs the persons had. One staff member said, "We also complete daily records for behaviour, fluid and food intake, and other charts reflective of people's care. These are audited by senior care staff and sometimes this information will lead to a change in the persons care or medicine."

Different methods of communication were used to enable people to understand information or when making decisions. We saw that communication cards were available, in addition to easy read versions of information. Staff were also aware of people's different body language methods. One person told us, "When [name] wants support they lean forward. They like to be independent, but you always need to be aware in case they want assistance." This mean the provider was meeting the Accessible Information Standards (AIS), this law aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People's cultural and diverse needs had been considered. For example, some people required support of a different language and this had been reflected in the use of flash cards and some staff had learnt key phrases. The cook had also cooked some dishes known to this nationality. People's diversity and sexuality was respected. One staff member told us, "I have recently been on a 'lesbian, gay, bisexual, and transgender' training course. It was informative as we need to be aware of the people's life choices."

People were supported to engaged in a range of activities which were suitable to their individual needs. One staff member said, "We get extra staff to go out with people." Some people enjoyed the television and told us, "I like this programme, I watch it most days." We saw later in the day the television was changed for music, again this was with the consent of people. Whilst the music was playing some staff and people joined in with a spontaneous singalong.
Staff told us about one occasion when they had taken a person to town and enjoy ice cream refreshments. They had taken some photographs of the event. Sadly, this person passed away shortly after this occasion, but staff were able to share the photographs with family, who said it was a real comfort to see them looking so content.

We also saw there was an orientation board. This reflected the date, time and the weather. We saw these

were all correct. This enabled people living with dementia to understand daily aspects of their life and was available as a reminder should they forget. Volunteers were also welcomes to the home. Some of these were staff members who had retired. They had set up a domino group, which occurred weekly.

The provider had a complaints policy and a copy was available on the notice board in reception. Since the last inspection there had been no formal complaints. Relatives we spoke with felt confident they could raise any concerns if required. We saw that the staff had received some cards of thanks. Examples of these were, 'Thank you for looking after [name] your loving care was good' and 'Thank you for your friendship.'

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail. However, we saw some people had been supported with palliative care. These people had been made comfortable and medicine was available to ensure they were pain free. We saw how one person's bed had been moved to the centre of the room so they could see directly outside into the garden. Those people who were able had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Good

# Is the service well-led?

## Our findings

At our last inspection in June 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that audits had been completed to drive improvements. At this inspection we found that the required improvements have been made.

We saw there was a whole range of audits which had been developed to reflect on the quality of care being provided. For example, the audit in relation to when people had fallen. We saw that referrals had been made to the falls team and consideration for each person in relation to their environment. One person now had a 'crash mat' at the side of the bed as they had a tendency to roll during the night. Staff also provided regular checks on the person. We saw that medicine audits had been completed. These had identified some signatures were missing and action had been taken to rectify this situation reoccurring. The deputies were reviewing the audits to consider a more streamlined approach so they could use them to be more focused on driving improvements.

The staff we spoke with all felt supported by the registered manager. One person said, "Brilliant support, the manager is hands on and practices what they preach." Another staff member said,
"I love working here. I have learnt so much, all the staff are well trained." Staff we spoke with said the registered manager was enthusiastic about creating the right atmosphere. One staff member told us, "When it was really hot they had arranged for the ice cream van to call at the home. Each person was given some money so they could personally purchase the ice cream of their choice." A health care professional also reflected on the committement of the registered manager, they said, "The people are at the forefront of the service. They are passionate about the home."

The registered manager had taken on an apprentice each year. Following one of the apprenticeship being completed the person was successful in obtaining a position at the home. We spoke with the current apprentice who told us they had been well supported. They told us, "I love it, I feel more confident now and enjoy helping people."

Staff had received supervision regularly and the registered manager told us how they also completed a lot of informal conversations. They said, "Staff open up as it is usually when I am hands on. I am always open to changes and staff views."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the rating was displayed at the home and on the provider's website.

We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

In the PIR the registered manager told us they planned to introduce a 'resident meeting.' This was for people who used the home. We reviewed the minutes from the first meeting which had taken place, we noted there had a been a discussion about the summer fete. At the time of the inspection the fete had just been completed and we were told by several people that it had been a great success. We saw other meetings were planned.
There had also been a satisfaction survey completed in March 2018, whilst the responses were limited to six they were mainly positive, with one exception. The registered manager had met with this person to discuss their concerns and they had been resolved. This meant people's views were respected and responded to.
Partnerships had been developed with a range of health care professionals to support people's health care needs. In addition, the registered manager had linked up with the Blind association to support people when they required an environment to learn how to use their cane, following their loss of sight. The registered manager told us, "It has been a great success, and good for the staff to understand another disability in detail. We have agreed for another person to start their training here." Other partnerships were also being developed with the community and the local church.