Londesborough Court Limited

Londesborough Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced.

Londesborough Court is a care home that provides accommodation and personal care for up to 30 older people, including those with a dementia related condition. On the day of the inspection there were 29 people living at the home permanently and one person having respite care.

There was a registered manager in post at the time of this inspection and they had been in post since February 2012. A registered manager is a person who is registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We found the home required some improvement in respect of cleanliness and the control of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 and the action we have asked the provider to take can be found at the back of the main report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home.

We observed good interactions between people who lived at the home and staff on the day of the inspection. People told us staff were caring and this was supported by relatives and the health care professional who we spoke with.

Although we received some comments from people and their relatives about the lack of social stimulation, other people told us they were satisfied with the activities on offer. We saw some of these taking place on the day of the inspection.

People's comments and complaints were responded to appropriately. Arrangements were in place to seek the feedback of people and their relatives about the service provided, both through surveys and attendance at meetings.

Staff received a range of training opportunities and told us they were well supported by the registered manager; this included staff supervision and staff meetings. They felt this enabled them to deliver effective care.

At the inspection of the service on 9 April 2013 we found that the provider had not met all of the standards we reviewed. At the follow up inspection on 25 July 2013 we found the provider had taken appropriate action and had met the standards we reviewed.

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?

Requires Improvement

The service required some improvement in respect of cleanliness and the control of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

Staff were recruited following robust policies and procedures and there were sufficient numbers of staff to support the people who lived at the home. People told us that they felt safe living at the home.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

Good

The home provided effective care. We saw that people had access to a variety of health care professionals when they needed it. The health care professional who we spoke with said staff asked for advice appropriately and followed any advice given.

We saw that people's nutritional needs were assessed and met, and people told us that they were happy with the meals provided by the home.

Staff had undertaken training on topics that provided them with the knowledge and skills they needed to support the people who lived at the home.

Is the service caring?

Good

People who lived at the home and their relatives told us staff were caring. We observed positive interactions during the day of the inspection between people who lived at the home, visitors and staff.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

People were consulted about their care needs and were encouraged to make day to day decisions and choices.

Is the service responsive?

Good

The service was responsive to people's needs. There were systems in place to encourage people to share their views, such as meetings and quality surveys. There was a complaints procedure in place and people told us they were confident their complaints or concerns would be listened to.

People's care plans recorded information about their preferences and wishes for care and these were known by staff.

Summary of findings

Some people were happy with the activities available at the home but some people felt they would benefit from more social stimulation.

Is the service well-led?

Good

We saw the registered manager promoted a positive culture and this was confirmed by the staff who we spoke with. Staff attended meetings and had supervision with a manager, and were encouraged to share their views and make suggestions.

There were quality audits in place to monitor that systems were safe and were being followed by staff. Some improvements were needed to ensure that action had been taken to deal with any identified shortfalls.

Londesborough Court

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited this service on 25 July 2014. The inspection team consisted of an inspector, a second inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the home.

On the day of the inspection we spoke with twelve people who lived at the home, six relatives or friends, a visiting health care professional, three members of staff and the registered manager.

We spent time observing the interaction between people, relatives and staff. We looked at all areas of the home, including bedrooms (with people's permission), office accommodation and the garden. We also spent time looking at records, which included the care records for three people who lived at the home, staff records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We checked the arrangements in place to protect people from the spread of infection. We found that the majority of areas were clean, tidy and well-maintained and we saw that the kitchen had been awarded the highest score for cleanliness by the local authority. However, we found some equipment and areas that required cleaning and we discussed these with the registered manager on the day of the inspection. These included light fittings, the mobility hoist and the toilet seat and lid in one bedroom. In the main bathroom upstairs the enamel on the bath was chipped in numerous areas. We noted an odour of urine in one bedroom and the registered manager told us that this was being addressed.

The laundry was located in an outdoor building. The laundry assistant told us commodes were currently cleaned in the 'soaking' sink in the laundry room and we saw there were no separate facilities for staff to wash their hands. The walls and floor needed to be repainted so that they were easy to keep clean. We saw the laundry assistant wore protective clothing, including disposable gloves and that there was an ample supply of aprons, gloves and bags for carrying and storing soiled laundry. The Department of Health guidance records that different coloured mops and buckets must be used to clean different areas of the home. We asked about colour coded mops and buckets, and the laundry assistant told us that they used the same ones for both the clean and dirty areas of the laundry room. Although the home's infection control policy and procedure included information about colour coded cleaning equipment, this did not include mops and buckets. We saw that the clinical waste bin area was clean and tidy.

The policy stated there would be information about hand washing by each sink accessed by staff. We did not see this information around the home and noted there was no hand disinfecting gel available in the laundry. There was no risk assessment in place for the use of the laundry, the cleaning of the laundry or the cleaning of commodes

We saw an armchair in one room was made of washable material but the cover was torn and needed to be replaced. Headboards were made of porous material and the chairs in the corridor were made of wicker; this made them difficult to keep clean. We saw that the registered manager had completed a list of maintenance and refurbishment that was needed in January 2014. The replacement of headboards was included on the list but there was no action plan attached that recorded when these improvements would take place. The registered manager also completed daily room checks that recorded unpleasant odours and environmental issues. Again, there was no action plan attached to the daily room check records to evidence that action had been taken. In addition to this, there was no annual statement in respect of infection control as recommended in the Department of Health guidance.

The main bathroom contained communal toiletries; sharing toiletries does not protect people from the risk of the spread of infection.

There were cleaning rotas in place that recorded which bedrooms had to be cleaned each day and which items needed to be cleaned. However, our observations indicated that the cleaning rotas had not always been followed. The toilet seat and lid in one bedroom was dirty and the carpet in another bedroom smelled of urine. We found cobwebs in bedrooms and rubbish on the floor of empty bedrooms. We did not see any cleaning schedules that included the cleaning of mattresses, equipment such as hoists, carpets, curtains or pressure cushions. In addition to this, we saw the cleaning schedules but no completed task sheets, so it was not clear how staff recorded the tasks that they had carried out.

We saw there was an infection control sheet (audit) in place that was last completed in June 2014. This included tick boxes to record that staff practice and general levels of cleanliness had been checked. This document did not include a check of all areas we would expect to see such as the cleanliness of equipment and there was nowhere to record an action plan.

This meant there had been a breach of the relevant regulation (Regulation 12) and the action we have asked the provider to take can be found at the back of the report.

Everyone who we spoke with said they felt safe living in the home. One person told us they previously had a disagreement with someone else who lived at the home and the staff had sorted it out straight away. They said this made them feel safe. A relative told us, "I think (my relative) is safe here" and another said, "They do a good job with (my relative). They were quite confrontational when they

Requires Improvement

Is the service safe?

got here. Now I am just glad that they are safe and sound." We looked at satisfaction surveys that had been completed by people who lived at the home. One recorded, "People are safe, staff are wonderful".

Training records evidenced staff had undertaken training on safeguarding adults from abuse; the three staff who we spoke with confirmed they had completed this training at the time of their induction to the home and then again as refresher training. They were able to describe different types of abuse and the action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they would report any concerns to the registered manager and they were confident the issue would be dealt with professionally. They said they felt all staff within the team would do the same. This showed us that staff understood and had confidence in the procedures in place to keep people safe.

The home had safeguarding policies and procedures in place and submitted alerts to the local authority as required. We saw the details of an investigation that had been undertaken by the provider following a safeguarding allegation. This evidenced they had followed their policies and procedures to ensure people who lived at the home were protected from the risk of harm. We saw one safeguarding alert that had been submitted to the local authority about an incident between two people who lived at the home. The Commission had not been notified of this incident. We reminded the registered provider that the Commission has to be informed about incidents that occur between people who live at the home. They said they usually did inform the Commission and they would ensure this happened in the future.

We found staffing numbers were adequate and were based on meeting people's individual needs, such as their level of dependency and whether they needed the support of one or two staff for mobilising. Some staff worked part time and this meant there was usually someone available to work additional hours to cover staff absences. There were occasions during the inspection when there were no staff in the communal areas of the home. One person spilt a drink on their blanket and clothes and we had to summon staff to assist them. However, a visitor said to us, "This is most unusual. I don't know what's happened, as there is usually someone around all of the time." A health care professional told us that, if they needed to take people to their room for treatment, there was always a member of staff available.

Staff told us they thought there were sufficient numbers of staff to meet the needs of people who lived at the home. Staff told us the registered manager always tried to cover shifts if people were absent due to sickness at short notice. They also said that the registered manager and deputy manager would 'help out on the floor' if needed.

We checked the recruitment records for a two new members of staff. We saw two written references and a Disclosure and Barring Service (DBS) check had been obtained prior to the person commencing work. There was a record of the induction training they had completed when they were new in post. This included 'shadowing' experienced staff until they were confident about working unsupervised.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The manager displayed a good understanding of the principles of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law. At the time of our inspection no one was subject to a DoLS application. Staff had completed training on Mental Capacity awareness in June 2014 and we saw in care records the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

Good

Is the service effective?

Our findings

We looked at training records to check whether staff had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. We saw staff completed induction training on the topics of health and safety, food hygiene, practical moving and handling and fire safety. Following induction training, staff had completed refresher training on these topics. Other training undertaken by staff included Mental Capacity awareness, the Control of Substances Hazardous to Health (COSHH), communication skills, nutrition and diet, medication, food safety, equality and diversity and end of life care.

The most recent moving and handling course had taken place in March 2014. We observed staff when they were assisting people with mobilising and saw this was done safely and using the correct equipment when required. Staff told us they had completed training on emergency first aid and we noted that staff rotas identified which member of staff was the designated 'first aider' on each shift.

In addition to attending training courses, the registered manager told us they distributed a monthly worksheet to staff on a particular topic. This was aimed at keeping staff practice up to date. The home had recently 'signed up' to receive on-line training on various topics; the manager told us the first training session was on dementia and the next training would be on stroke awareness.

Staff were encouraged to undertake National Vocational Qualifications (NVQ) or equivalent and received a financial incentive when they achieved these awards. They received a pay increase when they achieved NVQ Level 2 and a further pay increase when they achieved NVQ Level 3.

A nutritional assessment had been completed for each person who lived at the home at the time of their admission. This recorded whether they usually ate breakfast, lunch and an evening meal, if they had lost weight in the previous year, if they followed a special diet or took food supplements and whether they had any long term medical conditions. The nutritional assessment included a scoring system that identified the person's level of need. People who were considered to be at risk had charts in place to monitor their food and fluid intake and were weighed monthly. We saw that one care plan recorded, "High risk – can eat independently but needs prompting. Monthly weight checks and food chart in place." Although there were care plans in place to record the support the person needed with mobilising and personal care, there was no specific care plan in respect of their dietary needs. However, there was no indication that this person's needs were not being met. We spoke with the registered manager about this at the end of the inspection. They agreed that there should have been a care plan in place in respect of nutritional needs and said that they would update the person's care plan immediately.

People's food and drink preferences were recorded in their care records. One person told us, "There is always plenty to eat here and you get all sorts." The weather on the day of the inspection was very hot and we saw that staff offered people hot and cold drinks throughout the day; those people who were reluctant to have a drink were encouraged to do so. We saw that people were offered a choice of meal at lunchtime.

We saw that care plans included details of a person's medical conditions and any special care needs they had to maintain their general health. Information had been obtained about specific condition to ensure that staff were aware and well informed, and this was included in the person's care plan.

People's assessments and care plans were reviewed on a regular basis to ensure that there was an up to date record of the current health care needs. There was a record of any contact people had with health care professionals, for example, GP's and a Speech and Language Therapist. This included the date, the reason for the visit/contact and the outcome. In most instances we saw advice received from health care professionals had been incorporated into care plans. However, we did see that one person had attended a hospital appointment and it had been recommended they had a high fibre diet. This information was in their care plan folder but their nutritional assessment had not been updated. Details of hospital appointments and the outcome of tests/examinations were retained with people's care records.

A relative told us, "They will get a GP if (my relative) needs one, I am sure of that." They gave examples of how the home had ensured their relative attended for hospital appointments. A person who lived at the home told us that, if a doctor was required, staff would definitely send for one.

Good

Is the service effective?

Accidents that had occurred were recorded in a person's care plan and this included the use of body maps to record any injuries. We saw that the manager undertook an analysis of accidents and incidents to help identify any areas of concern or need for improvement.

The staff who we spoke with told us that communication between the staff team was effective. They told us about daily 'handover' meetings, verbal 'handover' and recording in care plans; all of these systems were designed to keep staff informed of each person's current condition and care needs.

People had patient passports in place although some were still waiting to be completed. These are documents that people can take to hospital appointments and admissions with them when they are not able to verbally communicate their needs to hospital staff. We saw one passport that included 'alerts' to advise health care staff what the person liked and disliked and the things that were important to them. It recorded, "I like the sound of the TV on. I like most foods but they must be blended and only small portions."

Good

Is the service caring?

Our findings

We observed that the atmosphere of the home was warm and friendly and that staff were very kind towards people who lived at the home. They approached people in a friendly and 'soothing' manner. There was an atmosphere of camaraderie throughout the home and visitors were keen to tell us, "The staff are always obliging and they will do anything they can to help." A person who lived at the home told us, "We can have a laugh here – you can't beat having a laugh" and another said, "The staff here are wonderful and are very patient with everyone." We asked a relative who we spoke with about the approach of staff and they told us, "They are really pleasant and I feel (my relative) is treated as a person. I actually think they do a very good job here."

We saw that visitors came to the home throughout the day and that they were made welcome by staff. It was apparent that these were regular visitors who had a good rapport with the staff and the registered manager. They chatted to other people who lived at the home as well as their relative or friend.

A relative gave us an example of how they felt staff were caring. They said that their relative had attended a hospital appointment on a Friday and had missed the fish and chips that were on the lunchtime menu. A member of staff went to the local fish and chip shop and bought them some fish and chips. The relative said, "(My relative) was the envy of the other service users when they saw 'real' fish and chips!"

We spoke with a health care professional who told us, "Yes, staff really care." They said the staff worked well as a team and supported each other. They told us staff listened to their advice and carried it out. They also said staff were proactive in asking for advice.

We saw there was a checklist used when a person was admitted to the home to record they had been told about activities, notice boards, advocacy services, the menu and the complaints procedures. On the day of the inspection we saw that staff asked people about their food and drink choices, whether they wanted to take part in activities and where they wanted to spend the day. People's views and wishes had also been recorded in their care plan. One care plan recorded, "(The person) will make whatever decision they feel will be right for them at the time." When people did not have the capacity to make decisions about their care, their chosen representative had been consulted or best interest meetings had been arranged.

We asked one person who lived at the home if staff promoted their independence. They said, "Well, I do what I can, but I have a real problem with buttons so they help me with that and I appreciate it." They added, "They are really good. It takes two of them to help me to bed and help me get up and I appreciate what they do." In one care plan we saw staff had recorded, "(The person) will usually get themselves up when they are ready – this is usually in the afternoon. They are now more independent and will wash themselves each day." However, one relative did comment, "I would like them to walk with (my relative) more rather than just putting her in a wheelchair." They felt staff numbers were a factor in this, with the need to 'get things done quickly'. On the day of the inspection we did see staff promoting people's independence and not hurrying them.

We saw that privacy and dignity was maintained by staff and, where required, people were assisted from communal areas to be assisted with personal care. Staff were able to give us examples of how they promoted people's independence and maintained their confidentiality. One member of staff said, "The residents come first."

Good

Is the service responsive?

Our findings

People who lived at the home were invited to attend meetings. We noted that meetings had been held in January, March, May and July 2014 and the minutes of the most recent meeting were displayed on the notice board. The minutes evidenced that people had discussed activities, staffing and food provision at the latest meeting. One person had commented, "It's nice to have the option of something to do" and an action had been recorded, "To explore activity opportunities." We asked someone who lived at the home if they attended any meetings with other residents and staff, and they said they had not. However, they said they had attended a meeting with their relative, staff and Social Services to talk about their care.

We asked people about their experiences of living at the home. One person told us a member of staff had been promoted to deputy manager and that they were, "Absolutely wonderful. You can ask them for anything and they will make sure you get it." However, another person told us that they did not feel involved in the home. They said, "I don't feel involved in this place at all. I suppose you could call me an 'onlooker'."

We spoke with six relatives or friends on the day of the inspection. They all told that they were consulted about the care of their relative/friend. One person said, "Oh yes, I am always asked for my opinion in what happens." Another visitor told us that their relative had a pressure mat supplied in their bedroom in response to a fall they had during the night.

We saw that people's care plans included information about their wishes and preferences for care, and about their previous lifestyle. This provided staff with information about the person that helped them to provide individualised care. Staff told us they checked people's care plans regularly so that they were aware of important information about them, and that this led to people receiving care that met their individual needs. On the day of the inspection we saw that staff were aware of people's lifestyle choices and how these were promoted.

We received differing feedback about activities. One person said, "I love sitting and watching and listening to the birds." Another person said the home had a newspaper delivered every day that they read, and someone else who lived at the home bought their own newspaper and they were able to read that as well. They said this kept them up to date with current news stories. Other people mentioned playing dominoes, a weekly visit from a hairdresser, singers and a hymn singing group. We saw some activities taking place on the day of the inspection.

However, one person told us, "There isn't much in the way of activities at the home but there are a lot of people who wouldn't be able to join in much" and another person who lived at the home told us the same. Some people who lived at the home and visitors told us there were not enough staff to provide meaningful activities. One person who lived at the home said, "Myself and my wife are more than happy with what goes on, but we think that there are not enough staff on duty at any one time to maximise the care of residents." A relative told us, "There are insufficient staff really. If there was just plus one in the lounge, then perhaps they could do a little more with the residents." However, we noted that there was an activities co-ordinator employed at the home on three days a week, and on the day of the inspection we saw activities taking place. We have asked the registered manager to discuss activities at the next meeting for people who live at the home and relatives.

There was a complaints policy and procedure in place at the home and there was a copy displayed on the notice board. We looked at the complaints log and saw that any complaints made had been investigated thoroughly and in accordance with the home's policy and procedure. We asked one person what they would do if they had any concerns. They said, "I would talk to my sons and they would sort it out with the manager." They had no doubt their concerns would be dealt with appropriately.

The three members of staff who we spoke with told us they would support people who lived at the home to make a complaint. If an incident had occurred and the person did not wish to make a complaint, staff said they would still pass on this information to the registered manager if they felt it needed to be addressed. They were confident that people's concerns and complaints would be listened to.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager; the deputy manager had only commenced in their new role on the day of the inspection. Managers within the organisation had regular meetings that kept them up to date with new initiatives in the care sector, new legislation and good practice guidelines. In addition to this, the registered manager had a supervision meeting with a more senior manager in the organisation. This gave them to opportunity to discuss their own training needs and any issues in respect of the home.

We saw the registered manager interacted well with people who lived at the home and was aware of their individual care needs. Staff said the registered manager was approachable and that they felt well supported by him. The staff who we spoke with told us that communication between the staff team was effective. They told us about daily 'handover' meetings, verbal 'handover' and recording in care plans; all of these systems were designed to keep staff informed of each person's current condition and care needs.

We looked at some completed surveys; one was dated November 2013 but the others were not dated so we could not be certain when they had been completed. The registered manager told us these surveys were undertaken each year but not many surveys were returned by people who lived at the home. We saw comments that included, "Bedrooms need spicing up", "Need more attention to detail with personal care like dressing, hair and nails", "More activities needed" and "More privacy for chats with relatives." There had also been a recent survey that had asked people for their opinions about the meals provided at the home. However, none of the surveys had been analysed and no action plan had been completed; this was confirmed by the registered manager. The registered manager told us that a new quality assurance system was being introduced and that would include action plans, prompts and completion dates.

Staff meetings were held each month. The minutes of meetings evidenced that topics discussed included laundry, food, odours and activities. The three staff who we spoke with confirmed that meetings were an opportunity for them to ask questions, make suggestions and express concerns, and that a positive culture was promoted by the registered manager and the deputy manager. Staff told us they were also given feedback at staff meetings in respect of any serious safeguarding investigations.

The records we saw evidenced staff also had supervision with a manager on a regular basis. In addition to this, the registered manager sent memorandums to staff as reminders about issues raised. We saw memorandums about topics such as nail care, body maps, staff training, staff supervision and telephone messages.

We saw that relatives were invited to attend the meetings arranged for people who lived at the home. This gave relatives and friends an opportunity to comment on the care provided by staff, and to express any concerns or make suggestions for improvements to the home.

There was a suggestion box situated in the entrance hall and this gave people visiting the home another opportunity to make comments or suggestions about the care provided. Suggestions could be made anonymously, which could suit people who were reluctant to speak to staff directly.

The registered manager carried out quality audits in respect of staff training, care reviews, medication, pressure area care, falls and accidents/incidents. We noted audit forms did not have action plans attached. The registered manager told us that a new audit had been introduced for care plans and these included action plans, and that all audits would have action plans attached in the future. However, in the interim period there was no evidence that shortfalls identified in quality audits had been actioned.

Accidents that had occurred were recorded in a person's care plan and this included the use of body maps to record any injuries. Accidents, incidents and falls were analysed to identify any patterns that were emerging or improvements that needed to be made. These were undertaken monthly and included a log of all accidents that had occurred at the home.

We checked a sample of maintenance certificates and these evidenced the premises and equipment had been maintained in a safe condition. We saw there were environmental risk assessments in place and that these had been reviewed April 2014.

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 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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person had not, so far as reasonably practicable, ensured the effective operation of systems designed to assess the risk of and prevent, detect and control the spread of a health care associated infection or the maintenance of appropriate standards of cleanliness and hygiene. Regulation 12 (2) (a)(c).