

Derbyshire County Council

Ladycross House Care Home

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 ●

Summary of findings

Overall summary

About the service

Ladycross is a care home that provides personal care for up to 35 people. Accommodation is provided in four separate areas on one level. Each area contains a self-contained living space with bedrooms, bathing facilities, a communal lounge, dining area and kitchenette. One of these units is used for 'intermediate' care. This is support for people being discharged from an acute setting such as a hospital prior to returning home and reduce the likelihood of a hospital re-admission. At the time of the inspection five people were using this facility. The other three areas of the home were in use and there were 17 people using the service.

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

Since our last inspection staff had made some improvements to the governance system, however, this was still not fully implemented or embedded to provide learning and fully reveal shortfalls. Further action was needed to improve the providers' monitoring, consistency in the leadership and quality of care and support.

People felt safe living at Ladycross House Care Home. The risks to people had been assessed, and where appropriate some relatives had been involved in compiling and reviewing care plans. Staff had a detailed knowledge about the range of people's needs.

People were supported with their medicines in a safe way. People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy. Specialist medical appointments were arranged where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in making decisions about their care and support and their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

Recruitment checks had been carried out to ensure staff were suitable to work at the service. Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager and management team.

People's views of the service were sought through meetings, surveys and informal chats. Questionnaires were being sent to people's relatives to include them in the process. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their

assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection

The last rating for this service was Requires Improvement. The last report was published April 2019.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains good:

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was good

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service remains requires improvement

Details are in our Well-Led findings below.

Ladycross House Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by an inspector and an inspection manager.

Service and service type:

Ladycross House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 35 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people using the service and two relatives. We also spoke with the registered manager, two care staff, the cook, laundry staff and a cleaner. We observed support being provided in the communal areas of the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at documents associated with people's care including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked. Some of the records we viewed were sent to us following the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection in April 2019 medicines were not administered in line with the company policies and procedures. This was a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection there had been significant improvement.

Using medicines safely

- People were provided with their medicines in a safe way.
- Staff administered people's medicines safely and in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely.
- Staff received training and their competency when administering medicine was checked regularly, which ensured they adhered to the training they received annually.

Systems and processes to safeguard people from the risk of abuse:

- People were safeguarded from the risk of abuse by a well-informed staff group. One person said, "I feel safe and have friends here, we're all friendly people."
- The registered manager followed the local authorities policies and procedures and had systems and processes in place to ensure people using the service were safeguarded.
- Staff received training in safeguarding people, they demonstrated they knew their responsibilities for keeping people safe.

Assessing risk, safety monitoring and management:

- Risks to people's safety were continually assessed and monitored.
- People and their relatives told us they felt safe.
- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people.
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice and guidance.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing and recruitment

- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. Agency staff were employed to cover staff shortages. The agency staff we spoke with confirmed a safety briefing at the beginning of each shift and an initial fire and evacuation briefing before commencing work.
- People told us there were enough staff to assist them with their needs.
- Staffing had been arranged to ensure they were able to assist people in the event of an emergency. For

example, an evacuation of the building. Detailed plans were in place to aid home and emergency staff and personal evacuation plans were in place and updated regularly.

- Staff told us they felt there were enough staff to support people in a way they preferred.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. A staff member said, "The manager is lovely, very approachable and if are short staffed they will always lend a hand."

Preventing and controlling infection

- People were protected for the risk of infections by a well informed and trained group of staff.
- Staff were trained in infection control and provided with personal protective equipment to help prevent the spread of acquired infections.
- Staff regularly completed an infection control audit, which highlighted any areas that required to be improved. Rooms were regularly disinfected to protect people from transferred infections.
- Equipment used in the disinfection process was regularly cleaned and disinfected. A relative said, "It's all fresh and clean here, there's no smell."
- Good practice around prevention of infections was shared as part of team meetings and supervisions.

Learning lessons when things go wrong

- Information from outcomes from investigations, complaints or updates was shared with the staff through individual or group meetings. Information from the latest questionnaires was posted on the staff room notice board. This was to allow staff direct access to the comments from the people living in the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's individual needs were assessed prior to them moving into the service. The provider had a detailed assessment process that ensured information was gathered from the point of referral through to the visit prior to admission.
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes and associated healthcare complications, had the signs and symptoms highlighted in their risk assessment and care plan.

Staff support: induction, training, skills and experience

- People were supported by a well-trained and informed staff group.
- Newly commenced permanent staff received an induction and as with other staff, an ongoing training schedule to enable them to carry out their role. A staff member said, "I love working here, the staff make me feel so welcome."
- Staff demonstrated an excellent understanding of people's individual needs and subjects such as safeguarding and whistleblowing.
- Staff received support from the registered manager and management team with regular supervisions and spot checks to ensure they adhered to the training and provider's policies and procedures.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported with a diet that met their cultural and dietary needs.
- People told us there was plenty of food. Staff offered people choices at mealtimes, drinks and snacks were offered throughout the day. One person said, "Food is lovely, I really enjoy it." A relative said, "I've been here when food is served, its super."
- We saw staff catered for people with specialised diets and where people were subject to weight loss ensured they were monitored and where necessary provided with a fortified diet.
- People were referred to health professionals for dietary advice where people were at risk from malnutrition through swallowing difficulties.
- We observed the lunch time meal in two of the four dining areas. People were encouraged to remain independent, though when required staff prompted and assisted them with their meal. Staff made the occasion sociable and maintained an appropriate level of conversation throughout.

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

- People lived in a building, parts of which had recently been updated to meet their people's needs. There had been extensive work on the kitchen, bathing facilities and electrical work to provide updated services for people.
- People were enabled to access all of the home as all living accommodation was on the ground floor. That allowed people with mobility restrictions ease of movement through all areas.
- People and their relatives were consulted about changes and improvements to the home and décor.
- There were small communal areas on each of the four areas of the home. These small lounge areas also had a dining area. There was a lounge suitable for larger groups where there were less people. People's bedrooms were personalised, and some people enjoyed time spent alone there.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare through their GP and other health professionals. There was an advanced nurse practitioner based within the intermediate care unit. They have on occasion seen some of the people in the other areas of the home as they were enabled to prescribe some treatments in conjunction with GP agreement.
- People confirmed they could seek healthcare at any time. The GP organised regular visit surgeries in the home where health reviews were undertaken, and any required changes to health requirements were made promptly.
- Staff knew people's individual healthcare support needs, recognised changes and made referrals to the appropriate healthcare professionals. Staff used alternatives to medicines where people required assistance with their apprehensions. Where people had anxieties the home's dog and other pets to deflect and calm people.
- People had oral health care plans and staff were aware how people's individual needs should be met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager and staff worked within the principles of the MCA.
- People told us they were informed about the care they were offered from staff.
- Staff involved people in decisions about their care and ensured decisions were taken in people's best interests. Where restrictions were in place, staff had applied for the appropriate DoLS authorisation from the local authority. People who did not have capacity to make decisions were supported to have choice and control over their lives and people's relatives were involved when appropriate.
- Staff had received training in the MCA and DoLS and understood their responsibilities to report on any potential abuse.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People were well supported by a compassionate and sociable staff group. One person said, "The staff are nice, I enjoy it here." A relative said, "The home is lovely." A second relative said, "Staff have so much patience. They seem to know what people want." A staff member said, "I think the team we have now are really good and true carers."
- People and their relatives commented positively on the staff being friendly, helpful and compassionate. They told us staff knew about people's individual needs.
- People's individual needs and preferences were recorded in care plans and were updated regularly. One person said, "It's alright, the staff do well here."
- People told us they had positive caring relationships with the staff team.

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

- People were included in care planning reviews, were encouraged to express their views and make decisions about their day to day routines. People's individual preferences were recorded in care plans. A relative said, "I am involved (in care plan reviews) I make sure [named] is happy with it."
- People were encouraged to write out their wishes and aspirations and place them on the 'wish tree', which was situated in the main lounge. The registered manager told us about some people who had 'wishes' granted where one person had a special bus trip organised. Another person requested a shopping trip and another to feed the ducks. Some successful wishes were celebrated in the monthly newsletter distributed throughout the home and to people's relatives.
- People and relatives told us they were involved in compiling their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence were respected. One person said, "I don't need any help yet, but I know the staff are there if I need them."
- Staff told us they were trained to maintain people's privacy and dignity when supporting them. Staff explained about ensuring doors and curtains were closed and by placing towels on people, to ensure they were never fully uncovered.
- People were encouraged and supported to maintain their independence whenever possible. We saw where people were prompted to eat their lunch by themselves, where this had not been successful staff then assisted people to eat. That demonstrated staff promoted people's self-help skills and provided thoughtful assistance where this was less positive.
- The registered manager and staff understood their responsibilities for keeping people's personal

information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations. Staff were aware of their responsibility in ensuring information was kept confidentially.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to meet people's needs, preferences, interests and give them choice

- People received individual and personalised care based on their assessed needs.
- When people were introduced to the service, an assessment of their needs was carried out to ensure people could receive the support that they needed. An individualised, person centred care plan was then compiled.
- People, and where appropriate their relatives, had been involved in the development and review of care plans.
- In the intermediate care unit, we spoke with one of the rehabilitation staff. They explained how they had drawn up plans to support people to regain their independence. This information was shared with the care staff so that there would be a consistent approach. The rehabilitation worker told us, "Staff follow the guidance and communication is good between us and the care staff. There is a sharing of information which means we can act if there are any problems or things need following up."
- The registered manager encouraged the local community to be an integral part of the home. We saw where children from the local primary and pre-schools had visited and taken part in socialising with the people in the home and further visits were planned. There was also support from volunteers who assisted with cleaning and serving meals. Some of the volunteers were working toward the Duke of Edinburgh award whilst others assisted with the gardens and cleaning around the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's individual choices and preferences around their leisure time and activities were documented. Information included the person's cultural and spiritual needs, preferred names and what activities and pastimes they enjoyed undertaking. One person said, "I like going up to the lounge and look at the fish, we have a lot of pets here." A member of staff said, "We are encouraged to plan activities and are waiting on the better weather to get people out into the garden and community."
- The registered manager said the staff continued to increase the range of activities to meet people's individual needs. The current activities programme had been developed to meet people's group and individual expectations and meet their cultural needs.
- People had social care both in and out of the home. One person particularly liked playing dominoes and we saw staff organising a game after lunch. Another person told us about the gardening project where they had competed with the local community and won prizes for their flower layout and vegetable patch.
- People's relatives told us they were included with people's entertainment and told us about regular visits by the piano player. They added, "I really like the bingo and fish and chip Friday in the main lounge."
- People and their relatives were provided with a periodic newsletter. This contained information about

activities and what was being planned in the forthcoming weeks. The newsletter also contained pictures of people enjoying various activities that they had taken part in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at the service had a communication support plan. Where necessary the information was reproduced in an accessible pictorial format which people could understand. All information and communication was accessible to people using the service.

Improving care quality in response to complaints or concerns

- People had a reliable complaints and concerns procedure to adhere to if required. A relative said, "I can't fault the staff."
- People and their relatives told us they would be confident to raise concerns with the registered manager or staff. Only one person we spoke with had made a complaint about laundry going astray.
- The provider had complaints procedures displayed throughout the home for people's information and were also available in a pictorial format.
- There had been one complaint about the service in the past twelve months. This was dealt with efficiently and people were responded to in writing, and in line with the providers policy.

End of life care and support

- There were a number of people who had been assessed they may require end of life care or support at some time. Where appropriate anticipatory medicines had been prescribed by the GP and the registered manager was aware of the need for regular care plan changes to reflect the person's changing needs. This demonstrated the staff worked closely with specialist healthcare professionals and provided good end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in April 2019 the governance system to monitor the quality of care people received and the management of the service was not used effectively. This was a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made, but further improvements were required to ensure these changes were embedded and effective with legal regulations.

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

- The registered manager had continued to build on the work from the last inspection and continued to expand the auditing systems to monitor the quality and safety of the service. The registered manager and staff used these to check areas of the home on a regular basis.
- The registered manager oversaw the internal audits and sent weekly reports to the provider.
- The provider had a team of staff who had commenced visits to oversee these audits. However, these had only commenced recently, and the registered manager had not been sent the outcome. These visits had yet to be embedded within the auditing structure and ensure an oversight of safety within the home.
- The registered manager continued to distribute questionnaires to people and was also considering sending them to people's relatives. This would help the service gain additional feedback on what was going well and work on improvements if people thought there were areas for development. Outcomes from questionnaires were shared with people and the staff group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were supported in an inclusive and empowering environment.
- People and staff told us they felt the registered manager was open and honest and there was a positive and open culture.
- People using the service spoke positively about the registered manager and staff and knew who to speak with if they had any issues. People and staff felt the service was well managed and the registered manager and staff were friendly and approachable. One staff member said, "They are the best manager we've had in years, so more caring than others."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility for notifying us of deaths, incidents and injuries that occurred or affected people who used the service.
- The registered manager understood they had a duty of candour to be open and honest about mistakes.
- This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display their rating when this report was published. The report from the last inspection was prominently displayed in the home.
- The registered manager had a good oversight of the service and people knew who they were. People told us they knew the registered manager and regularly saw them round the home.

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

- People and their relatives and supporters were engaged and involved in developing the service. Relatives were invited to join in with the 'residents' meetings. Though meetings were arranged regularly relative's inclusion was intermittent. The registered manager was seeking support from relatives to be included as a relative's 'panel'. There were a number of people who did not have capacity and their relatives could assist in influencing decisions about the direction of the home.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, day to day conversations with the management team and at handovers.

Continuous learning and improving care

- People were well supported by a proactive registered manager and staff group.
- The registered manager regularly reviewed the service provided for people. They said they used quality assurance outcomes, information from reviews and from meetings with people living in the home, their relatives and staff to inform change and improvements.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, commissioners and other healthcare professionals to ensure people received care that was consistent with their needs.
- The registered manager had a close working relationship from health care staff in the intermediate care unit.