

WT UK Opco 4 Limited

Ladybrook Manor

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

About the service

Ladybrook Manor is a residential care home providing accommodation and personal care to up to 98 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 74 people using the service.

Ladybrook Manor is divided into two separate neighbourhoods, the 'assisted living' neighbourhood and the 'reminiscence' neighbourhood which supports people living with dementia. The purpose-built community is provided over three floors. Some accommodation is provided within studio suites that can be shared by up to 2 people who have chosen to live together. There are a range of shared facilities including living and dining areas and an outside garden.

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

Some shortfalls were identified relating to recording of care provided for people and made a recommendation to review communication plans held for people. The registered manager was responsive in making improvements in this area. An action plan was already in place to improve this.

People received good level of care and support. Ladybrook Manor offered a welcoming environment as you entered the building, which continued as you moved throughout the service.

People overall told us they felt well supported by staff who they described as caring and friendly.

Relatives informed us their loved ones were safe living at the service, confident that their needs would be met, and any queries would be acted on by staff and the management team.

People and relatives overall felt listened to and any feedback would be acted by the registered manager and staff team.

Safe recruitment processes were followed. Staff received training appropriate to their role.

Systems were in place to manage and mitigate risk and support people's health and well-being. Medicines were managed safely.

The service was well-led. The registered manager was passionate about their role and making continued improvements of the service. They were open and proactive to any queries we raised during the inspection.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 December 2021, and this is the first inspection. The last rating for the service under the previous provider was good (published 04 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We recommend the registered manager reviewed communication plans for people and consider best practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ladybrook Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 2 inspectors.

Service and service type

Ladybrook Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ladybrook Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 8 relatives about their experience of the care provided. We observed interactions between staff and people living at Ladybrook Manor. We spoke with 13 members of staff in various roles. We reviewed 7 people's care records and other records relating to people's care and support. We looked at 10 staff files in relation to recruitment. A variety of records relating to the management of the service was reviewed, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People needs were appropriately assessed. Care plans and risk assessments were in place which provided guidance for staff on how best to support and protect people from harm.
- We identified some gaps in the records completed by staff which meant there were some inconsistencies in how the delivery of people's care was recorded. We raised this with the registered manager who responded immediately to address any shortfalls. The registered manager also showed us evidence this was an area of development they were already in the process of addressing with staff.
- People told us they felt safe. A person said, "If I had worries, I know it would not be taken lightly and would be dealt with positively."
- The environment was well maintained. Equipment was subject to regular checks, and maintenance and servicing as needed.

Systems and processes to safeguard people from the risk of abuse

- Overall people and relatives told us they felt safe living at Ladybrook Manor. Comments from relatives included, "Standards are very high. Everything is beautifully presented" and, "Overall, I couldn't be happier."
- Systems were in place to protect people from abuse. Allegations of abuse, accidents and incidents were recorded appropriately and reported to other agencies. Evidence of actions to keep people safe were recorded.
- Staff understood their responsibilities to report abuse and felt confident that the management team would act on concerns. A person shared, "If I had any worries, they would be dealt with."

Staffing and recruitment

- People told us there had been some inconsistency over staffing, however acknowledged an improvement of regular staffing in recent months. A person shared, "Staff are nice, polite and helpful" adding, "Yes, I do normally recognise the staff who come in to support." The registered manager demonstrated they were proactive with continuous recruitment in the service.
- Recruitment processes were robust. Checks were carried out to ensure suitable staff were employed. This also included checks on any agency workers.
- Disclosure and Barring Service (DBS) checks were carried out by the employer during the recruitment process, this provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed; however, we identified some recording systems could be further

developed. For example, with regard to the use of thickening agents for people who were prescribed this to thicken their fluids. This was discussed with the registered manager who was responsive to our feedback.

- People were supported to take their medicines by trained staff and medicines were being suitably stored.
- People were supported to take medicines they required 'as and when', such as paracetamol for pain. Guidance was available for staff to help them support people who may not be able to communicate their needs.
- People who wished to, were supported to remain independent with taking their medicines. Risks were assessed to ensure this was managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There was no restriction of visiting arrangements at the time of the inspection in line with the guidance in place at the time.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents. This included audits across the service to support any improvements.
- Regular governance meetings took place with the leadership team to review any lessons learned. This included daily meetings by senior staff to review events which occurred within the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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 needs were assessed prior to moving into Ladybrook Manor with on-going review.
- Care plans were personalised with key information on how best to support. This included personal history, life story, health, and other key information important to the person.
- Plans reflected a good understanding of people's physical and emotional needs. Relatives reflected staff were proactive when their loved ones support needed to change. A relative shared, "They do a hell of a job and respond well to [Person] changing needs."

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they joined the service. This was a combination of online and face to face training, also shadowing experienced colleagues.
- Staff received training appropriate to the needs of people living at the service. A member of staff told us, "There is on-going training, it is proactive."
- The registered manager had oversight of training compliance. This supported them to ensure mandatory training was completed and staff skills were up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed at mealtimes. We observed 1 person who required additional assistance to eat supported with patience and kindness.
- Mealtimes were relaxed and social occasions. People were able to choose from the menu or alternatives could be provided. People generally told us the food was good.
- The chef was knowledgeable about people's likes and preferences and any specific needs people might have. This included people who needed their meals to be modified, had allergies or who were at risk of losing weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate healthcare services when required. One person shared, "Staff know me and would call my GP if needed."
- Relatives were kept informed over the health of their loved ones. One told us, "If the doctors been I get a call."

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

- People's flats and rooms were spacious, personalised to make them homely and comfortable.
- Work was ongoing regarding the décor in the home and at the time we visited the 'reminiscence' neighbourhood was being decorated. We discussed the need to utilise good practice guidance to ensure this area met the needs of people who lived with dementia.

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 MCA 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place, or an application had been applied for to deprive a person of their liberty.
- People's ability to make decisions was assessed when required and appropriate documentation was in place to support this.
- Where assessments were completed around decision making, there was a record of how this was considered following best interest principles and included involvement from people's relatives, when appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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; respecting equality and diversity

- Overall people felt well supported by staff. Several discussed support being personal-centred, with staff being friendly and approachable. A person shared, "They do a hell of a job, it's the attitude and friendship they give, exemplary."
- Relatives spoke highly of the standard of care and support their loved ones received. Comments included, "They [Staff] care, that's brilliant and look after [Person] well" and, "It's lovely the staff are brilliant, I would live here myself if I could."
- During the inspection Inspectors observed occasions in the 'reminiscence' neighbourhood where people became distressed unsure of their surroundings. Staff demonstrated patience, respect and compassion, with a clear understanding how to best support people during these times.

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

- People told us they were encouraged to give feedback over the support they received. One shared, "I gave [registered manager] some suggestions, every one of those were addressed promptly."
- Relatives felt involved and informed regarding care their loved ones received. One relative shared, "I can always talk to [registered manager], or staff, you can contact them about the littlest of things."
- Care plans demonstrated that people were involved in making decisions around their care. This included on-going reviews to ensure that information was kept up to date.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences and daily activities took place led by the service activities co-ordinators. One person shared, "There's several things going on, it's good."
- Relatives spoke highly of the standard of support their loved one's received. Comments included, "We researched prior to [Person] moving here, it's good [Person] is comfortable here" and, "I'm so impressed, it's lovely, I love coming here."
- During the inspection we observed staff being respectful of people's privacy, knocking on doors prior to entering rooms and asking for permission prior to engaging with support. One relative told us, "Staff are kind, caring people."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was not being fully met. People were supported by staff who knew them well however care plans did not always have information on how best to communicate with the person. This meant that newer staff did not have the guidance they needed to effectively communicate with a person.

We recommend the registered manager considers current guidance and review communication plans for people in this area.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt in control of their support. One shared, "They [Staff] are very consistent, no restrictions we are free to do what we want." Another person told us, "[Staff] want to make it a home from home."
- Relatives spoke confidently regarding the personalised care their loved ones received. One told us, "I'm very impressed with the place. I wouldn't want [Person] anywhere else."
- People's care plans were person-centred. Plans included how people liked to receive their care and support.

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

- There was a weekly timetable of activities for people to engage with. One person shared, "They are proactive around activities, varied with what it is on offer."
- The activities team demonstrated a proactive approach to develop and introduce different activities and interests for people. One of the team shared, "We collate information around the person, their interests and engagement level" adding, "This creates a one-page profile on that person to support us to understand their interests."
- Overall relatives feedback positively regarding the steps the provider took to engage and provide activities and Entertainment. Comments included, "People come, I have seen singers" and, "There was BBQ for

people, cheese and wine nights."

Improving care quality in response to complaints or concerns

- People felt able to raise concerns with staff and the registered manager should they need to. One told us, "I know it would not be taken lightly and be dealt with positively."
- Relatives spoke positively about the registered manager acting on queries or concerns. One shared, "I can speak to [registered manager] directly, staff are approachable."
- There was a complaints policy in place. People, relatives, and staff had access to this. There was evidence of actions taken following any complaints to support improvements.

End of life care and support

- People had care plans in place which captured their preferences and wishes for their end of life.
- A relative shared the respectful and caring approach made by the service following a person passing away. We were told, "[Following person passing away] all the staff were paying their respects as the person left, it was beautifully done."

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was well-led. The registered manager promoted an open-door policy with people, relatives and staff which was reflected in feedback. Comments included, "[registered manager] settled in well, approachable and very sharp" and, "[registered manager] listens, is honest and supportive."
- People spoke positively about the environment and the support they received. Comments included, "It's like moving into a hotel" adding, "I've got no problems," and, "It's nice. Good atmosphere and relaxed."
- Relatives spoke approvingly about the approach from the management team. One relative told us, "They are always quick to get back to you, always approachable."
- Regular meetings took place to gather feedback from people who used the service, their relatives and also staff. A relative shared, "We had a meeting online the other week, you can sign on and ask about any issues."
- The service offered couples the opportunity to continue to live together within the 'assisted living' neighbourhood environment, with the flexibility of adapting support to the 'reminiscence' neighbourhood if people's needs changed. A relative told us, "We researched, here was good. They're comfortable here. No regrets." The same relatives added, "There are few places that can look after [Person] dementia and then provide the light touch for [Person]."

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 requirements of the duty of candour. There was a clear system in place for reporting and recording events which occurred in the service.
- The registered manager was passionate regarding their role, proactive to any queries we raised and acted upon these in a prompt manner.

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

- There was a provider led governance system underpinning assurance in the service. The registered manager, deputy manager and senior management had oversight to ensure actions were completed to support any improvements needed.
- There was a system in place to monitor induction, training and competencies in the service, the registered manager was aware of their responsibilities about managing this. Any gaps identified, actions were in place to ensure staff training was refreshed.

Continuous learning and improving care

- There was a culture of continuous learning and improvement. Staff spoke positively regarding feedback to management if something went wrong.
- Staff told us they were confident to speak up if they thought they needed to. A staff member commented, "Yes we talk through concerns, we can go to [registered manager], [deputy manager] or the team leader. They added, "We discuss things at team meetings, there is a noticeboard to share improvements we as a team want to make."
- Regular meetings with people and relatives took place alongside a yearly survey to seek feedback. Actions were in place following this to support improvements.

Working in partnership with others

- The service worked with local authority and community teams to support the health and wellbeing of people and continuous improvements of the service.