

Larchwood Care Homes (North) Limited

Ladyfield House

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 14 August 2018 and was unannounced. The last comprehensive inspection took place in August 2017, when we identified four breaches of Regulation. People did not always receive care and treatment which was person-centred and met their needs. The registered provider was not always doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. Systems and processes in place to monitor and improve the quality of the service, were not effective and needed embedding into practice. There were insufficient numbers of staff to keep people safe and to meet their needs. The service was rated as Requires Improvement.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the key questions safe and well led, to at least Good.

At this inspection we checked if improvements had been made. We found that the registered provider had addressed all the concerns raised at our last inspection and the rating of the service improved to Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Ladyfield House' on our website at www.cqc.org.uk.

Ladyfield House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ladyfield House provides accommodation for up to 50 people. The home consists of two separate units; Salvin and Hewitt. The service provides accommodation for people who require personal care, including people living with dementia. The home is located in the Kiveton Park area of Rotherham. At the time of our inspection there were 35 people using the service. This included people who were staying at the home for a short period of respite care.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were safeguarded against the risk of abuse. Staff confirmed they had received training in the subject and knew what action to take if they suspected abuse.

Risks associated with people care were identified and managed appropriately. Risk assessments were in place to guide staff in ensuring risks were minimised.

We observed staff interacting with people and found there were enough staff available to meet people needs. However, whilst most people we spoke with felt there were enough staff available, a minority of

people told us there were not enough staff at busy times. Staff were recruited in a safe way, which ensured that suitable people were working at the home.

People's medicines were managed in a safe way and people received their medicines as prescribed.

Staff had the skills and knowledge to deliver effective care. People were supported to maintain a healthy, balanced diet which meant their needs and preferences. People had access to healthcare professionals and their advice was followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was compliant with the Mental Capacity Act 2005.

During our inspection we found staff interacted well with people who used the service. Staff were kind and caring in their manner, knew people well and provided a homely atmosphere.

We looked at care records belonging to people who used the service and found evidence that staff were responsive to people's needs.

Social activities and stimulation was available throughout the day of the inspection. This was varied to meet people's preferences and people enjoyed participating.

The registered provider had a complaints procedure and people we spoke with felt able to raise concerns if they needed to. Complaints received had been followed up effectively and used to develop the service.

The registered provider had systems in place to monitor the quality of the service. Residents and relative's meetings took place and people felt they had a voice.

Further information is in the detailed findings below.

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.

Risks associated with people's care and treatment were identified and managed safely.

Accident and incident analysis had taken place and there was evidence that trends or patterns were being identified and actions taken to reduce hazards in relation to people's care.

The registered provider ensured that safe arrangements were in place for managing people's medicines.

Staff were knowledgeable about safeguarding people from abuse.

The registered provider had a safe recruitment system in place.

There were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

The registered provider ensured that staff received appropriate training and support to carry out their role.

People's needs and choices were assessed and care and treatment was delivered in line with current legislation and standards.

The registered provider was meeting the requirements of the MCA 2005, for the majority of people's care.

People had access to healthcare professionals when required.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising.

Is the service caring?

Good ●

The service was caring.

We spent time observing staff interacting with people and found they were kind and caring in nature.

Information about people was kept confidential.

We saw staff respected people's privacy and dignity when offering support.

Is the service responsive?

Good ●

The service was responsive.

We found people received care that was responsive to their needs.

A varied program of social activity and stimulation was available.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with the staff team.

Is the service well-led?

Good ●

The service was well led.

Audits were in place to ensure the service was operating in line with the registered providers expected standards. Audits identified areas of improvement which were dealt with.

The registered manager held meetings with people who used the service and their relatives to offer a forum where discussions could take place.

Ladyfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 August 2018 and was unannounced. The inspection was carried out by one adult social care inspectors 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We ask the registered provider to submit a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with nine people who used the service and three relatives of people living at the home. We spent time observing staff interacting with people.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff including care workers, senior care workers, catering staff, activity co-ordinators, the registered manager, and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

At our last inspection of July 2017, this key question was rated as requires improvement. The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. We also found that there were insufficient staff available to meet people's needs and keep them safe. The registered provider was required to address these issues and sent us an action plan telling us how these would be addressed.

At our inspection of 14 August 2018, we found the registered provider had taken sufficient actions to address all the issues.

Risks associated with people's care had been identified and risk assessments were in place to ensure they were effectively managed. For example, one person's care record had a risk assessment in place for the risk of choking. This had proposed measures in place to minimise risk, such as staff assisting at mealtimes and provide a soft diet.

People's care records contained a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication requirements that each person required to ensure that they could be safely evacuated from the service in the event of an emergency.

We observed staff interacting with people who used the service and found there were enough staff available to meet people's needs. The registered manager used a dependency tool to ensure enough staff were scheduled to work. This was based on the high, medium and low dependency needs of people and was reviewed regularly.

We spoke with people who used the service and their relatives and most people felt there were enough staff. However, one person said, "It is so busy, don't think there is enough staff."

We looked at the systems in place for managing people's medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication was administered safely. We saw procedures were followed by staff. Temperatures were monitored and recorded for medication storage, to ensure medicines were stored at safe temperatures. However, the temperature in the medicine storage room had been slightly higher than recommended. The registered provider had resolved this by placing an air conditioning unit in the room but this had not been effective. This had been addressed by the registered manager, who had ordered another air conditioning unit.

Some people were prescribed medication to be taken as and when required known as PRN medicine. We saw protocols were in place and did give some detail. Some protocols required further detail to guide and direct staff regarding when they should be given. We spoke with the registered manager about this and they began a process to address this to ensure staff administered medicines as prescribed.

We found some PRN medication was prescribed to give either one or two tablets. Staff were not clearly recording the amount given, it was not recorded on the reverse of the MAR. Therefore, documentation systems were not followed correctly. Staff also did not record if the medication was effective. During our inspection the registered manager started to review this documentation.

People were protected by the prevention and control of infection. The service had an infection control lead and the service was clean and hygienic. We spoke with people who used the service and they thought the home was kept clean. One person said, "The home is clean and tidy and if it wasn't I would complain."

Accidents and incidents were monitored and trends and patterns were identified. This showed the registered provider learned from incidents and addressed concerns to ensure people were safe.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and shadow shifts with experienced staff.

Is the service effective?

Our findings

At our inspection of July 2017 this key question was rated Requires Improvement. We found that staff received supervision sessions, (one to one sessions with their line manager to discuss work related issues), but these were not always effective. People's consent was not always sought in line with current legislation and the mealtime experience could have been improved. The registered provider was required to address these issues and sent us an action plan telling us how these would be addressed.

At our inspection of 14 August 2018, we found the registered provider had taken sufficient actions to address all the issues.

Staff we spoke with felt supported to carry out their role and told us they received regular training and supervision sessions. The registered manager kept records of training completed and required. We observed staff interacting with people and saw they knew people well and were knowledgeable about how to meet their needs in line with their preferences.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising. We looked at the menus for four weeks which showed people were offered a varied and balanced diet, and were able to choose alternatives should they want something different. We observed lunch being served in both dining areas and found it to be a relaxing and pleasant experience. People who required assistance were supported by staff who sat with people chatting whilst prompting them to eat the meal.

We saw that drinks and snacks were available throughout the day and easy for people to access. This ensured people's hydration needs were met.

We spoke with people who used the service and their relatives and were informed that the quality of meals were good. One person said, "Food very good, nice meals. I have put weight on while I have been here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found care records contained information in relation to people's mental capacity, and decisions made on behalf of people who lacked capacity had been considered in the person's best interest.

People were supported to live healthy lives and have access to healthcare services. We looked at care records and found that people had access to healthcare professionals when required. For example, one

person had been seen by the speech and language therapist who had recommended a soft textured diet due to swallowing difficulties. This information was available in the person's care records and we observed staff carrying out this aspect of support.

The design and décor of the premises was tasteful and there were many small sitting areas for people to choose from. These were all decorated and designed differently to accommodate people's preferences.

Each unit had access to a garden area which was equipped with garden furniture. The garden had fruit trees and planted herbs and flowers. People were in the process of making toadstool ornaments in the craft club for the garden.

Is the service caring?

Our findings

At our inspection of July 2017 this domain was rated Good. At our inspection of August 2018, the rating for this key question had been maintained.

We spoke with people who used the service and their relatives about the care and support they or their relative received at the home. Everyone we spoke with was highly satisfied with the support they received. One person said, "They [the staff] help me maintain my independence." Another person said, "The staff go above and beyond."

Relatives we spoke with told us their relative was well looked after. One relative said, "Staff can't do enough." Another relative said, "Staff are caring and absolutely know [relative] well."

We spent time observing staff interacting with people who used the service and found they shared lots of appropriate banter. People were supported in a friendly environment where staff were kind, considerate and helpful. For example, one person told a member of staff that they didn't like sitting in a particular place. The staff member responded in a caring and supportive manner saying, "Come with me then and we will have a little walk." The person smiled and took the staff members hand and walked with them. One person was singing when another person told them to "shut up." The person carried on singing, but a staff member approached them saying, "Those sandwiches look lovely," the person stopped singing and proceeded eating their lunch. This calmed the situation and also encouraged the person to eat their lunch.

This showed that staff knew people well enough to divert potentially difficult situations in a calm and effective manner.

People were supported to express their views and be actively involved in making decisions about their care. People and their relatives told us they were involved in their care plans and felt their preferences were respected. People's records included a life history, which helped staff understand people's preferences. These included, family life, friends, interests and hobbies and working life.

We observed staff maintaining people's privacy and dignity. We saw staff knocked on bedroom and bathroom doors prior to opening them. We also saw staff talking quietly with people so the conversation remained private.

Staff we spoke with were dedicated in providing a caring environment where people were at the heart of the service. We asked one care worker what they felt was the most important aspect about their role and the said, "Ensuring people experience a good quality of life."

Is the service responsive?

Our findings

At our inspection of July 2017 this key question was rated Requires Improvement. We found that people had not always been involved in their care plans and lacked detail to be able to meet people's needs. We also found that people did not have access to regular activities.

At our inspection of August 2018, the rating for this key question had improved to Good.

People received personalised care which was responsive to their individual needs and preferences. People told us they were involved in their care plans and felt the staff met their needs. We looked at care plans belonging to people and found they were comprehensive and contained information which was required to meet their needs effectively. We saw pre-assessment documentation was in place to ensure the service could meet people's needs prior to them receiving the service.

We found care plans were detailed and were a working document to guide staff in how best to support people. For example, one person had a care plan regarding communication. This stated that, due to the person living with advanced dementia, they were unable to communicate verbally. However, it detailed how the person communicated by pointing at objects and using facial expressions to convey their feelings.

Another care plan was in place for mobility and stated that the person required the use of a hoist. However, this did not give details of loop configurations. We saw the risk assessment for moving and handling contained this information. We spoke with the registered manager about this who addressed this immediately.

The registered manager was an end of life champion and was responsible for leading and guiding staff in an appropriate manner, when people were at the end of their life. The registered manager told us how they supported one person to return home from hospital as their preference was to end their life at the home. The registered manager told how they engaged with families so that they felt supported at this time.

The registered provider employed two activity co-ordinators who worked Monday to Friday between the hours of 10am and 4pm. These times were flexible to accommodate outings and events. We spoke with people who used the service and their relatives and people were complementary about the range of activities available. People's comments included, "I like a sing along. Once a month the church comes here for a service," "I like singing and classical music, my dad was in an orchestra," and "There are plenty of activities here." Relatives were also happy with the social stimulation their relative received. One relative said, "[Relative] has been on two trips in three weeks."

People were encouraged to participate in activities but never pressured and if they don't want to join in they were asked if they would like to watch. Once a month a special evening was arranged where families and friends were invited to join in. One evening was a country and western evening which included relevant foods such as burgers and Mississippi mud pie. The next planned evening was a pie and pea supper.

Outings to various places of interest were also arranged and families were invited to enjoy the day out with their relative.

The home participated in a pen pals club where people wrote to others who were living in care homes around the world. So far, the home had received replies from people living Australia and Oklahoma. This was an opportunity to share good practice and to build up relationships with other people.

The registered provider had a complaints procedure in place and people felt able to chat to staff if they were concerned about anything. One person said, "I have never had to complain." Another person said, "If I had a complaint I would complain to the people who work here." One relative said, "The complaints procedure was explained to me. I feel I could approach anybody."

Is the service well-led?

Our findings

At our last inspection of July 2017, this domain was rated as requires improvement. This was because audit systems in place were not always effective and action plans did not contain enough details. There was lack of leadership in the service.

At our inspection of August 2018, we found these actions had been completed and audit systems were embedded into practice. The registered provider had appointed a registered manager who had been in post since September 2017.

The management team consisted of the registered manager, deputy manager and senior care workers. Members of the management team lead the service well and this promoted the delivery of good quality, person centred care. The management team led by example and staff commented that they felt supported by them.

We spoke with people and their relatives about the leadership and management of the home. People responded saying, "The manager is very approachable," and the management is excellent, I am highly satisfied." Relatives said, "The management is good, and "The manager listens to us."

Audits were in place to ensure the service was working to the registered providers expected standards. We found the audits were effective and identified areas of improvement. Action plans were then put in place to address the issues and lessons were learned to improve the service. For example, we saw an accident and incident analysis which identified trends and patterns so that lessons could be learned and practice changed to minimise the same incident being repeated. The weight loss audit identified people who were at risk of losing weight and appropriate actions had been taken.

In addition to the audits carried out by the registered manager, the regional manager visited frequently and had a good oversight of the home. On these visits the regional manager checked the registered manager's audits to ensure they were completed correctly and that any concerns were actioned appropriately and in a timely manner.

People who used the service, their relatives and staff were involved in the service and were asked for their opinions and views. We saw that comments raised were acted upon to enhance the service. For example, the service had entered the registered provider's competition for best care home. The home did not achieve this but were awarded some money for being the most improved care home. People and their relatives had identified that outside furniture was needed and so this money was used for this purpose.

The home displayed a 'you said, we did' board in the main entrance. This was available so that people could see the actions the registered provider had taken in response to issues raised in quality surveys. This showed that people requested new vanity units in their bedrooms as they were looking old and tired. The registered manager was in the process of obtaining quotes so these could be purchased.