Shaw Healthcare (de Montfort) Limited

Lancum 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 4 August 2016 and was unannounced. Lancum House provides residential care and accommodation for up to 43 older people, including people living with a diagnosis of dementia. On the day of the inspection 39 people were using the service.

A registered manager was in post. 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.

At the last inspection of the service on 23 and 24 July 2015 we asked the provider to take action to improve staff deployment and meeting people's nutritional and hydration needs. The provider sent us an action plan telling us how they planned to improve. At this inspection we found the actions had been completed.

Systems were in place for reviewing staffing levels. Staff arrangements were adapted to meet people's changing needs. The staff recruitment systems were robust to ensure people employed at the service were suitable. The service had a proactive approach to staff learning and development to ensure staff had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to meet the range of people's needs. All staff received support through one to one supervision and annual staff appraisals took place.

Staff protected people, especially people with complex needs, from the risk of poor nutrition and hydration. People's nutritional needs had been assessed and additional staff support was provided at mealtimes to enable people to eat and drink sufficient amounts. People using the service and their relatives spoke positively about the variety of food on the menu and the quality of food provided. They felt actively involved in this aspect of the service and were able to give feedback on a regular basis.

Staff knew how to recognise signs of potential abuse and what to do to protect people's safety and welfare when safeguarding concerns were raised. Arrangements were in place for continually reviewing safeguarding concerns, accidents and incidents, to make sure that appropriate action was taken at all times, to protect people from the risks of abuse and avoidable harm.

Staff managed behaviour that may challenge others, in a positive way, to protect people's dignity and rights. They regularly reviewed how they worked with people, supporting them to manage their behaviour and sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. They made sure that people were referred for professional assessment at the earliest opportunity.

Risk assessments were proportionate and centred around people's needs. Strategies were put in place to ensure that anticipated risks to people's health and welfare were managed appropriately.

Systems were in place to ensure that staff managed medicines consistently and safely. People received their medicines as prescribed. Where appropriate, the service involved people and their representatives in the regular review and risk assessment of their medicines.

Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They put these into practice to ensure that people's human rights were respected. Staff considered people's capacity to make decisions and the support they needed to do so. Decisions that were made in people's best interests had been made through involving their representatives and other professionals.

People's health needs and preferences were regularly reviewed. Appropriate referrals were made to other health and social care professionals, so that preventative action was taken at the right time to keep people in good or the best of health.

People received care and support from staff that knew them well. The relationships between staff and people using the service consistently demonstrated dignity and respect at all times. Staff understood the importance of responding to people's individuality and diversity in a caring and compassionate way.

Individualised care plans were in place that reflected people's current needs and detailed their choices on how they preferred their care and support to be provided. People, were involved in planning their care and where this was not possible their representatives were involved to ensure the views of the person were known and acted upon.

People were protected from the risks of social isolation and loneliness. The service recognised the importance of social contact and companionship. Social and individual activities took place to encourage people to follow their hobbies and interests and to maintain relationships with people that mattered to them, such as family and friends.

Concerns and complaints brought to the attention of the provider were taken seriously, explored thoroughly and responded to in good time. The service used complaints and concerns as an opportunity for learning and improvement. Staff had the confidence to question practice and report concerns about the care offered by colleagues, carers and other professionals and their concerns were thoroughly investigated.

Quality assurance arrangements were robust and processes were in place to enable the registered manager to account for actions, behaviours and the performance of staff. The views of people using the service and their representatives were sought. The management systems were used to continually monitor the quality of the service and identify areas for improvement.

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

he service was safe.

Staff knew how to recognise signs of potential abuse and what to do to protect people's safety and welfare when safeguarding concerns were raised.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

Systems were in place for reviewing staffing levels and effective staff deployment within the service.

Staff recruitment systems were robust and ensured that people employed to work at the service were suitable.

Systems were in place to ensure that staff managed medicines consistently and safely.

Is the service effective?

Good

The service was effective.

People received care from staff that were appropriately trained and supported to continually develop their knowledge and skills.

Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They put these into practice to ensure that people's human rights were respected.

Staff protected people, especially people with complex needs, from the risk of poor nutrition and hydration.

People's health needs and preferences were regularly reviewed. When required referrals were made to other health and social care professionals.

Is the service caring?

Good

The service was caring.

People received care and support from staff that knew them well and understood their needs.

The relationships between staff and people using the service consistently demonstrated dignity and respect at all times.

Staff understood the importance of responding to people's individuality and diversity in a caring and compassionate way.

Is the service responsive?

Good

The service was responsive.

Individualised care plans reflected people's current needs and detailed their choices on how they preferred their care and support to be provided.

People were protected from the risks of social isolation and loneliness. The service recognised the importance of social contact and companionship.

Concerns and complaints brought to the attention of the provider were taken seriously, explored thoroughly and responded to in good time.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

The views of people living at the home and their representatives were sought.

Quality assurance arrangements were robust and processes were in place to enable the registered manager to account for actions, behaviours and the performance of staff.

Lancum 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 August 2016 it was unannounced and was conducted by one inspector.

The provider completed 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine areas to look at during our inspection.

We reviewed other information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events that the provider is required to send us by law. We also made contact with commissioners to seek feedback as to their findings from contract monitoring visits to the service.

During our inspection, we 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 observed how the staff interacted with the people who used the service and how people were supported during meal times.

We spoke with five people using the service, two relatives and a visiting healthcare professional. We also spoke with the registered manager, an area manager, four care staff, one domestic, and the activity worker and one agency worker.

We reviewed the care records for three people using the service to assess whether they were reflective of their current needs. We also looked at four staff recruitment files, the staff duty rotas and staff training records.

We looked at records relating to the management of the service, which included quality monitoring checks carried out by the registered manager and a senior manager within the organisation.

Good

Is the service safe?

Our findings

At the last inspection of the service on 23 and 24 July 2015 we found sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the requirements. This was a breach of regulation 18 (1) (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to improve and they sent us an action plan telling us how they planned to improve. We found at this inspection the actions put in place to improve had been completed.

We found that improvement had taken place to the staffing arrangements, particularly to the level of staff support provided for people within the dementia care areas of the service. One relative said, "The staffing is okay, I see that they have an extra member of staff that comes in on the afternoons to spend time with a resident". The staff said they found the staff support especially over the meal times had improved as they were now having additional support from ancillary staff to service the meals and to help support people with eating and drinking.

The manager informed us they had managed to secure one to one support for one person using the service at specified times of the day when it had been identified the person became anxious and frustrated, which sometimes resulted in displaying behaviour that challenged them and others using the service. The manager confirmed in order to meet the person's needs they were using staff from an external care agency to provide one to one support and it was having a positive impact on reducing the person's level of anxiety.

The registered manager told us there were some staff vacancies still to be filled. There was an on-going recruitment drive and jobs were being advertised locally and on a recruitment agency website. They were optimistic the staff vacancies would be filled and the use of agency staff would consequently reduce. They said that some new care and senior care staff had recently been employed.

People were kept safe because the service protect them from, bullying, harassment, avoidable harm and potential abuse. One person said, "I have always felt safe here, the staff make sure we are not in any harm". A relative said, "I feel the staff do all they can to keep people safe, [Name of person] seems very happy". A visiting healthcare professional said, "This is definitely one of the best homes I visit people are very well looked after here".

The staff told us they had received training on safeguarding and whistleblowing and they spoke with knowledge of the different types of abuse. They told us they knew how to report any safeguarding 'concerns to protect people's safety and welfare. We saw that safeguarding people from abuse was a core module in the staff induction training and that staff received annual refresher training to keep up to date with any changes to the reporting procedures.

The provider had reported concerns in relation to people's safety and welfare appropriately to the local authority and Care Quality Commission (CQC). Information on safeguarding people from abuse was on display on notice boards and gave the contact details for the local authority safeguarding team and the CQC.

We saw that risk assessments were carried out to identify specific areas of risk. For example, risks due to poor mobility, nutrition and hydration and pressure area skin damage. They had been developed with the person, and where this was not possible due to lack of capacity a representative for the person had been involved in the risk assessment reviews.

Accidents and incidents were recorded in line with the provider's policies and were regularly monitored to identify any trends in incidents, so that measures could be put in place to minimise the risks of repeat incidents.

Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the premises having to be evacuated. The contact details were available in the event of any emergency, for staff to access, such as a breakdown with the heating, water, electrical and fire systems.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff we spoke with confirmed they had provided documentation to prove their identity and the names of people to contact for references. We reviewed the recruitment files of staff and documentation was available that demonstrated that gaps in employment histories were explored, written references were obtained from previous employers and Criminal Records Bureau (CRB) checks had been carried out through the government body Disclosure and Barring Service (DBS).

People's medicines were safely managed. All medicines were administered by senior staff that had received appropriate training, followed up by competency assessments being carried out that involved observing and assessing their competency to administer medicines to people safely.

A computerised system was in use for ordering, and recording the administration and disposal of medicines. We saw the records were well maintained and that random medicines audits took place to check that medicines stock levels and records were in good order. The registered manager had access to the medicines records and could sample check to ensure they were all in order. Paper copies of the medicines administration records (MAR) that listed the medicines, dosage and frequency of administration, in the event of any computer system malfunction were available. Records were also backed up with the dispensing pharmacy so they could be retrieved.

Good

Is the service effective?

Our findings

At the last inspection of the service on 23 and 24 July 2015 we found that people who relied on staff to meet their nutrition and hydration needs did not always receive the full support they needed to eat and drink. This was a breach of Regulation 14 (1) (4|) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to improve and they sent us an action plan telling us how they planned to improve. We found at this inspection the actions had been completed.

Staff protected people, especially people with complex needs, from the risk of poor nutrition and hydration. During the inspection we observed people in the dementia care areas of the home being supported over lunchtime. We saw they received sufficient assistance from staff to eat and drink, and the staff were mindful of maintaining people's independence. Arrangements had been made to ensure that additional staff were available at meal times to support people who were unable to eat and drink independently. We saw the staff were responsive to people's dietary needs; food was cut up and pureed for people that required this. The staff closely monitored and recorded the food and fluid intake of people at risk of poor nutrition and hydration.

One relative said, "[Name of person] loves the meals here, the food is very good, lots of fresh vegetables, the meat look like good quality cuts". We observed that people were offered a choice of meal and alternatives were available if people did not want what was on the menu. During our inspection we observed the catering staff visited people in the dining room to speak with staff and people using the service to seek feedback on how the meal was received by people.

Each person had a nutritional assessments carried out and the staff monitored the amount of food and drink people received. When concerns about people's food and fluid intake were identified the staff had contacted the person's GP and where necessary the dietician or speech and language therapist had been contacted.

People using the service and their relatives confirmed they thought the staff had the skills and experience to meet people's needs. One member of staff said, "I have worked here for [number of years] I have seen many changes and still enjoy my work, no matter how long you have been doing care work, there is always something new to learn". All new staff employed at the service were placed on a comprehensive induction training programme. They told us they worked alongside an experienced member of staff when they first started working at the service. We also saw that staff were assigned to work towards an accredited care qualification through the Qualifications and Credit Framework (QCF). Previously known as National Vocational Qualification (NVQ) and /or the Care Certificate through Skills for Care.

People's needs were met by staff that were effectively supported and supervised. The staff confirmed that team meetings took place regularly and we saw minutes of the meetings that confirmed this. All staff benefitted from having one to one supervision and appraisal meetings with their supervisors. The meetings were used to discuss any concerns the member of staff had in relation to their work and to evaluate their work performance and any further training needs. The staff said the registered manager was approachable

and always willing to offer advice and support and practical help whenever they needed it.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. People's care plans contained assessments of their capacity to make their own decisions, and where it had been assessed they lacked the capacity to do this 'best interest' decisions had been made on a person's behalf. For example, whether they were unable to manage their own medicines, the decision process had followed the principles of the MCA and DoLS codes of practice.

People are always asked to give their consent to their care, treatment and support. One person said, "The staff don't assume anything, they always ask first". A relative said, "Whenever I visit I have never heard the staff do anything to make me think they do anything against people's wishes, I think they just ask people as a matter of course, it doesn't come naturally to do things without asking people first". We saw that within the service notices were placed on notice boards reminding staff of the five principles of the mental capacity act and the importance of underpinning decisions taken in relation to those who lack capacity and the importance of empowering and protecting people who lacked capacity.

People's care records contained information that demonstrated they promptly contacted the relevant health professionals in response to concerns or sudden changes in people's physical and mental health and acted on the instruction given from the health professionals.

Good

Is the service caring?

Our findings

People who used the service and their relatives were positive about the caring attitude of the staff. One relative said, "The staff are fantastic here, I want you to know that, the staff go the extra mile, they genuinely care for people".

We found that people were relaxed and at ease with the staff supporting them. There was a homely atmosphere and it was apparent that people had the freedom to express themselves and to show their emotions. We observed a number of positive and friendly interactions between staff and people, which showed they had positive relationships with the people they supported. A relative said, "The staff seem very kind and caring, they are always very friendly and supportive".

We observed that people liked being with staff who provided reassurance and emotional support for them. We heard the staff talking with people in a calm and reassuring way and people responded positively to this approach. One person became anxious, and threw their knife across the dining table; a member of staff supporting them spoke to the person using a quiet and calm tone of voice, which helped the person to compose themselves. We saw the support was provided in a reassuring way.

We observed people being treated with dignity and respect and personal care was provided discreetly. We heard staff asking people whether they wanted to spend their time in their rooms or in the communal areas of the home. We observed the staff assisted a person to move using a hoist to transfer from the armchair into their wheelchair. The staff took time explaining to the person what they had to do to move them safely and they gave the person time to sufficiently relax so that the move was carried out safely and comfortably for the person.

People and / or their representatives were involved in making decisions and planning their own care. We saw that each person was asked whether they wanted to share information about their past history and important events in their lives. The information went towards each person having a life history profile in place. The aim was so that staff could tailor their care to meet their specific needs and preferences. The staff demonstrated through their interactions with people that they knew each person living at the home very well and were able to tell us about the needs of individuals and the contents of their care plans.

People were provided with information on how to access the services of an advocate and some people had used the service when it was appropriate for them.

Good

Is the service responsive?

Our findings

People's care, treatment and support was set out in a written plan that describes what staff needed to do to make sure personalised care was provided. Each person had a care plan that was used to guide staff on their current needs. The care plans had been generated form information that had been received from an initial assessment having been carried out. We saw that on-going assessments had taken place and the care plans had been reviewed to reflect people's changing needs.

One person said, "I know I have a care plan, I am quite independent and am fully informed in all decisions". Relatives told us they were involved in the care plan reviews for their family members who did not have the capacity to understand the process. One relative said, "The staff keep me fully up to date with any changes in [Name of person's] care. I have told them to always call me if [Name of person] is not well and they do so".

The service recognised the importance of social contact and companionship. Social and individual activities took place to encourage people to follow their hobbies and interests and to maintain relationships with people that mattered to them. Since the last inspection a member of staff had been appointed to plan and oversee the provision of activities for people using he service. One relative said, "Activities are happening now, it's much better, people have things to do now".

The activity person told us they worked five days a week between the hours of 10am to 3pm. They said, "I am flexible and take each day as it comes, I always try to make sure something is available each day for people to engage in". We saw that a programme of planned activities such as, arts and crafts, knitting, gardening and cookery sessions took place. We also saw that external musicians and singers visited the service to entertain people. One person said, "I love knitting, following the instructions in the pattern keeps you alert". We saw that one person using the service had taken on the responsibility of selling raffle tickets; they sat in the foyer area beside a table that contained the raffle prizes. They were wearing a polo shirt with the Shaw healthcare logo on it. They said, "I like having the responsibility of selling the tickets, it gives me something worthwhile to do, you also meet people as they come and go, it passes the time of day".

We also saw that a Pets for Active Therapy (PAT) volunteer, visited the service with their dog. People enjoyed stroking and patting the dog. One person said, "We always had a dog at home, there is something special about the loyalty they give to their owner. I look forward to seeing the dog; she is lovely and very well behaved".

The service routinely listened and learned from concerns and complaints made about the service. "One relative said, "All the staff and the manager are approachable, if I need to speak to them about anything, I just go to the office. They always stop and listen and do what they can to sort things out". Another relative said, "I have met the new manager, I came to the first relatives meeting, but I haven't been to anymore, I don't feel I need to attend every one of them. If I had any concerns I feel I can always approach the manager to get things sorted out". We saw that the complaints procedure was prominently on display within the front entrance and had the contact details of people to contact and other agencies such as the Care Quality

Commission. We also saw that regular resident and family meetings took place and people were encouraged to speak out if they had any concerns or complaints.

Good

Is the service well-led?

Our findings

Since the last inspection a registered manager had been appointed. The comments we received from relatives were complimentary of all of the staff team. They said the staff were very approachable. One relative said, "We are very impressed with the home, [Name of person] settled in straight away, it has a lovely homely feel to it". Another relative said, "If you need to speak to the manager they will always make themselves available". Another relative said, "This is a caring home, the staff genuinely do care about people". The staff said the registered manager was approachable and that they could speak to her at any time".

The culture of the service was open and person-centred. The registered manager worked in collaboration with other health and social care professionals to achieve the best outcomes for people using the service. For example, they recognised people who required additional support and had successfully attained additional funds to provide one to one support for them. This meant the service could effectively and consistently meet the needs of all people using the service. Visiting health and social care professionals spoke highly of the skills of the staff team and how they worked towards providing consistent person centred care for all people using the service.

Staff were supported to question practice; they received training on safeguarding and the whistleblowing procedures. They were aware of their responsibilities to protect people from being subject to any form of abuse. The registered manager took all safeguarding concerns seriously had informed the local authority safeguarding team and the Care Quality Commission (CQC) of all safeguarding matters. Investigations had been carried out appropriately and necessary actions had been taken to protect people from abuse.

Staff understood their roles and knew what was expected of them. They were motivated and had confidence in the way the service was managed. The comments we received from the staff were all positive, indicating they were happy working at the service and felt supported. One member of staff said, "We work as a team and support each other". Another member of staff said, "I have worked here for many years, I have seen many changes, the people always come first, we look after people as we would want to be cared for ourselves".

Relatives told us they were involved in making day to day decisions about the care of family members who lacked the capacity to make their own decisions. They told us they were kept informed about their family members' changing needs and that the communication with the service was good. One visiting healthcare professional commented on how the staff team had a good understanding of people's needs and were able to fully update them when they visited. They said, "This is definitely one of the best care homes I visit".

The staff told us they had regular team meetings and said they were used to share information and ideas. We saw minutes of the meetings that demonstrated staff discussed care practice, training and areas identified for improvement. All the staff confirmed they enjoyed working at the service and their comments indicated that they felt valued and involved in decision making.

People and relatives told us that the service arranged regular meetings to provide them with information about the service and to provide a platform to discuss ideas for improvement. Records showed that the meetings took place on a regular basis.

Quality monitoring systems ensured that regular safety checks were carried out to the building and equipment and to care records, risk assessments, medicines records and stock, accidents and incidents and staff recruitment and training records. These were also overseen by a senior representative from within the organisation on a monthly basis and any areas identified for attention had action plans with timescales put in place. We saw that areas identified for attention had been fully addressed by the registered manager.