

HC-One Limited

Ladywood

Inspection report

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Date of inspection visit:
19 April 2023

Date of publication:
26 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ladywood is a residential care home providing personal and nursing care for up to 38 people. The service provides support to older people and people living with a dementia. At the time of our inspection there were 21 people using the service. The home provides care over 2 floors with a range of communal spaces for dining, activities and relaxation.

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

There was no registered manager in the home. Management support was provided by interim management. The culture of the service did not always promote positive person-centred care. Quality assurance systems and checks were in place to monitor the service, however, did not always identify shortfalls in processes.

Mealtime experience was not always positive for people and people did not always receive appropriate support. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The home was pleasantly decorated and areas of the service was undergoing some renovation, however there was a lack of signage to help people orientate around the home.

People were protected from the risk of abuse. Staff received safeguarding training and understood the procedures of how to raise a concern.

People's needs were assessed and risk assessments were completed to guide staff to support people safely. There was enough staff to meet people's needs. Staff were recruited safely and appropriate pre-employment checks were completed prior to employment. People received their prescribed medicines safely and correct infection and prevention control measures were followed. Accidents and incidents were recorded and trends identified to prevent risk of reoccurrence.

Staff felt management were supportive and approachable. Staff received regular training and supervision to support them in their role. The service had good networks with external healthcare professional, which gave people access to a range of healthcare services.

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

Rating at last inspection

The last rating for this service was good (published 04 March 2019).

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ladywood

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

The inspection was completed by 2 inspectors.

Service and service type

Ladywood 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. Ladywood is a care home with 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 not a registered manager in post. An interim manager was overseeing the service whilst a new manager was being recruited.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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.

During the inspection

We spoke to 5 relatives and 9 staff members, including the area manager, clinical lead, nurse and activities co-ordinator. We reviewed 4 people's care records which included care plans, risk assessments and medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff understood how to recognise signs of abuse and how to raise a concern. One staff member told us, "If I had any concerns, I would report it to the nurse or manager."
- People told us they felt safe. One person said, "They are very good, and they look after me. I was very frightened when I came, I am not frightened now, I do feel safe."
- The provider had a safeguarding policy in place. Staff received safeguarding training and felt confident to raise concerns.

Assessing risk, safety monitoring and management

- People's risks were assessed and included in their care plans. Staff had detailed guidance on how to support people's needs.
- Risk assessments were in place for people with specific health risks, for example, we saw risk assessments in relation to choking, bruising and mobility. These were reviewed regularly.
- Care plans included 'safe environment support plans' with information for staff to support people in relation to environmental risk.
- Personal emergency evacuation plans were included in people's care records. This ensured specific information could be shared in the event of a hospital admission or emergency evacuation of the building.
- The provider completed regular checks to ensure the environment was safe for people. These checks included fire safety, equipment and maintenance.

Staffing and recruitment

- Staff were recruited safely. Records showed pre-employment and Disclosure and Barring Service (DBS) checks were completed prior to starting employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to meet people's needs. The provider regularly reviewed staffing levels using individual dependency levels for people. One staff member told us, "We did struggle before, but there is enough staff now."

Using medicines safely

- Medicines were managed safely and people received their prescribed medicines. The provider had recently introduced an electronic system to manage medicines safely. The new system included a daily dashboard identifying medicines which needed ordering.

- For people prescribed "as and when required medicines" there were written protocols to help staff administer medicines and monitor appropriately.

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

The provider's approach to visiting was in line with government guidance. There were no restrictions on visiting at the time of the inspection. One relative told us "There is very open feel to the place, visiting is allowed anytime."

Learning lessons when things go wrong

- Lesson were learnt when things went wrong. Accidents and incidents were analysed and trends identified to minimise the risk of reoccurrence. The provider had 'daily huddles' and 'flash meetings' with staff to address any immediate lessons to be learnt.
- The provider completed monthly 'key clinical indicator' reports to monitor and identify trends in clinical areas, for example, skin integrity, infections and weights.
- Staff understood the process to report accidents and incidents, for example, we saw the correct procedures followed for someone who had a recent fall. The person was referred to the falls team and a falls care plan was created.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We observed that some people did not receive appropriate support during mealtimes, for example, one person was distressed for a prolonged period. This was raised with the manager and staff were directed to provide support immediately.
- People's dietary needs and weights were recorded and monitored. Where any risks were identified, the relevant referrals were made. For example, we saw a referral made for someone who was at risk of choking.

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

- There was a lack of appropriate signage in the home to help orientate people who use the service.
- People's rooms were personalised with their own belongings and soft furnishings.
- There were several communal areas so people could choose whether to sit and relax or join in with organised activities.
- Specialist equipment was available to support people with specific needs, for example a person was supported to use a specialist chair.

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.

- People's mental capacity assessments were not always completed to make particular decisions, we saw mental capacity assessments that were incomplete. This meant people's may not have been supported to make decisions in their best interests.

- Staff received training in relation to MCA and DoLS and we found people were cared for in a least restrictive way.
- DoLS authorisations were in place and we saw applications that had been submitted. These were included in people's care plans.
- We observed staff supporting people to make choices and consenting to care.

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 the service. We saw pre-admission assessments which included detailed information about people's needs.
- Holistic assessments were completed in relation to people's needs. Care plans contained comprehensive information for staff to support specific health conditions, for example, support for a person with left side weakness.

Staff support: induction, training, skills and experience;

- Staff received regular training to support their roles. One staff member told us, "We get lots of training." New staff completed an induction and had the opportunity to shadow experience staff before commencing employment.
- Training records were in place and up to date for staff working in the service.
- Staff felt supported by management, one staff member told us, "I definitely feel supported by management."

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

- Appropriate referrals were made for people with specific health issues. We saw referrals in relation to people's skin integrity and diet.
- The local advanced nurse practitioner carried out weekly rounds to assess and monitor people's health needs. This meant people's health was reviewed and assessed regularly.
- People were supported to live healthier lives, we saw 'wellbeing care and support plans' which included information about people's wellbeing. For example, one person's wellbeing care and support plan included information about their activity preference, life history and visiting preferences.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

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

- There was no registered manager in post. The provider told us they were in the process of recruiting a registered manager. Interim arrangements for management of the home were in place.
- There were systems in place to monitor the service, however systems were not fully embedded to ensure people's outcomes were consistently met. For example, systems in place to monitor the dining experience.
- The provider completed audits for aspects of the home to drive improvement, however audits did not always identify gaps in recording. For example, we saw incomplete documentation in people's care plans which could have affected people's outcomes.
- Food and fluid charts were not always completed consistently, this meant people may not have received appropriate levels of food and fluid.
- The manager submitted statutory notifications for significant events that occurred at the service.

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

- Plans were in place to promote a positive culture in the workplace for new and existing staff, for example, the provider told us about plans to focus on training staff in relation to appropriate communication for people living with dementia.
- Relatives told us they were happy with the service. Comments included, "Absolutely meeting my [relative's] needs and they are very accommodating", "If there are any issues they get sorted, [relative] is in the best place and is looked after" and "more than happy with the care".

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

- Feedback was given about the service voluntarily through an internet review site which was limited in how regularly this was used. This meant there was not always an opportunity to obtain regular feedback for people to express their views and drive improvements.
- Staff attended supervision and meetings to allow for discussion and feedback.

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 manager was open and transparent about challenges they had faced within the service in relation to

the culture of the service and adopting stable management.

Continuous learning and improving care

- The provider completed quality assurance audits to identify improvements. Audits did not always identify gaps in recording of information, for example, food and fluid charts.
- Staff felt supported by management to continue learning new skills. One staff member told us, "I do enjoy it here, I like my role and I've been supported to work my way up."

Working in partnership with others

- The provider worked with a wide range of professionals to help meet people's outcome. We saw referrals made to podiatry, speech and language therapy and the district nursing team.