

Bondcare Willington Limited

Lumley Residential Home

Inspection report

Hall Lane
Willington
Crook
County Durham
DL15 0PW

Website: www.bondcare.co.uk/lumley-court/

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20 October 2022
01 November 2022
24 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lumley Residential Home is a care home, which can accommodate up to 40 people who need support with their personal care. The service is split into a service, which provides personal care for older people, some of who are living with dementia. There is a separate 7 bed facility for adults with learning disabilities called Jeffrey Court. On the day of inspection there were 27 people living on Lumley Residential Home and Jeffrey Court.

Lumley Residential Home is located in the same building as another registered care home Brancepeth Court.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were regularly asked for their opinions and gave them freely. People were involved in discussions about their support and given information in a way they understood. Staff supported people to take part in activities and pursue their interests in the local area. People told us they could choose their own social interests and were supported by staff to do this. Where people had support, they told us this was flexible, available when required and to the level they needed. Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported safely with medicines. Infection prevention and control practices needed to reflect current guidance, the manager ensured this happened.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff protected and respected people's privacy and dignity. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The provider understood the new electronic assessment tool required further enhancement to ensure it fully covered people's needs. The manager had introduced comprehensive and effective care records for Jeffrey Court.

Right Culture

The service was open to new ways of working and ongoing improvements were introduced to promote independence and inclusivity. People received good quality care, support and treatment because trained

staff could meet their needs and wishes. Additional training needs were explored with staff and provided to meet people's needs. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff were aware of and working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 April 2020).

At the time we found the service was in breach of 3 regulations regarding medicine management, the effectiveness of the service's quality assurance and staff training. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended about following best practice guidelines for people with a learning disability. At this inspection we found the provider had acted on the recommendations and had made improvements.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements. 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 requires improvement to good 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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lumley Residential Home

Detailed findings

Background to this 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

An inspector carried out the inspection.

Service and service type

Lumley Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Lumley Residential Home 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 not a registered manager in post. A manager had recently applied but left the service during the inspection and prior to their application being fully processed.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners 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 information gathered as part of monitoring activity that took place on 20 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service about their experience of the care provided and contacted 12 relatives. We spoke with the director, regional manager, manager, 2 seniors, 6 care staff members, the cook and a domestic.

We reviewed a range of records, which included 5 people's care records, staff files and a variety of records relating to the management of the service, 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection medicines were not always managed safely and in line with the provider's policy. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as required' medicines.
- The service ensured people's behaviour were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which in general outlined all presenting issues. The regional manager had reviewed the care records and started to make enhancements to the risk assessments.
- Staff managed the safety of the living environment, and equipment in it.
- The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. One person said, "Really the staff are kind and I never have to worry."
- Relatives were kept informed of any changes and in general found the care delivered met people's needs.

Staffing and recruitment

- The provider made sure there were enough staff to meet people's needs. Relatives commented they felt staff were stretched at times but felt the care delivered was good.
- Staff recruitment and induction training processes were effective. The provider had introduced an electronic system for managing recruitment and this thoroughly covered all the legal requirements.

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 somewhat assured that the provider was using PPE effectively and safely. Staff had become complacent around mask use but the regional manager addressed this and improvements were made.
- 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 visiting policies and procedures adhered to current guidance.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection staff were behind on their training. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the skills and knowledge to carry out their role effectively. Staff completed training in relevant areas to ensure they could carry out their role safely and competently.
- Staff had received relevant and good quality training in evidence-based practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice.
- The regional manager ensured capacity assessments and 'best interests' decisions were in place.
- Staff completed assessments of each person's physical and mental health. The provider was in the process of reviewing the electronic care record system to ensure the new assessments readily captured information about people's needs, what they needed, why they had moved to the service and their lived history.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent,

effective, timely care

- People had access to nutritious, wholesome meals. On the whole people reported they found the meals were "really enjoyable" and "tasty".
- The kitchen was located in Brancepeth Court. The catering staff offered the same menu choices to all the units in the building. The menus were varied and alternative options were available if people did not want what was on offer. The people in Jeffrey Court also prepared and made their own meals a few times a week.
- The care records clearly set out what support people needed to eat and how associated risks such as choking were to be managed. Weight monitoring records enabled staff to quickly identify who may be at risk of losing weight and referred these individuals to dietitians for review in a timely manner.
- People were supported to attend health checks, screening and primary care services.
- People were referred to health care professionals, as needed, and helped to live healthy lives.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. Staff had ensured care plans contained pertinent information about people's needs and preferences to enable staff to provide appropriate care.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- The provider understood the AIS requirements and had made sure appropriate communication tools, such as large print documents were in place to meet people's needs.
- The current care plans were very detailed and person-centred. Work was being completed to ensure accessible formats for people were developed and introduced.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. People told us they could go shopping when they wanted, to the community centre, pubs and to other local facilities. People were being supported to join in local events and participate in local community activities.
- Staff provided person-centred support with self-care and everyday living skills.
- Staff helped people to have freedom of choice and control over what they did. People told us about trips to see their favourite bands and how they chose what they wanted to do.

Improving care quality in response to complaints or concerns

- Complaint processes were in place. The service had very few concerns and complaints but the regional manager had identified there was some under-reporting and was ensuring all concerns had been captured.

End of life care and support

- Staff implemented good practice and guidance for caring for people at the end of life.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

At the last inspection governance systems were not effective. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made.
- The manager left the service during the inspection but had worked closely with the regional manager to maintain oversight of the home. The regional manager was overseeing the service whilst a new manager was recruited. The regional manager had regularly reviewed the systems and processes in the service to determine if improvements were needed and where enhancements could be made.

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; Continuous learning and improving care

- Reports had been sent to alert the CQC and local authorities when incidents occurred. The regional manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- Staff were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability.
- Action plans were used to identify and monitor where changes were required and how these could improve the service.

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; Working in partnership with others

- The regional manager promoted a positive, person-centred culture. The registered manager and staff put people's needs and wishes at the heart of everything they did. One person said, "The manager is really good and so helpful."
- People told us the registered manager was approachable and acted swiftly to address any issues.
- The service involved people and their families in discussions about individuals care and support needs.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

