

GCH (Lucton House) Limited

Lucton House

Inspection report

8 Long Wood, Bourneville, B30 1HT
Tel: 0121 451 3451
Website: www.goldcarehomes.com

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 1 July 2015 and was unannounced.

The provider of Lucton House is registered to provide accommodation with personal care for up to 51 people. Bedrooms are referred to as flats as they have separate living and sleeping areas with a kitchen and bathroom. People have the use of communal areas including a lounge and dining room.

There were 47 people living at the home when we visited and there was a registered manager 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.

People we spoke with felt safe during the day and night and had no concerns about their personal safety. Support was provided by staff who knew how to keep people safe and the steps they would take to protect a person from the risk of harm.

People were also able to tell staff if they required any assistance to help reduce risks to their safety. People's

Summary of findings

risks had been reviewed weekly to see if there were new risks or any changes. Staff were available when people needed them and staff felt they had time to support people as required.

Staff provided people with their medicines and recorded when they had received them. Where people required medicines 'when needed' there were no written guides for staff to follow. However, staff told us they knew people well and would ask them if they needed them.

Staff were not always confident about how to respond to people with a dementia related illness. Staff confirmed that further training in dementia care would improve their skills and knowledge. This had been recognised as an area for improvement by the provider.

People felt that staff listened and respected their decisions about their care and treatment. Staff showed they listened and responded to people's choice to choose or refuse care. People enjoyed the food and had a choice about their meals. Where people required a specialist diet or wanted a particular choice this had been arranged.

People had access to other health and social care professional to maintain their health conditions. They had regular visits from their GP and when needed and were supported to attend appointments in the local community.

People were relaxed in their home and with staff. People expressed their views about their care and were involved in making decisions. Staff told us and we saw that people

were supported to remain independent. Staff respected people and were polite when speaking with them. People had been supported in promoting their dignity and independence.

Staff knew people's care needs and people felt involved in their care and treatment. Staff were able to tell us about people's individual care needs but only had a limited knowledge of people who were staying for a period of respite. People had received external reviews to support their dementia care needs. Whilst the registered manager was confident in continuing to provide care and support, information had not always been recorded to support this.

People had maintained relationships with their families and friends who had also contributed in planning the care. People told us they had enough to do during the day and enjoyed the activities and trips out.

The registered manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. Meetings were held to obtain the view of people and their relatives.

The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home and people knew them well. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care and treatment from staff that understood how to keep them safe and free from potential abuse. People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home. People's medicines were administered when required.

Good



Is the service effective?

The service was effective.

People's needs, preferences and risks were supported by trained staff that had up to date information. Additional training was needed to reflect people's needs with a dementia related illness. Staff had contacted other health professionals when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People and relatives received care from staff that knew them well and took account of people's individual preferences. Staff provided care to people whilst being respectful of their privacy and dignity.

Good



Is the service responsive?

The service was not consistently responsive.

People had their health needs met. The registered manager needed to demonstrate that people's dementia related needs were addressed.

People and relatives were able to raise any comments or concerns with staff.

Requires improvement



Is the service well-led?

The service was well-led.

The registered manager had reviewed people's care and treatment and procedures were in place to identify areas of concern and improve people's experiences. People were asked for their views and involved in their home.

Good



Lucton 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 unannounced inspection took place on 1 July 2015. The inspection team comprised of two inspectors, a specialist advisor and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 16 people who lived at the home and four families and friends. We spoke with nine staff, the registered manager, deputy manager and the provider representative. 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 looked at three records about people's care, complaint files, falls and incidents reports, meeting minutes and checks completed by the provider.

Is the service safe?

Our findings

All people that we spoke with felt safe during the day and one person said they felt, “So much safer here than at home”. One person commented they felt safe at night as staff, “Check on me”. People felt supported by the staff and no one had any concerns about their personal safety.

People were comfortable to approach staff and we saw that staff provided support where people had asked for reassurance. Three staff told us how they kept people safe and the steps they would take to protect a person from the risk of harm. One staff told us that safeguarding people had been part of their training. They knew to report concerns about people’s safety to the registered manager or the management team.

Two people were able to tell us about their risk in relation to walking with aids or how much staff assistance they needed to maintain their independence and safety. One person said they liked a “Member of staff to go out with me as I cannot manage on my own” which they got to do. People were also able to tell staff if they required any assistance to help reduce risks to their safety. We saw that staff followed people’s preferences. For example, one person asked staff to allow them to walk without their support as they felt safer.

Senior staff reviewed people’s risks on a weekly basis to see if there were new risks or any changes. Where there were changes, action had been taken to help reduce the risks. For example, the use of additional equipment. Two staff we spoke with told us about how they followed the plans in place to reduce people’s risks, such as helping people to not become distressed.

Five people we spoke with felt there were staff available for them during the day. We saw that people were able to get the attention of staff when needed. People also had the choice to wear a pendant that they could use to alert staff if needed. Three people we spoke with felt they had to wait

for assistance at night as there were not enough staff. The registered manager and provider had recently increased the numbers of night staff to ensure people received care when they needed it.

All staff we spoke with felt they had time to support people and one said, “We can always call on another member of the team to help if needed”. The registered manager told us they ensured there were enough staff in the home to support people and had been able to adjust these “When required”. One staff told us that people needs were, “Put first” by all staff at the home.

Two people we spoke with told us about the medicines they took and what they were for. They felt happier that staff, “Took care” of their medicines and felt they did not have to worry about getting it wrong. Staff that provided people with their medicines were able to talk about what they were and why they needed to take them.

People’s medicines had been recorded when they had received them by staff. Where people required medicines ‘when needed’ staff told us they would ask people if they needed it. For example, staff asked people about their pain levels. However, there were no written guides for staff to follow to assist them to know when these might be needed and when.

Staff on duty that administered medicines told us about people’s medicines and how they ensured that people received their medicines when they needed them. For example at certain times during the day. Where people received their medicines in the form of patches there was no system in place to ensure the patch was placed in alternative areas of the body when applied.

All people’s medicines were stored in their room in a locked cupboard. The provider had reviewed medicines and were implementing a new pharmacy system which meant that all medicines would be stored centrally if agreed with the person. They also felt the new system would resolve the areas for improvement we found.

Is the service effective?

Our findings

Where people required emotional support in relation to dementia related illness staff felt they needed further training. We noted that staff were not always confident about how to respond to people with any questions they asked. For example, staff responded with direct answers rather than considering other ways to calm, reassure and support the person further. Staff confirmed that further training in dementia care would improve people's experiences. The provider had recognised this as an area for development and had looked to pilot a new scheme in the home. This would include further training and guidance for staff.

However, staff felt their training in other area of care reflected the needs of the people who lived at the home and were able to tell us how they applied their training in their roles. For example, staff told us how they monitored people skin and nutrition as required. All people that we spoke with told us the staff knew how to look after them. One person told us that staff "Knew what they were doing" and understood their needs.

Individual staff supervision and joint staff meeting had been held. This looked at recent events, any concerns about people and information about the provider. Staff could also leave messages in a communication book for the registered manager to look and addresses if required. Staff felt supported in the role and felt they had many opportunities to have their views listened to.

People we spoke with felt that staff listened to them and their decisions about their care and treatment. One person said, "I choose where I go, when I want to". They felt staff listened to them and respected their decisions. All staff we spoke with told us they listened to people's decisions in relation to choose or refuse care. They told us they would refer any concerns about people's day to day care needs to the deputy manager or senior care staff on duty. Staff were seen to ask or explain their action and ensured people consented before they assisted them with their needs during the day. For example, if they needed help with opening doors or personal needs. Two staff we spoke with told us about the choices people made day to day and that they provided that support.

The Mental Capacity Act 2005 (MCA) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The provider had arranged further training for staff to ensure they had a comprehensive understanding of the MCA. They had also taken steps to ensure they knew who had a lasting power of attorney in place should the need arise to refer to them. This is someone who has the legal authority to make a decision on a person's behalf about their finances, health and welfare.

All people we spoke with told us they enjoyed the food. One person said, "The food is brilliant, we have choices". People preferences and dietary needs had been considered. One person said, "The cook discussed the best diet for me and it helps a lot". We spoke with the chef about people's nutrition; they explained how they adapted meals to meet people's individual needs. The chef was passionate about her role and made sure people enjoyed the meals they served. They had also held "Tapas and Sangria" nights as they recognised that some people had been, "Well travelled" and that it would, "Bring back happy memories".

People told us about the support they had to access other health professionals. One person told us that they had, "A choice of the homes opticians and dentists" that visited the home or could select their own. The home was visited weekly by a GP or as required. One person said, "When I needed a doctor, one came quite quickly". Where people required regular blood test to monitor and maintain their condition, these had been arranged and completed as required. This was completed at the home or people going out to appointments.

Visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, people received support from district nurses to help manage their condition. Two families that we spoke with told us the district nurse also provided care within the home to help them manage and monitor their health conditions.

Is the service caring?

Our findings

People we spoke with told us the staff were, “Brilliant” and they received, “Excellent” care overall. They also told us they enjoyed living in the home and one person said, “I know lots of staff and have friends here”. Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One relative said the staff were, “Always around for [the person]”.

People responded to staff with fondness and were able to relax and joke with them. Staff responded to people’s humour and conversations in a way that engaged the person or promoted involvement. Staff told us they enjoyed chatting to people and this helped people relax and have confidence in them. One staff said, “Getting to know people, that’s the best bit”.

Staff told us they got to know people by talking with them and showing an interest in their lives. Care plans we looked at showed people’s likes, dislikes and their daily routine. Staff told us about the care they provided and people’s individual preferences or where people had a, “Preferred structure” to their week. People told us that friends and relatives could visit at any time and all visitors we spoke with felt welcomed by all staff at the home.

People expressed their views about their care and told us they were involved in making decisions. One person said, “I am very well looked after”. People felt they were involved in

reviewing their care or were supported by a family member. One person said, “My niece has been involved”. People told us they were confident to approach staff for support or requests and this was seen during our inspection.

Staff told us and we saw that people were supported to do things on their own and to remain independent as staff offered encouragement and guidance. People told us about how much support they needed from staff and were happy that they were able to maintain their independence within in the home. Staff told us about people’s levels of independence in their care needs.

Staff respected people’s everyday choices and were polite when speaking with them. Staff used people’s names they preferred, ensured they knew the person was talking to them and were patient with people’s responses. One staff said they felt a, “Positive attitude and being cheerful” improved people’s experience when they were providing care.

People told us they got to dress in their preferred style and had a choice about when they got up and went to sleep. One person said that when staff provided care they always made sure the, “Door is closed and speak to me to make sure that I am ok whilst they help me”.

Staff respected people’s privacy and knocked and announced who they were before entering people’s flats. Where people chose to spend time in their flats, staff knew that this had been people’s choice. However they would offer encouragement for people to come to the communal areas. We saw that staff were considerate when they spoke with a person about their care needs to ensure it was not shared with others in the communal areas.

Is the service responsive?

Our findings

Where people had received external reviews that related to their dementia care needs, the registered manager had not demonstrated how they had taken forward any recommendations. For example, one person had been advised to have an assessment for nursing care. Whilst the registered manager was confident in continuing to provide care and support for this person no information had been recorded to support this decision or that nursing care was not required.

People's day to day health and care needs were monitored for changes and senior staff discussed each person's needs with staff starting on shift. The information was recorded and any points that required further action were done. For example, a change to medicines or a referral to other professionals. However, staff were not able to tell as much information about four people who were staying for a short period of time. Staff had not been aware of the all information that we saw written in the care records. For example, the planned length of stay or their permanent health conditions. The registered manager knew that information was passed to senior care staff to share with all staff. The registered manager said they would look to ensure that this was communicated to all staff.

Three people we spoke with knew their care needs and felt they were involved in their care and treatment. They were able to tell us about their health needs and how they were supported to manage these. For example, they had been able to monitor their blood to help manage their health condition. All people we spoke with said their preferred daily routine was respected and carried out as they wanted. Where people had a preferred member of staff this had been recorded and followed.

Health conditions were monitored and supported within the home. One visiting professional showed where advice had been sought and changes implemented to maintain or improve people's health conditions. For example, skin care and falls prevention.

People had maintained relationships with their families. Relatives commented that they were able to be involved and contribute in planning the care of their family member. They were always kept updated of any changes in their family member's health. One family told us, "They will pick up the phone about the slightest change".

People were helped to be involved in things they liked to do during the day and had been provided with newspapers and magazines. People told us about some things they enjoyed like, "Music and movement" and "Gardening". Staff spoke about people's individual hobbies and interests and told us activities that some people enjoyed. People were supported by a staff member dedicated to providing personal and group activities. We saw that some people were asked if they would like to be involved in a quiz in the morning and a movie in the afternoon.

People told us about things they liked to do outside of the home. Trips had been arranged and attended by people. For example, staff told us that people had been out for, curries and will be going to have a, "Carvery later this month". Staff were also able to assist people on a one to one basis for shopping or trips to the local "Green space" where people could watch local sports.

All people and relatives told us they knew who the registered manager was and would, "Approach and raise" any concerns with them or any member of staff. Staff we spoke with told us they would raise any concerns about people they care for with senior staff or management. They told us that changes were made if necessary and provided examples. The maintenance, auxiliary and catering staff also worked closely with people to ensure any areas raised were addressed. We saw that people approached all staff within the home and knew their roles and responsibilities. Where the provider had received written complaints these had been recorded and responded to.

Is the service well-led?

Our findings

The provider agreed with our findings of the inspection and had already considered how to improve outcomes for people using the service. These had not been in place at the time of the inspection so we were not able to see how this would improve people's experience. We recognised the proactive approach the provider had taken so far.

People told us they felt supported by staff they knew. One person said, "I have no concerns and they (staff) always ask if you are OK". Family members were complimentary about the care of their relative and told us they were listened to and supported. One relative said, "I think that [person] gets a good level of service". Relatives and people attended meetings to which provided them with information about any work or refurbishments that were planned to take place. They were also asked for feedback and views on their care, meals and activities on offer. Any actions had been recorded and were followed up at the next meeting.

The provider had sent annual questionnaire to people, relatives and staff to gain their views on their overall experience and opinions of their care. There was a high proportion of satisfaction with no concerns raised. We saw many recent compliments that relatives had sent regarding the care and treatment that had been provided.

All of the staff we spoke with told us the home was well organised and well supported by their registered and deputy manager. Regular team meetings had been introduced and staff told us they raise concerns or comments about people's care. Other meetings were held to discuss how staff felt the home was performing and these looked at staffing arrangements, health and safety, maintenance and catering. The registered manager was proud of how well their staff worked together and spent time working alongside them.

We found the registered manager and staff were aware of their responsibilities in relation to the care and support needs of people. The provider, registered manager and staff were aware of current best practice in terms of supporting people with their day to day care. They had used this to recognise that further staff training was needed. The registered manager's skills and knowledge were supported by their regional manager and other registered managers at the provider other locations. They felt this support led them to recognise and deliver high quality care to people through staff in line with current best practice guidelines.

The registered manager understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. The provider was going to identify staff that would lead and 'Champion' in areas of dementia care and promoting people's dignity.

The provider told us about their plans to introduce a pilot scheme to improve people's experience who lived with a dementia related illness. They had identified this location would be the first one to pilot the scheme. They had also had reduction in unnecessary hospital admissions after working in close partnership with the local NHS health team.

The registered manager carried out regular checks of the home and gaps identified from these checks were actioned and recorded. For example, looking to see if care plans had been completed as expected. In addition, the provider regularly visited the service and worked closely with the registered manager to ensure that people received care and treatment that met their needs. They had identified that internal environmental improvement were needed. Work had started to improve the fire alarm systems and once this had been completed redecoration would start. They felt would improve the overall experience of people who lived at the home and planned to discuss ideas about décor with people who lived at the home.