

Derbyshire County Council

Ladycross House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ladycross is a care home that provides personal care for up to 35 people. The accommodation is split across four different areas on one level. Each unit contains bedrooms, bathing facilities, a communal lounge, with a dining area and kitchenette. One of these units is used for intermediate care. The aim is to facilitate discharge from acute settings, and to support people to return home, or prevent a further hospital admission, or long-term care. At the time of the inspection two people were using this facility. The other units were in use and at the time of the inspection there were 16 people using the service.

People's experience of using this service:

Medicines were not managed safely to ensure people received them in line with current guidelines. Audits had been completed, however, for some areas this had not reflected areas which required improvement and this could place some aspects of care at risk. These included medicines and accidents and incidents. Care records had not been identified as an area of concern when aspects of care had not been reported. We needed to see sustained improvement in the good governance of this service to be assured of ongoing quality assurance.

Care plans were not always up to date or detailed to ensure the information required for people's care was available. When people expressed themselves with anxiety which could cause themselves or other harm, there was no care plan in place to support their needs.

When people required care at the end of their lives, there was no care plan to reflect on any last wishes, arrangements or pain management.

People were protected from the risk of harm and safeguard measures were in place. Risk assessments had been completed to recognise any risk and guidance was available for staff to follow. People were protected from the prevention and any associated risks of infection. Lessons had been learnt in some areas to make improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Health care had a focus to ensure people's ongoing wellbeing.

People were able to choose the food they wished to eat and had an opportunity to influence the menu planning. When people required support with their health and well-being, referrals were made and any guidance provided was followed.

Staff had training to support their role. There was support provided by the registered manager with supervision and staff meetings. This meant staff were well informed and had the support they needed.

People told us they felt cared for by the staff. They received the care they needed and it was delivered with respect and dignity. Peoples views had been obtained about the running of the home and a newsletter had been produced.

People were able to choose how they spent their time. This included being involved in activities or using the communal lounge to spend time with other people or play games.

The last inspection rating was displayed at the home and on the providers website. The registered manager understood their role and had notified us of events or serious incidents so we could monitor any actions taken. We saw that other audits had been used to drive improvements and that there was an improvement plan to reflect other areas still to be completed.

Rating at last inspection: Requires Improvement (Published April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection which was Requires Improvement. At this inspection we found the service continues to be 'Requires Improvement' however we saw that improvements had been made in some areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

Ladycross House Care Home

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 checked 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.'

Inspection team: Two inspectors.

Service and service type: Ladycross is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: This inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to provide some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with five people and two relatives to ask about their experience of the care

provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with four members of care staff, two members of the domestic team, the cook and the registered manager. During the inspection we spoke with one visiting professionals from health care.

We reviewed a range of records. This included four people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- ❑ Medicines were not always managed safely. We reviewed the stock of medicines held to support people's prescribed needs. We saw that the stock had been incorrectly recorded. This meant we could not be assured that the medicine had been given as this did not tally with the medicine administration record (MAR).
- ❑ When people had medicines on an as required basis, there was no protocols in place to provide staff with guidance. Protocols ensure people receive their medicine in accordance with their individual needs.
- ❑ The PIR recorded that staff followed the Derbyshire County Council guidelines for the safe administration of medication and that audits were undertaken to check that this was being followed. However, we identified some areas relating to the safe administration of medicines which had not been followed.
- ❑ Hand written MARs were not always checked and signed by two staff. National guidance advice states that, 'care home providers should ensure a hand-written administration record is created by an appropriately trained person, and should be checked by a second appropriately trained member of staff.'
- ❑ When some people had moved in to the home who required support with their medicine, they did not have all the details recorded. For example, a front cover with a recent photograph to support identification and any known allergies which may have an impact on their medicine.
- ❑ This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- ❑ Some elements of concerns which were raised at our last inspection had been addressed. For example, previously there were four medicine rooms (one on each unit). Now there is one medicine room which had been appropriately equipped, with a new sink for handwashing and locks fitted to the wall for the medicine trolleys.

Systems and processes to safeguard people from the risk of abuse

- ❑ People felt safe at the home and that if they had any concerns they would raise them with the staff.
- ❑ Staff had received training in how to protect people from the risk of harm. We saw that information relating to safeguarding was displayed on the noticeboard.

Assessing risk, safety monitoring and management

- ❑ Risk assessments were in place which covered individual needs and the home environment.
- ❑ Some people required equipment to help them move and there was clear guidance for staff. We saw this guidance was followed and the staff explained to the person the steps they were taking to encourage them to feel comfortable.
- ❑ When some people had fallen, we saw that equipment had been put in place to reduce the risk of a fall reoccurring or to alert staff that people needed support. For example, a sensor mat; this would alert staff if

the person was to fall or at night get out of bed. This meant staff could respond swiftly to reduce the risks associated with falling.

- We saw that people had an evacuation plan which had been updated. This was so that people could be evacuated in an emergency, such as a fire.

Staffing and recruitment

- There were sufficient staff to support the current level of need in the home. The registered manager had identified that until they had recruited more staff they could not accept any additional people who wished to use the service.

- The registered manager had introduced a 'floating' member of staff on each unit. This was to provide support if they required a second person to support with a transfer or when staff took their break so that the units always had a staff member available.

- The registered manager had ensured any risk to staff had been managed. For example, a staff member who was pregnant had received a risk assessment and they had been removed from working nights.

- To ensure the correct recording of information, some staff required additional support. Coloured overlays were used to assist with the reading of the documents and where possible, all records had been typed so they could be printed in larger font.

Preventing and controlling infection

- The home was clean and the domestic staff had schedules to ensure a planned approach to cleaning.

- We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals

- The kitchen and food preparation area was well maintained. There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Learning lessons when things go wrong

- At the last inspection we raised concerns in relation to communication and people's views being considered. At this inspection we saw the registered manager had made significant improvements in these areas.

- People had been consulted on the use of the communal space in the centre of the home. This was now being used for relatives to meet with family or for people to meet up from the different units to play games. We saw that an avid game of dominoes was in progress during the morning and other people sat enjoying each other's company in the afternoon.

- A range of methods had also been introduced to support better communication. A newsletter had been produced and had been shared with people and their relatives. Other methods involved meeting with people to discuss the service.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- ☐ At the last inspection, we found that assessments in relation to supporting people when they lacked capacity had not been completed. This was a breach of Regulation 11. At this inspection we found that improvements had been made.
- ☐ We saw that assessments had now been completed. These included decision specific assessments to cover consent to care, medicine and the use of equipment.
- ☐ When people were being restricted, we saw assessments had been completed and following a best interest meeting a DoLS referral made to the local authority.
- ☐ Staff had received training and were able to explain to us about the MCA and how they ensured people were able to make daily choices. For example, giving people choices on their clothes and other daily choices like their drinks and meals.

Staff support: induction, training, skills and experience

- ☐ At our last inspection we reflected that not all the staff had received training to support their roles. The home was closed for several months, due to an electrical fault, during this period staff were able to complete any outstanding training. The registered manager now monitored the training to ensure that this was maintained.
- ☐ New starters felt they had received the training they required and had the support of experienced staff. One staff member said, "I feel part of the team, everyone is so helpful when I first started."

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

- ☐ Staff were able to access information about specific health care conditions. For example, diabetes. There was information available within people's care plans.

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

- People enjoyed the food and told us they had a choice of the meals on offer.
- There was an opportunity for people to express their meal choices. We saw that the cook had joined meetings for people who used the service and asked them what they enjoyed so they could add these to the menu. For example, there was a request for more salads and cheese on toast for tea and these had been added.
- When people had specialist diets these had been catered for. The kitchen had invested in a new white board which provided detailed information about the different diets required, this was in addition to written information.

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

- People's health care was monitored. We saw that when people's health care declined referrals had been made to health or social care professionals.
- Any guidance provided by these professionals was shared among the staff so that their health could be monitored to maintain their well-being.
- In the intermediate care unit, we spoke with one of the rehabilitation workers. They told us how they had drawn up plans to support people to regain their independence. This information was shared with the care staff so that there would be a cohesive approach. The rehabilitation worker told us, "Staff follow the guidance and communication is good between us and the care staff. There is a sharing of information which means we can act if there are any problems or things need following up

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

- People were able to personalise their space. Budgies had been introduced to the reception area. People told us they had been consulted on the birds before they arrived and they liked them.
- The garden had been developed by the people and relatives, before the home was closed for a short period. Sadly, it required some repair but there was enthusiasm to develop this again in the spring.
- The registered manager was aware of the need to increase some signage within the home. This was being commissioned so that it would support people with orientation around the home.
- We saw that some of the bathrooms had been refurbished and people were being included in discussions about the decoration of other areas of the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ Staff had established relationships with people. One person told us, "The staff are brilliant can't fault them. They go out of their way to make life easier for you. I am very happy here."
- ☐ We saw and were given several examples reflecting how staff had responded swiftly to people's needs and taken the time to ensure that people were supported to be happy.
- ☐ All the people we spoke with said they enjoyed the homely atmosphere and that staff were always available and friendly. One staff member said, "We all need some reassurance at times. I am just happy to make the environment special for people."

• ☐
Supporting people to express their views and be involved in making decisions about their care

- ☐ People were encouraged to express their wishes. The registered manager had introduced a flexible breakfast. This meant that staff supported people to access the kitchenettes in each unit. People were consulted on the food they wish to have available and they completed a shopping list of items which the kitchen provided.
- ☐ Other people told us how they could be flexible with their daily routine. One person said, "I can choose when I wish to go to bed and how I spend my time."
- ☐ The registered manager was keen to encourage the local community to be an integral part of the home. We saw a volunteer was due to start and children from the local school had visited and further visits were planned.

• ☐
Respecting and promoting people's privacy, dignity and independence

- ☐ People felt their privacy and dignity had been respected. One person told us, "Staff know to shut the door and knock before entering. My privacy is important and this is considered."
- ☐ Relatives told us they were welcome to visit and staff made them feel comfortable. We saw that the central lounge had been made into a social space. This was for people to use with their relatives or visitors.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control and end of life care and support

- ☐ At our last inspection although the provider was not in breach of any regulation, we asked them to reflect on the content in the care plans relating to equality information and other aspects relating to the individual's needs. At this inspection we found that improvements were required.
- ☐ Due to building works at the home, people and staff had been transferred temporarily to other homes in the provider's portfolio. When people had returned to the home their care plans had not all been updated. This meant that any changes which had occurred to people's needs during their stay in another home had not been reflected. Staff had also worked at different locations so it was important that they could review any changes in people's needs. This would ensure that people would receive the correct care for their needs. For example, how people should be moved or their preference's in care needs.
- ☐ The provider was recruiting new staff, these staff members would be required to familiarise themselves with people's needs through the care plans. Therefore, it was important that the information recorded was up to date.
- ☐ Some people expressed themselves with behaviours which placed themselves or others at the risk of harm. There was no behaviour plan in place to reflect how these people would be supported, detailing any possible triggers or behaviour reduction guidance for staff.
- ☐ A health care professional told us they had provided the details about one person's behaviour; however, this had not been developed into a plan. Staff completed forms to record when an incident had occurred. These had not been reviewed to consider any triggers or reoccurring aspects to the person's behaviour.
- ☐ When people were at the end of their life, there was no care plan in place to consider their needs, such as for any equipment or anticipatory pain relief. The provider had devised a one page 'end of life wishes', however for some people this had not been completed. Staff did not have the training to understand how to support people at the end stage of their life.
- ☐ We discussed the two care plan areas which we found to be unavailable with the registered manager. They told us there was no section within the providers care plan system they could use to cover behavioural needs or end of life care. They did inform us the care plan system was due to be reviewed.
- ☐ People enjoyed the activities available to them. We saw staff encouraged people to get involved in games and quizzes. Some people were sat in the communal space playing dominoes.
- ☐ One person told us how they wished to develop the window box outside their room. They said, "I have some seeds and with the staffs help I plan to sow these vegetables.
- ☐ Information was available in larger print if required and the registered manager was reviewing the signage of the home.
- ☐ There was no one who expressed any equality or cultural needs, however staff we spoke with understood the importance of how to provide this support if required.

Improving care quality in response to complaints or concerns

- ☐ People felt able to raise any concerns. One person said, "You can speak to the staff or the manager if you have any concerns."
- ☐ We saw that the registered manager had responded to complaints in line with the providers policy. this included a detailed investigation and an outcome.
- ☐ We saw that any concerns had been shared with staff, along with compliments and thanks.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ At our last three inspections, we found measures were not in place when auditing the service to drive improvements. This was a breach in the legal Regulation 17. At this inspection we found some improvements had been made, however further improvements were required.
- ☐ The provider had audits to reflect all areas of the service. However, these were not always developed to provide the registered manager with the information they required to take action. For example, the accident and incident information did not include the details of the person and other aspects of the incidents. This meant that trends could not be identified from this audit. The registered manager had identified this as an area of concern and now reviewed all the incident forms, however this had not been considered by the provider as an area which did not support the quality improvements for people.
- ☐ The medicines audit had not identified the errors. The audit had been completed in January 2019, it recorded that stock was correct and that all appropriate measures for medicine management were in place. For example, we identified that the stock was incorrect for all the records we reviewed. Medicine protocols were not in place for as required medicine. This meant we could not be assured the medicine audit had been effective in identifying risk.
- ☐ The provider had not identified that care records had not identified the required needs for people's care needs.
- ☐ The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.
- ☐ This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services.
- ☐ Other audits had been used to identify where changes and actions were required. For example, the infection control audit identified that new waterproof pillows and duvets were needed. We saw these had been purchased.
- ☐ An improvement plan had been developed and areas identified requiring action had been added and the registered manager was working through this plan.

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

- ☐ People had been encouraged and supported to feedback their views and these had been listened to. The registered manager told us that communication had improved and this had been supported by a range of methods.
- ☐ The PIR recorded the provider would be producing a newsletter. We saw that this was in place and had been developed to inform people and their visitors with details about current and up and coming events or information.
- ☐ Improvements had been made in the management of the staff. Staff meetings had been put in place and actions from these meetings had been implemented. For example, the introduction of the communication book. This provides day to day messages to staff and forms part of the handover for staff before they commence their working hours.
- ☐ The staff felt the registered manager had made some positive improvements to the home. One staff member said, "They are fair and consistent in their approach, which has made a real difference." Other staff were assured by the registered manager following up on actions. One staff member said, "When we have asked for equipment or made a request it has been followed up."

• ☐

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The rating from our last inspection was displayed in the home.
- ☐ The registered manager had sent us notification when events or incidents had occurred; this is so that we can monitor the action that had been taken.

Working in partnership with others

- ☐ Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with about the care being provided and the responsiveness of the staff.
- ☐ The registered manager had introduced a new approach to visitors. Previously when a visitor had pressed the buzzer to enter the home, staff had acknowledged the caller and then opened the door to enable them to access the home. Now all visitors are greeted and welcomed to the home in person, not through the intercom, providing a more personal approach.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicine was not always managed safely in line with current guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not always been established or operated to ensure ongoing improvements and quality assurance.