Four Seasons (No 11)

Ladyville Lodge

Inspection report

Fern Lane
North Ockendon
Upminster
Essex
RM14 3PR
Tel: 01708 855 982
Website: www.fshc.co.uk

Date of inspection visit: 9 July 2014
Date of publication: 13/02/2015

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

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection.

Ladyville Lodge provides accommodation and nursing care for up to 44 people who have nursing or dementia care needs. There were 38 people living at the home when we visited. The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We noted there was no guidance about responding to call bells and staff did not always respond quickly to call bells to attend to people's needs. We also observed some staff did not respond to one person who sought help. This was

Summary of findings

a breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People were positive about the service. They told us, "Staff are wonderful and caring," and "They always knock on doors before going in [bedrooms]." People told us the food was good. They told us staff knew their likes and dislikes. We noted the provider made arrangements for people to practice their faith. All the relatives we spoke with talked positively about the service. Their comments included: "Staff are very kind." We saw staff interacted with people in a friendly and respectful manner when they supported them with their meals.

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?

Good

The service was safe. There were enough qualified and experienced staff to meet people's needs.

Staff knew how to recognise and respond to abuse. They understood issues relating to mental capacity and their responsibilities. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service effective?

Good

The service was effective. Staff knew people's care needs and followed guidelines to provide appropriate care and support. The registered manager worked well with health and social care professionals to identify and meet people's needs. Care needs and care plans were reviewed and staff had up-to-date training and supervision.

People enjoyed the food and had a choice about what and where to eat.

Is the service caring?

Good

The service was caring. Staff listened to people and explained what they were doing or how they were supporting people.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not responsive. Staff did not stop and respond to one person. We noted on two occasions staff failed to respond to two people who used their call bells to summon help.

The staff completed and reviewed care plans, which were personalised and included people's dietary, medicine and spiritual needs.

Is the service well-led?

Good

The service was well-led. There were a registered manager and a deputy manager in place.

Arrangements were in place for monitoring medicines, nutrition, health and safety and pressure sores. The registered manager sought the views of people through surveys and meetings to improve the quality of service.

Ladyville Lodge

Detailed findings

Background to this inspection

We visited the service on 9 July 2014 and spoke with ten people who used the service, three relatives, one nurse, five care staff, the deputy manager and the registered manager. We observed care and support in communal areas and observed how people were being supported with their meals during lunchtime. We looked at five people's care files, five staff files and a range of records including the home's policies, procedures, all people's medicines and medicine administration record sheets (MARS), and staff rotas.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service and Healthwatch Havering to obtain their views about the care provided in the home.

Good

Is the service safe?

Our findings

The provider had effective procedures for ensuring any concerns about people's safety were appropriately reported. All of the staff we spoke with were able to explain how they would recognise and report abuse. They told us they had received safeguarding training and had read the home's policies including the whistleblowing policy. Training records confirmed staff had attended safeguarding training.

There were enough, qualified and experienced staff on duty to meet people's needs. We checked the staff rota and noted 10 care staff, one nurse, one senior member of staff, deputy manager and the registered manager were working during the day shifts, and five care staff, including one nurse and one senior member of staff were available during the night shifts. The home also had domestic, kitchen and maintenance staff, who assisted care staff, in different ways, to ensure people's safety and to meet their needs.

All the visitors we spoke with told us people were safe in the home. For example, when we asked what they thought about safety of people in the home, one person said: “I think it is safe here and I’m here every morning.” People who used the service told us they felt safe in the home. One person who used the service said, "I’m very safe here thank you."

Risks to people's safety were appropriately assessed, managed and reviewed. Each of the care files we looked at had an up-to-date risk assessment. These assessments reflected each person's specific risks and management plans for any risks which had been identified. All staff we spoke with and observed demonstrated they knew the details of these management plans and how to keep the people safe by following the necessary interventions.

Medicines were stored safely and records were kept on medicines received and disposed of. We looked at all the medicine records and found one omission, where staff did not record or sign to confirm whether or not the medicine was administered. We checked the medicine for this person but, since it was in liquid form, we could not confirm if it had been administered or if staff had forgotten to record and sign the record. We asked staff about this but they were not able to explain if the medicine had been administered or why the person's record had been left blank. The registered manager told us they regularly audited medicines and confirmed staff who administered medicines were qualified and experienced nurses. The registered manager told us they would review their medicine audits and would discuss the importance of safe administration and recording of medicines in staff meetings.

People's files, contained evidence that mental capacity assessments (MCA) had been completed for people. The registered manager told us staff had attended training in MCA (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed they had attended MCA training. We found staff to be knowledgeable about their responsibilities with regard to MCA requirements. Six staff files, which we checked, contained written references, copies of identification records, completed job application forms, interview notes and evidence of criminal record checks.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 and are in place to ensure people in care homes are looked after in a way which does not inappropriately restrict their freedom. The safeguards should ensure that before a person is deprived of their liberty, this is only done when it is in the best interests of the person and there is no other way to look after them. We saw in people’s files that authorisations of DoLS had been granted for some people. The manager showed us completed application forms for authorisation of DoLS for people who were likely to be deprived of their liberty to safeguard them.

Good

Is the service effective?

Our findings

Visitors told us people received care and support which met their needs. For example, a relative of one person said: “When [the person] came here they had pressure sores from another home. They were marvellous here and got on top of it straight away. They called the doctor when they should and let us know so they do keep you informed.” Another relative of a person said, "Staff listen" and "they have kept me informed when my mum was not well." One person who used the service told us staff knew their likes and dislikes. They told us staff brought them what they wanted to their room every morning and they were pleased about this.

During our observation of people in the lounge, dining room and bedrooms, we noted staff knew the needs of each person who used the service. We saw staff provided care and support which met people's needs. For example, we saw people were offered different choices of food for their breakfast. When we asked two people if what staff offered them was of their choice, they said, “Yes.” People spoke positively about the meals provided at the home. Their comments were similar and included, "The food here is wonderful." We observed people were offered hot and cold drinks. We saw people had jugs of water in their rooms and drinks and snacks were available whenever people needed. It was evident from records and discussion with staff that the meals provided reflected people's needs and preferences.

The main dining area was well presented with well organised tables in a clean and bright environment. We saw some people went to a serving area and collected their meal independently. Staff provided assistance to people who needed support with their meals and they were respectful and considerate when doing so. Staff talked to people, sat by their side and were not hurried when supporting them with meals.

Staff and management told us there were regular handover meetings at the end of each shift so that staff were aware of changes to people's needs. Staff meetings took place regularly. The minutes of the last staff meeting dated 19 June 2014 showed staff had discussed a range of issues including personal care, general practice issues, policies and procedures of the service. Therefore, staff had opportunities to be kept informed about people’s needs and how to support them.

Staff told us they were well supported by management and worked as a team. One member of staff said: “It’s a lovely atmosphere here all the carers are nice.” Another member of staff said: "The manager is very approachable and supportive."

All staff members we spoke with told us they had attended an induction programme, which included moving and handling, and health and safety, when they started work at the service. They told us they found their induction useful in enabling them to understand how the home was run and how they should respond to meet people’s needs.

Staff had attended various training programmes in order to enable them to meet the needs of people. We saw from the staff files reviewed this training included dementia awareness, safeguarding and end of life care. Staff told us they had regular supervision from senior staff and we saw evidence of supervision recorded in employee records.

The provider worked with health professionals to assess and provide care and treatment for people. Records we saw showed general practitioners (GP's) visited people regularly. It was evident people had been referred to and visited by healthcare professionals such as tissue viability nurses, physiotherapists and district nurses. Records showed people's healthcare needs were regularly monitored and reviewed. Discussion with the registered manager and the staff rota confirmed a qualified nurse was available at all times in the home to respond to people’s needs

Good

Is the service caring?

Our findings

People told us staff were caring. For example, one person told us staff provided good care and said: “[Staff] are wonderful and caring, they are always chatty and smiling here.” Another person told us: "They always knock on doors before going in to talk to people who use the service." A relative told us, "Staff were very kind" and "do not talk down to anyone and really do care."

During our observation we noted there were positive and stimulating interactions between people and staff. Staff asked people if they were “all right” and if they needed anything. We saw staff were friendly and caring when interacting with people. We saw a person sitting in a lounge had a small drop of blood on one of their wrists. When we asked a member of staff (who came to assist this person to go to the dining room for their breakfast), we were informed the blood might be caused from the person scratching themselves, which ‘the person often did’. The member of staff cleaned the blood and reassured the person. They also stated they would complete an incident form so the person’s care plan and risk assessment was reviewed.

We observed staff listening to people and explaining to them how they were supporting them. We saw staff offering people choices of meals and ensuring people were aware of the facilities and care available to them. A relative of a person using the service told us they were involved in people's care reviews and staff kept them informed of any changes to the health and welfare of their relative.

Observation of staff interactions with people showed they knew each person’s needs and provided appropriate care and support which met their needs. For example, we saw people requesting and being provided with drinks and breakfast of their choice in the morning.

When we asked staff about people's privacy and dignity, they were able to explain what they should do when providing, for example, personal care. They said they should give people choice, make sure the doors were shut or the curtains were closed to ensure people's privacy.

Requires Improvement

Is the service responsive?

Our findings

We observed three members of staff passing by a person who was shouting repeatedly for help for about five minutes. A fourth member of staff passing by the person attended to them in a very kind way by asking, “What’s is wrong…. Can I help you…..Would you like a nice cup of tea?” We discussed this with management and were informed the person kept calling for help even when they did not need support. They said the person had staff allocated to them and it was because of this the other staff did not react. We noted that the person's care plan was reviewed on a monthly basis with the involvement of their family.

We noted there was no clear guidance about responding to call bells and fire alarms. For example, staff did not respond to call bells which a person using the service activated twice while we were present. When we brought this to the attention of the registered manager, we were informed staff gave priority to responding to a fire alarm, which, they said, coincidentally went off as the call bell rang. However, before this incident we had been advised by the registered manager that staff always responded to call bells promptly and after no more than four rings. We did not find this to be the case because staff did not respond before the call bells had stopped ringing. Two people who used the service told us staff did not always respond quickly enough when they used the call bells. This meant people were at risk because staff did not always respond promptly when people shouted or activated their call bells to seek assistance. This was a breach of Regulation 9, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report. People were able to raise their concerns with staff. One person who used the service told us they would “speak to the manager” if they had a concern. They told us they had spoken to the manager about an issue and this was resolved immediately. A relative told us staff were approachable and it was easy to talk to them..

Another person told us they had once made a complaint and were satisfied with the outcome. All people we spoke with told us staff listened to them. We saw information about “how to make complaints” was displayed in the home and copies of the home’s complaint’s policy was kept in people’s files.

People's needs had been assessed and care plans had been put in place to support them. This included an assessment of people's physical, medical, social and spiritual needs. It was evident from care files people who used the service received care and support which reflected their needs. For example, we saw evidence of one-to-one care being provided for one person who required continuous supervision. We saw care plans were personalised and reviewed regularly by staff.

The staff made arrangements for people to practice their faith. A local faith group came to the home to facilitate worship. People who chose to do so were attending the worship during our visit. The registered manager told us that it was at people’s request that this arrangement was organised for them.

A visitor told they were involved in the assessment of people’s needs and review of care plans.

Good

Is the service well-led?

Our findings

Before we visited the service we had received information stating staff were often shouted at and were not supported by management. However, during our visit none of the staff we spoke with told us they were shouted at by management or senior staff. Staff told us management supported them and the registered manager was approachable. We observed the registered manager speaking with people using the service, visitors and staff. All the visitors we spoke with talked positively about the management of the service. This showed the management of the home was accessible and supportive to people and staff.

The provider had various auditing programmes in place. These included monthly audits of medicines, nutrition, health and safety, people's weights and incidents of pressures sores. We saw sample records of these audits and noted the actions being taken, for example, referrals to a dietician for people' whose weights had significantly changed. The manager told us she had a daily walk around of the service and spent more time speaking with people and observing their interaction with staff. During the inspection we saw the manager spending most of the time talking to people who used the service and visitors in different parts of the home. The manager told us annual surveys had been prepared to be sent directly to people's families and health and social care professionals. This would enable people to give their views about the quality of the service. The manager told us, once received, people's views would be collated and action plan put in place to address any issues arising.

All staff we spoke with told us they had regular supervision by senior staff. Staff files we saw contained staff supervision notes. We also saw minutes of staff meetings which contained evidence of their attendance the meetings and of their discussion of people's care and the home's policies and procedures. Staff told us they attended handover meetings at the beginning and end of the shifts. They told us they found the handover meetings useful in keeping them up to date with information about people's needs and what they were required to do to care for people.

The registered manager told us the staff arranged regular meetings for families. Minutes of the last families' meeting, which took place on 25 June 2014, showed that families were provided with information about the service and general care at the home and were also able to raise questions.

The commissioners of the service told us the registered manager worked well with them. They wrote stating, "The Manager of the home works openly with LBH [London Borough of Havering] and safeguarding, when issues are identified, and responds appropriately and in a timely manner when information is requested."

The registered manager said the home had "an open door policy" which meant people could raise any concerns they had about the quality of care at the home with the manager. They said people were encouraged to give their views about the quality of the service. This was confirmed by visitors we spoke with and people using the service. Visitors told us staff were willing to listen to them.

One person using the service said, "[The registered manager] is really nice and I can speak to [them] if I've got any worries, but I've no complaints." This meant people and relatives had opportunities to talk and be listened to by staff and management.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **People did not always get care and treatment in a timely manner because staff did not always respond promptly when people called for help. Regulation 9 (1) (i) (ii) and (2)**