Care Quality Commission

Aegis Residential Care Homes Limited

Ladydale Care Home

Inspection report

9 Fynney Street
Leek
Staffordshire
ST13 5LF
Tel: 01538 386442
Website: www.pearlcare.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 4 February 2015. This was an unannounced inspection. Our last inspection took place in April 2013 and at that time we found the home was meeting the regulations we looked at.

The service was registered to provide accommodation and personal care for up to 54 people. People who use the service may have a physical disability, a learning disability and/or a mental health needs, such as dementia. At the time of our inspection 49 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People's medicines were not always managed safely. The registered manager acknowledged that improvements were required with medicines management.

Summary of findings

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Staff had completed training that enabled them to meet people's needs effectively and the development needs of the staff were monitored by the registered manager.

Staff sought people's consent before they provided care and support. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to access suitable amounts of food and drink of their choice and specialist diets such as diabetic diets were catered for.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required.

People were encouraged to make choices about their care and the staff respected the choices people made. Staff treated people with kindness and compassion and people's dignity and privacy was promoted.

People were involved in the assessment and review of their needs and care was delivered in accordance with people's care preferences. People were encouraged and enabled to participate in activities that were important to them. These activities took place both within and outside the home environment.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with best practice guidance.

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 not consistently safe. People's medicines were not always managed safely.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

Requires Improvement

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Good

Is the service caring?
The service was caring. People were encouraged to make choices about their care.

People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

Good

Is the service responsive?
The service was responsive. People received care in accordance with their preferences and needs.

Staff responded to people's comments about their care to improve people's care experiences.

Good

Is the service well-led?
The service was well-led. There was a positive atmosphere at the service. Effective systems were in place to regularly assess and monitor and improve the quality of care.

Good

Ladydale 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 was planned to check whether the provider was 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 inspection took place on 4 February 2015 and was unannounced. Our inspection team consisted of two inspectors.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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. We used this information to formulate our inspection plan.

We spoke with 11 people who used the service and 11 relatives. We did this to gain people's views about the care. We also spoke with seven members of care staff, the activity coordinator, the deputy manager and the registered manager. This was to check that standards of care were being met. A visiting health care professional also gave us feedback about the care people received.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at six people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff records and satisfaction questionnaires. We looked at these to check that the service was managed safely and effectively.

Requires Improvement

Is the service safe?

Our findings

Medicines were not consistently managed safely. People's medicine administration records (MAR) were not always signed and completed correctly and the quantities of medicines listed on people's MAR did not always match the numbers of medicines stored at the home. We identified medicines discrepancies for all four people whose medicines and records we reviewed. This meant people could not always be assured that they had received their medicines as prescribed by their doctor.

We discussed the medicines discrepancies with the registered manager who agreed that improvements were needed. They told us this would get their urgent attention. They said, "We will stay and do a medication audit tonight. We need to make sure everything is right". This showed that the registered manager wanted to make improvements to medicines management to promote people's safety.

People told us they felt safe. One person said, "I always feel safe here". Another person told us how the staff helped them to feel safe. They said, "The staff make you feel safe, they do everything they can to make us comfortable. If we are worried about anything they do something about it". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People who used and visited the service told us that staff were always available to provide care and support. One person said, "The staff are busy but they never rush me". We saw there were sufficient numbers of staff to meet people's needs. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the registered manager regularly reviewed staffing levels to ensure they were based on the needs of people.

People told us that the staff helped to promote their safety. One person said, "If I go out I have to sign myself out in the book. The staff like to know where I am in case anything happens, like a fire". We saw that risks were assessed, managed and reviewed to consistently promote people's safety. For example, we saw that when a person fell this triggered a review of their mobility needs and a reassessment of their risk of further falls.

Staff demonstrated an understanding of people's risks and we saw that people were supported in accordance with their risk management plans. For example, we observed one staff member promote a person's safety by ensuring they had suitable footwear on to reduce their risk of falling. The person had removed their slippers and was walking around the home barefoot. The staff member helped the person to understand why they needed to wear their slippers by saying, "Let's find your slippers so you don't hurt your feet or fall". They then assisted the person to locate their slippers and put them on.

The registered manager monitored incidents to identify patterns and themes. We saw that when patterns and themes were identified action was taken to manage and reduce the risk of further incidents. For example, in response to people falling, the mobility needs of every person who used the service had been discussed with a physiotherapist and their recommendations were incorporated into people's care records and handed over to the staff.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

Good

Is the service effective?

Our findings

People told us that they could access sufficient amounts of food and drink that met their individual preferences. One person said, "I'm having jacket potato and cheese for lunch. They [The staff] put my cheese on the side of my plate as I don't like cooked cheese". We saw that this person's request to have their cheese on the side of their plate was met by the staff. A relative told us, "They [The people who used the service] even get treated to a little drink of sherry or baileys if they can have it. [A person who used the service] loves their baileys".

People told us that staff supported them to eat and drink if this was required. One person said, "I chose gammon for lunch, I really enjoyed it. The staff cut it up for me because I can't do that".

We saw that specialist diets, such as diabetic diets were catered for and people's risks of malnutrition and dehydration were assessed, managed and reviewed. For example, one person was at risk of malnutrition because at times, they tended to leave their meals to walk around the home. Staff told us that a 'snack box' containing finger foods (Finger foods are foods that can be eaten easily without the need for cutlery, they hold their form when picked up and they require limited chewing) was used in these circumstances to ensure the person had access to food throughout the day. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted.

People told us they were supported to access a variety of health and social care professionals if required. One person said, "I recently felt unwell and asked for the doctor. I improved a little later and cancelled the doctor". Care records confirmed that people received the professional support they required. For example, we could see that referrals were made to district nurses if a person's skin had deteriorated and advice from doctors and community psychiatric nurses was sought if people's mood or behaviours changed. A visiting health professional we spoke with confirmed that their advice was sought and followed by the staff.

People told us that the staff were suitably skilled to meet their needs. One person said, "They always seem to know what they're doing when they help me". Staff told us they had received training to provide them with the skills they needed to meet people's needs. We saw that a programme of training had been planned for the year. This included; safeguarding adults, dementia awareness, moving and handling people and medicines management. We saw that training had been effective and staff had the skills they needed to provide care and support. For example, we saw that when staff gave people their medicines they had the knowledge to tell people what their medicines were for. One staff member told a person, "This tablet is for your heart condition" and, "This tablet is for your blood to help your circulation".

People who had the ability to make decisions about their care told us that staff involved them in these decisions and respected their choices. This showed that under these circumstances staff only provided care and support once people's consent had been gained.

Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act and we saw that mental capacity assessments were completed when required. The registered manager was aware of the current DoLS guidance and had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people were being advised by staff not to leave the home alone as they were at risk of falling and had poor road safety awareness. This advice was given in people's best interests. The registered manager was in the process of completing DoLS referrals for these people. This showed that staff were acting in accordance with legislation when people were unable to make certain decisions about their care.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person said, "I am very happy here. I have no complaints, the staff do everything they can to help us". Another person said, "I've been a bit upset recently. The staff told me if I need someone to talk to I could go to them anytime". We observed caring interactions between people and staff. For example, we heard a staff member ask a person if they were okay and the person told them they were having a bad week. The staff member listened to how the person was feeling and reassured them by saying, "We will do our best to turn it into a better week for you".

People told us that they were involved in making choices about their care and we saw that people's choices were respected. One person said, "I go to bed very early at night, but I do it because I like to". Another person said, "I was asked some time ago if I objected to a male helping me and I said I had no objections, he is excellent."

People told us and we saw that independence was promoted. One person said, "I have a bath twice a week. The staff check I'm alright but I bathe myself". Another person said, "I go out on my own all the time. I'm going out this afternoon on the bus". We saw staff give one person a drink in an adapted cup that enabled them to drink independently. A staff member said, "They can't hold a normal cup, but they use the two handled cup well".

People told us and we saw that privacy was promoted. One person said, "I like having my own place (Room). I come to the lounge for my meals and activities, but I go where I want the rest of the time". We saw that people were supported to receive treatments from visiting health care professionals in private areas of the home.

We saw that people were treated with dignity. One person told us how staff made them feel important. They said, "They talk to me when they help me". For example, we saw that people were supported to clean their hands and face after they had eaten a meal. People were also supported to change their clothing after their meal if any food had been spilled.

Relatives told us staff treated them with kindness and compassion and they could visit anytime. One relative said, "They treat me and [The person who used the service] like family". Another relative said, "I can come and eat a meal with my relative, I just have to tell the staff I'm coming. It's nice to be able to sit and eat with [The person who used the service]".

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in an assessments and reviews of their needs. One relative said, “Before [The person who used the service] came here the manager asked what they needed help with and what they liked and disliked”. Care records contained a record of people’s assessments, care preferences and reviews. Staff understood people’s needs and preferences and people confirmed that they received their care in accordance with their preferences. For example, one person told us that staff supported them to go to bed early as that was their preference.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. One person said, “I’m going to be exercising this afternoon. I really like it”. Another person said, “We do skittles, sewing and exercise. They are all things I like to do”. Another person said, “We use the computer. I used the computer today to learn about the church I go to”. There was a weekly activities timetable displayed in communal areas of the home and people confirmed that activities were promoted on most days on an individual or group basis. On the day of our inspection we saw people being encouraged and supported to participate in a variety of activities. This included a computer group called ‘surf the net’ and an exercise group.

Staff enabled all individuals to participate in activities irrespective of their abilities. For example, we saw that the exercise group catered for all levels of abilities. People who were independently mobile and people who needed a hoist to move could both participate and benefit from the activity.

People told us there were no set times for bathing and they could bathe or shower at a time that suited them. We observed a staff member asking people if they wanted to be supported to have a bath. Their decision to accept or decline this offer was then respected. Staff told us that they were assigned clear roles at the start of a shift and supporting people to bathe was one of these roles. One staff member said, “Working this way frees the other staff up for other care roles. It means I can help people to bathe, take my time and help them to relax”. This showed that people were not restricted to receive care and support at set times.

People told us that regular group meetings were held with people and their relatives to discuss activities and community involvement. People told us their feedback was listened to and acted upon. For example, one person told us they had requested to play darts, so a darts board had been purchased by the provider which had enabled them and other people to play darts. Minutes of these meetings showed that links with the local community were developed and promoted. For example, a priest visited regularly to deliver Holy Communion and staff from a local shoe store had visited the service to enable people to browse and purchase footwear.

People knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, “I’m happy here and have nothing to complain about, but I would tell the staff if I did have a complaint”. A relative said, “I would tell the manager if I needed to complain. I’m not easily pleased, but I’ve had no reason to complain”. Staff told us how they managed and escalated a complaint and we saw that complaints were managed in accordance with the provider’s complaints policy.

Good

Is the service well-led?

Our findings

People and their relatives told us there was a positive atmosphere at the home. One relative said, "There is always a pleasant atmosphere". Another relative said "It's always pleasant here. You just can't beat it". Staff told us they enjoyed working at the home. One staff member said, "I like that we can give people one to one time. It makes coming to work worthwhile".

People were asked for their feedback about the service. We saw that the registered manager and provider used this feedback to make improvements to people's experiences. For example, the registered manager told us that people had sometimes felt rushed when they were assisted to bathe. In response to this feedback an extra member of staff had been employed with the specific role of assisting people to bathe. People confirmed that this had resulted in improvements to the care they received.

Staff told us the registered manager was approachable and supportive. One staff member said, "The manager is very approachable and we've always got her support". Staff also told us that the manager helped them to make improvements to the way they provided care. One staff member said, "We have supervision meetings (meetings with a manager or senior staff member). I think they are really useful as we can explore any issues that need discussing". Staff told us and we saw that regular meetings with the registered manager or a senior member of staff were planned to discuss their development needs.

Frequent quality checks were completed by the registered manager. These included checks of the environment, health and safety and care records. In addition to these records based checks further observational checks were completed to assess and monitor the quality of people's experiences of care. These observations included privacy and dignity checks. Where concerns with quality were identified, action was taken to improve quality. For example, a recent observation had identified a member of staff had stood whilst they assisted a person to eat and drink. The manager had spoken with the member of staff to remind them that they should sit next to people when they assisted them to eat and drink as this promoted people's dignity.

Outcomes from the registered manager's quality checks were communicated to the provider. Areas that required action from the provider were then incorporated into the provider's business improvement plan. An example of this was the registered manager identified that some refurbishment work was needed. They said, "Some areas of the home are starting to look a little bit aged. We want the home to look nice and homely, so the need for refurbishment is now on the business plan". The business improvement plan confirmed that this refurbishment work was planned.

Prompts were in place to ensure staff completed their roles effectively. For example a handover checklist was in place to ensure important information about people was handed over as required. The registered manager said, "I check these every day as soon as I walk in so I know what's going on". This showed that the registered manager checked that effective handover's occurred and they were also kept up to date with any changes in people's care.

The provider followed best practice guidance to improve people's care. For example, the provider had implemented 'Oomph' exercise classes at the service. These are group based exercise classes aimed to improve mobility, social interaction and mental stimulation. The registered manager told us, "The provider arranged for staff to go on this training. It's an excellent activity and exercise has been proved to reduce falls in older people". A member of staff told us they had completed training to enable them to facilitate these classes safely and effectively.

The registered manager understood the responsibilities of their registration with us. They reported significant information and events to us, such as serious injuries, in accordance with the requirements of their registration.