

Your Care Provider Ltd

# Ladyfield House

## Inspection report

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ladyfield House is a residential care home providing personal care for up to 50 people. The accommodation is arranged at ground level and has two units, one unit specialising in dementia care. There were 40 people living at the home on the day of our inspection.

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

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring. The home had a process in place to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew what action to take if they suspected abuse. The provider had a robust recruitment system in place to ensure appropriate staff were employed.

The registered manager could evidence that maintenance checks had been carried out to ensure the building was meeting health and safety requirements. Accidents and incidents were analysed to ensure trends and patterns were identified to minimise future incidents. People's received their medicine as prescribed. During our tour of the home we identified some minor issues with infection control. These were swiftly addressed by the registered manager.

People's needs were assessed, and care and treatment delivered in line with them. Staff felt supported and told us they received training which gave them the knowledge to carry out their role. People were assisted to eat and drink and were offered choice in line with their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We spent time observing staff interacting with people who used the service. Staff were kind, caring and thoughtful. We saw staff respected people's privacy and dignity by closing doors where appropriate.

People received person centred care which met their needs and took into consideration their preferences. Care plans were in the process of transition from paper based to electronic records and further work was required to ensure all information had been transferred and was current.

The provider had a complaints procedure and kept a log of concerns received. Concerns were used to develop the service.

The provider had a quality assurance system in place and ensured audits were carried out frequently to identify and actions and resolve them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 04 February 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 11 September 2018.

#### Why we inspected

This was the first inspection since the current provider registered with us. Therefore, we needed to inspect the service to obtain a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ladyfield House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 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 care service.

#### Service and service type

Ladyfield House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ladyfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During inspection we spoke with six staff including the manager, members of the management team and care workers. The regional manager also attended to support the inspection and provide information.

We also spent time observing people's care and interaction with staff in the lounges and dining room areas to help us understand the experience of people living at the home. We asked three people who used the service about their experience of the care provided, and spoke with eleven relatives.

We saw the day to day care records, risk assessments and care plans for three people and multiple medicines records. We looked at personnel and recruitment records for two staff and a range of records in relation to the management of the service.

We requested and reviewed further records in relation to the management of the service, which were provided to us remotely. This included quality and safety systems and processes and quality monitoring.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- Staff we spoke with told us they had received training in safeguarding and knew how to recognise and report abuse.
- The registered manager kept a record of safeguarding concerns and could evidence that appropriate actions had been taken when required to protect people.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were managed appropriately.
- Risk assessments were in place for concerns such as falls, moving and handling and choking.
- Staff we spoke with were aware of risks associated with people's care and ensured people were safe when carrying out tasks such as using the hoist, they ensured these tasks were carried out in line with the persons care plans and risk assessments. One person said, "I am prone to falling but the staff are great, as soon as they see me getting up they check I'm ok."
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- The provider had a robust recruitment system in place to ensure staff were safely recruited.
- We looked at two staff recruitment files and found they contained appropriate documentation and evidence of pre-employment checks such as Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed, by staff who were trained and competent to do so.
- We looked at medication records as part of our inspection and found them to be a true reflection of what medicines had been administered.
- We spoke with relatives and they were confident their family member had received their medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The registered manager completed an analysis of accidents and incidents to identify trends and patterns.
- Lessons were learnt as part of the analysis and used to improve 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care delivered in line with current standards.
- Documentation included assessments of people's needs, which led to person centred care plans being devised and followed.

Staff support: induction, training, skills and experience

- Staff received training which gave them the necessary skills to carry out their role.
- Staff were complimentary about the training and support they received. One staff member said, "The manager is supportive, and supervision has got better since they have been working at the home."

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

- People were supported to eat and drink a varied and healthy diet.
- We observed lunch being served and saw choices were offered. However, menus were not available in a format to suit people living with dementia. We spoke with the registered manager who confirmed this had been identified and action was being taken to implement pictorial menus.
- People we spoke with told us they enjoyed their meals. One person said, "Meals are always nice, and we are well fed here."
- Some meals were served on small plates to allow for smaller appetites.

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

- Staff ensured that people were referred to other agencies and healthcare professionals when required.
- Staff provided care and support in conjunction with healthcare professionals, taking on board their advice.

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

- The home was purpose built and therefore designed to meet people's needs.
- Signage was available to assist people to navigate around the home.
- People had access to outside garden areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home was working in line with the MCA and the management team and staff ensured people were assisted to make decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we spent time observing staff interacting with people and found they were kind, caring and compassionate.
- Staff knew people well and supported them in a respectful way.
- People we spoke with told us they were treated well. One person said, "I love the staff they are my family. I have everything I need."

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

- People were involved in making decisions about their care and how they would like to spend their day.
- Staff offered people choices and assisted people to express their views and opinions.
- People and relatives, we spoke with were complimentary about the care they or their family member received. One person said, "I'm very independent but staff are very good they are really caring girls."

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting people's privacy and dignity by ensuring toilet and bathroom doors were closed.
- Staff spoke quietly with people where appropriate, so the conversation was kept private.
- People and relatives, we spoke with said, "I would go into the home myself when the time comes," and, "My life has changed for the better knowing my husband is so well cared for."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which met their needs and took into consideration their preferences.
- Care plans were being transitioned from paper based records to electronic. The registered manager was in the process of ensuring all care plans were up to date and reflected people's current needs.
- People we spoke with were happy with the care they received. One person said, "I can't fault this home. I have been in other homes but this one is head and shoulders above the rest. If I was rating this home, it would be 'A' rating and you can't get better than that to be fair."

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

- The home had an activity co-ordinator who was responsible for providing social activities.
- We observed the activity co-ordinator providing a musical session. This was very interactive, and people were involved and enjoying the session.
- The activity co-ordinator told us about the different activities that were provided, both by staff at the home and entertainers coming to the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people in various ways and in line with their needs.
- Staff responded to people's body language and gave time for people to respond.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and the registered manager encouraged people to voice their opinions.
- During our inspection we saw staff gave people and relatives time to feedback about the service. The registered manager used comments to develop and improve the service.

End of life care and support

- Staff received training to enable them to support people and their families at the end of their life.

- People's care plans included some information regarding end of life care; however, these could be more detailed. We discussed this with the registered manager and found they were in the process of liaising with the local hospice and working on capturing person-centred information.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, deputy manager and senior care workers. The team understood their roles and responsibilities and acted on their duty of candour.
- People and relatives, we spoke with were confident they could speak with the management team and found them approachable and supportive. One relative said, "You can feel the lovely atmosphere when you walk in the door."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager promoted a culture within the home that was person-centred and inclusive.
- People were supported to live a life which considered their preferences and choices and was in line with their personal needs.

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

- The provider and registered manager had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.
- People we spoke with found the registered manager approachable and staff found she made time to listen to their comments about the service.

Continuous learning and improving care

- The provider had a quality assurance system in place and ensured audits were carried out frequently to identify and actions and resolve them.

Working in partnership with others

- The provider and registered manager worked in partnership with other professionals and took notice of their advice.