

Bondcare Willington Limited

Lumley Residential Home

Inspection report

Hall Lane
Willington
Crook
County Durham
DL15 0PW

Date of inspection visit:
14 August 2017

Date of publication:
27 September 2017

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

The inspection took place on 14 August 2017. The inspection was unannounced and was carried out by an adult social care inspector and an expert by experience.

We last inspected the service in June 2015 and rated the service as Good overall with Requiring Improvement in the Responsive domain. At this inspection we found the service remained good and met all the fundamental standards we inspected against.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Within Lumley Residential Home there is a separate unit called Jeffery Court which caters for a group of younger adults who may have a learning and/ or physical disability. We spent time in all areas of the service during this inspection.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no current safeguarding concerns regarding the service.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe. There were safe systems in place to receive, administer and dispose of medicines.

We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staffing levels were provided to meet the needs of people using the service. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the service identified where an authorisation may be required and followed the correct procedures to apply and maintain a DoLS.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support. The service ensured people had access to independent advocacy support services.

Care plans were in place which detailed the care and support to be provided for people. These had been improved to reflect a more person centred approach and showed more involvement from people who used the service.

There was an activities coordinator employed to help meet the social needs of people. The service was working with an external activity company and also had hens in the garden that people helped look after. People were supported to access the local community.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

The provider had a quality assurance process in place that checked on the quality of the service and ensured that people were consulted about the running of the home.

The provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were relevant to their needs and reviewed regularly. We saw plans were reflective of people's needs and there was good guidance for staff in case people became anxious.

The service provided a choice of activities and people were able to access the community.

There was a complaints procedure available that was well publicised. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

Good ●

The service remained good.

Lumley Residential 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.

This comprehensive inspection took place on 14 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had experience of supporting older people living with dementia.

Prior to our inspection, we checked all the information which we had received about the service including any notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Durham local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection.

The provider had 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. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at five staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a variety of policies and procedures.

On the day of our inspection, we spoke with seven people currently using the service and four visitors. We spoke with nine members of staff which included the registered manager, an administrator, five members of care staff, a housekeeper and an activity co-ordinator.

Is the service safe?

Our findings

People told us they felt safe at Lumley Residential Home. Comments included, "Safe? Oh aye," and, "The staff take the crusts off my sandwiches so they don't get stuck in my throat." Family members told us, "Yes she's safe, she's happy and relaxed she doesn't want to go home. It was a struggle at home she was forgetting to eat and drink." Another visitor said, "I know the staff well. [Name] is safe here."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas, the registered manager explained the provider was in the process of introducing a new tool to assess the dependency of people living at the service. Staffing levels varied depending on the needs of the people who used the service. Visitors we spoke with told us, "I see plenty of staff," and "Yes, there is always staff around if you need them." Staff also confirmed they felt staffing was adequate to meet people's needs.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable candidates from working with children and adults.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people from harm. We saw safeguarding concerns were investigated with actions put in place. Outcomes were shared which meant lessons were learnt.

Staff received training to handle medicines. The medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Topical creams were administered in line with best practice. Medicines were safely and securely stored and disposed of with stocks monitored to ensure people had access to their medicines when they needed them. People told us they received their medicines on time and as they wished to receive them.

Risks to people using the service were assessed and plans put in place to reduce the chances of incidents occurring which could cause them harm. For example, one person was at risk in relation to choking and the person, staff and external professionals had developed a care plan to help keep them safe. The person told us, "I have a small throat and have to watch for choking, the staff know that and they cut up the food and make sure I don't get lumpy potatoes." Risk assessments were regularly reviewed to ensure they reflected current risk.

Accidents and incidents were monitored after each occurrence by the registered manager, for any trends. Plans were in place to support people in emergency situations. Since our last inspection the service had also installed a defibrillator machine in the main reception area and trained staff in its use. The registered manager told us it had been used and people were more confident that it was there.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People we spoke with told us, "The home care staff understand me, they look after us, I'm easy going", and "I think the staff are properly trained." Family members told us, "The staff attitude is really good, they have made me welcome, they are doing a proper, good job," and, "The staff chat and are friendly, if we need to know anything they give you the time, we get fed biscuits and all sorts when we come here, I'll have to watch the weight!"

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting between a member of staff and their manager, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had. The majority of staff mandatory training was up to date.

Mandatory training is training that the provider thinks is necessary to support people safely. Where gaps in training had been identified, we saw the training was planned to take place. Additional condition specific training was also provided in areas such as diabetes. Training was regularly refreshed to ensure it reflected current best practice. New staff completed an induction to the service and were enrolled to complete the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

People had nutritional care plans in place. One person was identified as being at risk of choking and required food to be of a soft consistency and cut up into small pieces. The person had been referred to a speech and language therapist (SALT). We saw the SALT recommendations were included in the person's care plan and a risk assessment was in place. All the records we saw were regularly reviewed and up to date. This meant people were supported with their dietary needs.

People were positive about the food served and we observed the lunchtime meal in two areas where people were well supported and offered choices in a calm and sociable atmosphere. Two visitors told us, "I think the food is brilliant, I have a small meal when I come and it's very good. The staff are well trained about what people can eat", and, "The food is lovely, it's a good quality." One person told us, "The food is very good", and went on to explain about their own cookery training and that they had shared some of their recipes with the home's cook.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. DoLS applications had been appropriately submitted and the registered manager was aware of their responsibilities. We saw two people currently had independent mental capacity advocates and the deputy manager had requested another one to assist another person using the service. This showed the service supported people to maintain their rights.

People told us and records confirmed that staff supported them to access healthcare services. We read that people saw their GP, consultants, dentists, dietitian, opticians, podiatrists and speech and language therapist. One relative whose relation had only just moved to Lumley Residential Home said, "We are pleased she has settled in, she's bright and happy, the staff have got her an appointment with the optician to visit as she is struggling to read, she needs new glasses." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met in order to maintain their health.

We looked at the records of two people who had a learning disability and lived in Jeffery Court, a separate unit within the Lumley Residential Home. People who used the service in Jeffery Court had 'Hospital passports' in place and had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were caring. Comments included, "They are kind, they listen to my jokes, I can't complain", "They don't do anything unless I want it, they ask," and "Yes they respect me."

We saw positive interactions between staff and people throughout our inspection. We witnessed staff supporting people in a positive, gentle and caring manner. We discussed with staff in Jeffery Court, the unit for people with a learning disability, how people made choices as some people were non-verbal. Staff showed an in depth knowledge of the individual's needs, likes and dislikes in this unit and we saw them anticipate people's needs and actions. One staff member said all the care plans and menus were currently in written format but they had discussed the possible benefits of pictorial formats to enable people to make choices. We discussed this with the registered manager at end of inspection feedback to ensure this work went forward which she agreed it would.

People's independence was promoted. People were encouraged to carry out housekeeping skills and to make choices in relation to activities. One person told us, "They will do anything for me, I dress myself and can walk anywhere I want here." We spoke with staff about promoting people's independence, one staff member told us, "Before [Name] had their fracture, they walked and ate independently, we have worked with the occupational therapy who suggested a plan to encourage them to stand and then start to walk. [Name] is doing well."

We saw that people were provided with key information about the service when they arrived. We saw people were given welcome packs and the registered manager showed us they had assessed one person prior to them moving to the service and they stated they were a football fan. The registered manager had then ordered them a duvet set in the colours of the favourite team for their bedroom which arrived on the day of our inspection.

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff supported people when required and asked permission to sit and talk with people as well as knocking on people's doors and waiting for permission before entering. People told us that staff promoted their privacy and dignity. A member of the housekeeping team told us, "[Name] will follow me when I get the trolley out, they will take a duster and start working, I think you can't take things away from them."

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life. Staff told us about their keyworking duties, "I'm keyworker for [Name] and [Name]. I make sure the bedrooms are clean and tidy, that they have toiletries, clothes and help plan the activities. I help plan for their birthdays and Christmas."

People and relatives were involved in the care planning process which helped maintain the quality and continuity of care. One relative we spoke with said, "I am involved in reviewing [Name's] care, I've completed a survey and am invited to meetings, I feel listened to, they ask my opinion about [Name's] clothes and what he needs." Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care. The registered manager explained that following the completion of surveys with people and relatives, if any issues were raised she booked a review meeting to discuss the feedback. We saw there was a full audit trail from the survey to the review meeting, to the registered manager ensuring any comments or issues were listened to and addressed. Relatives spoke with told us they were given regular updates about their relative and said they could visit and ring at any time and that visiting times were clearly explained to them. This showed the service supported people to maintain key relationships.

At the time of our inspection two people accessed the services of an advocate, and we saw more informal means of advocacy through regular contact with families. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The management team were aware of how to contact advocates if they were required to support people and we were told the deputy manager had just requested an advocate for another person within the service.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "People are quite nice, I go down to the lounge sometimes, I read a lot, I don't bother with activities." One relative we spoke with said, "Yes she's safe, she's happy and relaxed. She doesn't want to go home."

There were robust systems to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We saw care plans were securely stored and well maintained and staff recorded any changes in people's condition, professional visits and social activities on a twice daily basis. We saw people's needs were fully assessed prior to them moving to Lumley Residential Home. One relative we spoke with told us, "[Name] from here came to see Mam at home and did an assessment, she's a lovely girl and we've seen her here, she's explained everything."

We looked at four care plans belonging to people who used the service. We found care planning to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. People's individual interests, preferences, as well as their anxieties were taken account of. We saw each care record contained a detail pre-assessment of people's needs and care plans that were linked to the relevant potential risks.

Care plans were comprehensive and contained up to date, accurate information. Plans contained a recent photograph of people and stated who their keyworker was. We found this system to be working well, with the relevant staff showing a good knowledge of people's needs. We saw care plans were reviewed regularly. One relative we spoke with said, "Yes I am involved in the review meetings." Relatives we spoke with confirmed they were regularly involved in people's care planning and were updated if there were changes in people's condition.

We found the provider protected people from social isolation. There was an activity co-ordinator employed by the service who provided support. People told us they enjoyed the sessions and some people said they would like more activities, although other people told us they preferred to stay in their own rooms. There was a variety of well supported activities that took place and the service also supported people to access the local community. The service also had its own chickens that were provided by an organisation called Henpower. Henpower also provided activity sessions and arts to the service. One person told us they liked to care for the chickens and we saw them out in the garden spending time with them. We observed activities taking place and there was a singer visited on the afternoon and we saw people and staff joining in with them. One staff member, when asked what could be better about the service said, "More days out, different things, the sea life centre, theatres, cinema, Sunday dinner out. The finances are not the issue, there's no one to drive the bus for us." We raised this issue with the registered manager who told us they had just

acquired another volunteer driver for the minibus and so they hoped access to the community would be improved for everyone at the service. The activity co-ordinator told us there was external entertainment every month, church services and choirs from local schools at Christmas. They said the local community was 'pretty good' at supporting the events. She said she worked with the activities co-ordinator on the adjacent service to share ideas and resources (there are several services run by the provider on the one site at Willington).

There was a complaints procedure in place. None of the people or relatives with whom we spoke said they had any current complaints or concerns. One person told us, "You could speak to any of the girls if you had a problem as they all listen, but they tell us how to make a complaint if you want to at the meetings we go to." There were opportunities for people and staff to raise any concerns through meetings and a suggestion box. One relative we spoke with told us there was a period when multiple toiletry items were being opened at one time but they had raised this and they were told it had since ceased. We saw this concern had been recorded and actioned by the registered manager.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been at the service for over 10 years.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

Staff members we spoke with told us they were happy in their role and felt supported by the management team. One staff member said, "They are brilliant, I get on with everyone, we help each other, as a team. If I'm not happy about something I would see the manager." Most people knew who the manager was and told us they felt they were approachable.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly. We saw staff surveys that had been completed in July 2017. We saw that feedback was positive but two staff members had highlighted the last two staff meetings had been cancelled. We saw the manager had responded to this feedback by arranging a new date and pre-booking advance dates for staff meetings into the next year and by clearing their diary ensuring they would take place. Every one of the 12 staff surveys stated the manager was approachable and staff rated the care people received as between good and excellent.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out yearly questionnaires as we saw the results were analysed and actioned. We saw following a recent dining experience audit that it had been noted that extra sauce bottles and tabards were needed. We saw these were then ordered with the date of ordering recorded. This showed the service responded to improvements.

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We found the registered manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and recorded when it was addressed. For example, a care plan audit identified some risk assessments required were not in place. The registered manager had then followed this up with senior care staff and we saw through a staff meeting that this had been requested to be completed as soon as possible. The provider's regional manager carried out regular 'quality checks' to monitor these audits and support the registered manager with any actions needed.

The service had good links with the local community. People who used the service accessed local shops and leisure facilities. We saw that there were many visitors to the home during the inspection who told us they felt welcomed by the staff at the service. Two visitors we spoke with said, "It's a nice place, better than expected. The staff are pleasant enough and listen to suggestions. Our relation is safe, well fed, she's getting good care, you can tell from looking at her. She thrives on stimulation which she gets here."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events occurring within the service which is required to be sent to the Commission by law. The provider also displayed its CQC rating at the service and on its website as required.