

HC-One Limited Ladywood

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place over two days. We arrived on the 28 January 2015 and returned on the 29 January 2015 to complete our inspection.

At the last inspection on 24 October 2013, we found that the service was meeting the regulations we inspected against.

Ladywood provides accommodation and personal care for up to 38 people with health conditions including dementia. The accommodation is provided on two floors which are accessible via a passenger lift. There were 33 people living at the service when we visited.

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 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe with the support workers who looked after them and their relatives and friends agreed. They told us they were happy with the care and support they received.

Summary of findings

We found that not all staff were moving and handling people safely. When people were found to have suffered a bruise, this had not always been looked into or acted upon.

Risks to the people who used the service had been assessed. This was to make sure that where and whenever possible, people were provided with a safe environment in which to live.

Checks had been carried out when new staff had been employed to check that they were suitable to work at the service. Training and on going support was then provided to enable the staff to properly meet the needs of those in their care.

Staff carried out their duties in a relaxed way and the people who used the service and their relatives felt that there were sufficient numbers of staff available to meet their needs.

People received their medicines as prescribed by their doctor. Their medicines were being handled in line with national guidance and the required records were being kept. We questioned the length of time it took to complete the morning medication round (it had taken until midday). The registered manager acknowledged this as unacceptable and explained that a new medication routine was to be implemented.

People's needs had been assessed prior to them moving into the service and plans of care had been developed from this. People told us staff knew their care and support needs and they looked after them well. Relatives spoken with agreed.

People's consent to the care and support they were to receive had been obtained when they first moved into the service and staff involved them in making decisions on a daily basis.

People's health care needs were being met and relevant healthcare professionals were being contacted when people's needs changed.

People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being

provided. Staff were not always recording when they had provided people with food and fluids particularly in the evenings and at night time. This meant that they could not demonstrate that people had received the nourishment they needed to keep them well.

We observed staff treating people with kindness and they supported them in a caring and considerate way. People told us the staff listened to them and acted on their wishes.

People who used the service and their relatives told us that they were treated with respect and staff maintained their dignity at all times. We saw this throughout our visit.

People had been involved in deciding what care and support they needed. Their plans of care reflected their personal preferences in daily living and they were supported to follow their own interests.

People were supported to make complaints and when complaints were made, these were taken seriously.

People told us the service was well managed and the management team were available to talk with when required. Staff felt supported by the management team and told us they felt able to approach the manager at any time.

Systems were in place to monitor the quality of the service provided, though not all of these were effective.

Staff meetings and meetings for the people who used the service and their relatives were being held and surveys were being completed. This provided people with the opportunity to be involved in how the service was run.

We found the service was in breach of one of the Health and Social Care Act (Regulated activities) Regulations 2010 which corresponds to one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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 told us they felt safe. However, some people were put at risk at times because correct moving and handling procedures were not always followed. An effective recruitment process was in place so that only suitable people worked at the service. The monitoring of staffing levels ensured that there were sufficient numbers of staff working at the service.

Requires improvement



Is the service effective?

The service was effective.

Staff had the skills and experience they needed to meet the needs of those in their care. They had been provided with an induction into the service and training had also been given. People's health care needs were being met and they were being provided with a balanced and healthy diet.

Good



Is the service caring?

The service was caring.

Staff knew the needs of those they were supporting and they provided this in a respectful manner. People were supported to make choices on a daily basis. For those unable to make their own choices, staff made sure that they consulted with someone who knew them well.

Good



Is the service responsive?

The service was responsive.

People had been involved in deciding what care and support they needed. They were supported to follow their interests and staff ensured that relationships with those important to them were maintained. People knew how to raise a concern and were confident that this would be dealt with appropriately.

Good



Is the service well-led?

The service was not consistently well led.

Staff were aware of the aims and objectives of the service. They felt supported by the registered manager and the management team and felt they could talk to them should they have a concern. Although auditing systems were in place, these had not always identified shortfalls within the documentation held.

Requires improvement



Ladywood

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.

We visited the service unannounced on 28 January 2015 and again on 29 January 2015 in order to complete our inspection. We spoke with 11 people living at Ladywood and seven relatives. We were also able to speak with 13 members of the staff team and two visiting professionals.

The inspection team consisted of an 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. The expert by experience who accompanied us on our visit was experienced in dementia care.

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 service. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care they received, we could determine whether they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, staff training records, people's medication records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

During our inspection we identified a number of people who used the service who were cared for in bed. On checking one person's plan of care we found that the management team had assessed them as requiring the assistance of two members of staff when being moved. When we visited this person in their bedroom, it was evident that a member of staff had moved them on their own. The member of staff confirmed that they had moved the person alone and acknowledged that this should have been carried out by two members of staff. This meant that the person as well as the member of staff had been put at risk of injury because they had not followed appropriate moving and handling practices.

We identified four people who had bruising on their body. These bruises had been recorded in their records and photographs had been taken, but these incidents had not been investigated by the management team to establish their cause or actions taken to reduce further bruising from occurring. This meant these people were not being properly safeguarded and their welfare was not being appropriately protected.

One person had a dressing on their right shin. Records showed that this had been applied 27 days prior to our visit and it had not been checked or changed since then. Their plan of care stated that a body map should be completed on a weekly basis so that action could be taken if the wound deteriorated or did not heal appropriately. (A body map is a document used to record injuries to a person's body). Body maps had not been completed and the progress of the wound had not been monitored. This person's care needs were not being met in this respect and they were at risk of further harm.

On the day of our visit, people who were assisted to move around the service with the use of a hoist were supported appropriately to ensure their safety.

These matters demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Proper steps had not been taken to ensure that the people who used the service were protected from unsafe care.

People told us that they felt safe living at Ladywood. One person told us, "Yes we feel very safe, I would tell them, if you don't tell them they can't do anything about it." Another explained, "Yes we feel safe my [relative] needs a lot of care, I would let them know if I was worried."

A visiting relative told us they had no concerns with regard to safety and felt their relative was safe living at the service. They told us, "We were worried about her [their relative] before she came in, but not now, we don't worry anymore."

The registered manager was aware of local procedures for reporting allegations of abuse and staff were aware of how to keep people safe. They had been provided with training in the safeguarding of adults. They told us what they looked out for if they felt someone was at risk of harm or abuse and told us the actions they would take.

We looked at four people's plans of care and found risk assessments had been completed. These enabled the management team to identify and assess any risks associated with people's care and support. Risk assessments had been completed on areas such as moving and handling, nutrition, skin integrity and falls and these had been reviewed on a monthly basis. This meant the risks to the people who used the service were identified and where ever possible, minimised to better protect their health and welfare.

Regular checks had been carried out on both the environment and on the equipment used to maintain people's safety. Regular audits, both local and regional had also taken place to ensure these checks had been completed. The registered manager had procedures in place to identify any trends within incidents and accidents that had happened and the relevant professionals had been involved when necessary. This included the local physiotherapy team and the tissue viability nurses.

Staff spoken with felt that on the whole there were enough staff on duty on each shift to enable them to properly meet the needs of the people in their care. They explained if someone went off sick though, then they would struggle. One staff member explained, "When we are all here [no one off sick] there is enough." Another staff member explained to us that as more people moved into the service, (there were five vacant bedrooms at the time of our visit) if the staffing levels remained the same, they again would struggle. They told us, "I think we need more staff now that we are getting full, an extra one would be nice." We

Is the service safe?

discussed this with the registered manager. They assured us that staffing levels were regularly monitored and there would be an increase in staffing numbers when the vacancies were filled.

Throughout our inspection we observed staff responding to people's call bells and requests for assistance in a timely manner. One person who regularly used their call bell told us, "They come really quickly". The staff carried out their duties in a relaxed way and the people who used the service and their relatives felt there were sufficient numbers of staff available for their needs. One person told us, "You always see the same nurses and there always seems to be someone on the floor."

We looked at four staff recruitment files and found that appropriate recruitment procedures had been followed. The registered manager had also checked to make sure the nurses who worked at the service had an up to date registration with the NMC (Nursing and Midwifery Council). This showed us the registered manager took the safety of the people who used the service seriously, when employing new members of staff.

People who used the service received their medication when they needed it. We checked the medication and corresponding records for the people who used the service. We checked to see that the medication had been appropriately signed for when it had been received into the service, which it had. We also checked to see it had been appropriately signed for when it had been administered, which again it had. Protocols were in place for people who had medicines as and when they were needed, such as pain killers for when a person was in pain. These protocols informed the reader what these medicines were for and how often they should be offered. Medication was being properly stored in line with national guidance.

We noted on both days of our visit the morning medication round did not get completed before midday. We discussed this with the registered manager as this raised the question as to whether the people who used the service were getting their medication at the prescribed times. The registered manager acknowledged this concern. We were informed this issue had already been identified and a new system for administering people's medicines had been drawn up and was due to be implemented. This meant people would get their medicines as prescribed.

Is the service effective?

Our findings

People who used the service told us the staff who looked after them knew them well and knew how to support them. One person told us, “They know what I like and what I don’t like, they know what they are doing.” Visiting relatives and friends told us the staff working at the service had the skills and experience they needed to meet the needs of those they were supporting. One relative told us, “They seem knowledgeable and they are doing everything they possibly can.”

We observed the staff supporting the people who used the service. They supported people in the way they preferred and showed they had the skills and knowledge to meet people’s needs. We observed good effective communication between the staff, the people who used the service and their relatives and friends. This meant the staff were able to find the best ways, through discussion with people, in which to provide the care and support for each individual person.

Staff told us they had received a period of induction when they first started working at the service. This included appropriate training courses such as moving and handling and safeguarding of adults. This provided the staff with the knowledge and skills they needed to properly support those in their care. One staff member explained, “The induction was really good, it was really interesting as I’d not done the job before.”

A training programme was in place for all staff to complete following their induction. We looked at the training records and found staff had received training in areas including the safeguarding of adults, health and safety and dementia care. We discussed the training opportunities with the staff during our inspection. They explained that the majority of the training was via the computer with the exception of topics such as moving and handling and fire prevention. Some staff told us they liked this way of learning whilst others found it more difficult. One staff member told us, “The training is on the computer but I prefer to be in a room with others and discuss things.” We observed one member of staff accessing training via the computer during our inspection. They told us, “It is really useful as we can access it when we have time and it does not take you away from the caring for the residents.”

People told us they had been involved in making day to day decisions about their care and support and staff gave examples of how they obtained people’s consent. One person told us, “They always ask me if it’s alright for them to help me.” A staff member told us, “I ask them, ‘Do you want me to get you washed and dressed’. If they don’t want me to do it, I don’t, it is their choice.”

Training records showed us staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe. When we asked staff about their understanding of this, it was clear that not everyone understood their responsibilities under MCA and DoLS. We discussed this with the registered manager and a refresher training course on these topics was immediately arranged.

The management team understood their responsibilities within DoLS and we saw mental capacity assessments had been completed and best interest decisions had been made in accordance with the legal requirements.

Staff felt supported by the registered manager and told us they felt able to talk to him at any time should they have a concern of any kind. One staff member told us, “[The registered manager’s] door is always open, any problems and he sorts them out.” Another explained, “I do feel supported, I have gone to [the registered manager] a few times and he has always been supportive.”

People told us that the meals served were good. One person told us, “Oh it’s lovely, yesterday I did not fancy what was on the menu so I was able to have a jacket potato.” Another person said, “Its good, we have to have ours pureed but it is presented separately on the plate.”

A nutritional assessment had been completed when people had first moved into the service and from this a diet report had been developed. This identified any nutritional or dietary requirements including their likes and dislikes and whether they required a normal diet or a soft diet. The report also included any relevant medical information, such as allergies and the level of assistance that was required. This ensured that people’s individual nutritional needs could be met.

Is the service effective?

People were offered a choice of meal at every meal time and other alternatives were also available. Drinks and snacks were also provided throughout the day. One person told us, "They are always coming round to ask if you want a cup of tea and you have juice with the meals as well." This showed us that people were provided with the food and drink required, to maintain a balanced diet.

We observed lunchtime on both days of our inspection. Drinks were served and where assistance with eating was required, staff sat by the person's side. Staff offered food in manageable portions and at a pace which suited the person they were supporting. Staff focused on them, explaining what the food was and encouraged them to eat. The meal was well presented and enjoyed by all. Mealtime had a pleasant homely feel with background music and constant interaction between the people who used the service and the staff.

For people assessed as at risk of dehydration or malnutrition, monitoring charts were being used to monitor their food and fluid intake. We found not all of the charts being kept, accurately reflected the food or fluids

people had taken. We discussed this with the registered manager and the staff on duty. We were told people had received the food and drink that they required, but the records had not always been kept up to date. The registered manager told us the importance of keeping records up to date and accurate would be relayed to all staff.

People were supported with their healthcare needs. They had access to all the necessary healthcare professionals including doctors and community nurses. Relatives told us staff always contacted the doctor if there were any concerns about their relative. One told us, "They call the doctor if needed and they will let me know."

We spoke with two health professionals who were visiting during our inspection about their experiences of the service. They told us, "The staff are very good, they always support us. They write down what we recommend and carry out what we ask of them." This showed us staff took the health and welfare of the people who used the service seriously.

Is the service caring?

Our findings

People who used the service told us the staff who looked after them were kind and caring and our observations confirmed this. One person told us, “They are very kind and they will do anything for me.” Another person told us, “Staff help me with my shower and bath once a week, they are very caring.”

Visiting relatives and friends also told us the staff working at the service were kind, hardworking and considerate. One relative told us, “The [staff] are fantastic, they do a marvellous job.” Another said, “The staff are very good, you can’t fault the staff.”

We observed support being provided throughout our visit. Staff showed a good understanding of people's needs. They were aware of what people liked and did not like and they were seen supporting them in a relaxed and kindly manner. We observed staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.

Some people needed assistance with moving from one chair to another with the use of the hoist. We observed staff carrying this out in the communal areas. Staff made sure that people's laps were covered with a blanket to promote their dignity and they explained to them what was happening throughout the move. One person told us, “Staff are very respectful and protect my dignity.”

Visiting relatives told us they were actively involved in making decisions with, or on their relatives' behalf. One relative told us, “We are involved in reviews with [their relative] and [nurse in charge] to find out if all is well and if there is anything more they can be doing.” This showed us people felt listened to and involved in the decisions made regarding their care.

Throughout our visit we observed staff involving people in making choices about their care and support. People were given choices about what time they wanted to get up, where they wanted to sit, what they wanted to eat and drink and whether they wanted to join in the activity session that was held. Staff respected the choices that people made.

Staff treated people with dignity. We observed staff knocking on people's doors and waiting to be invited in and people's doors were closed when personal care was provided. One person told us, “Whenever I visit, [relative] always looks well cared for and they treat her with respect.” Staff spoken with gave us examples of how they maintained people's privacy and dignity. One staff member told us, “I always close the curtains and the doors and I don't uncover them [the people who used the service] but I wash them bit by bit and keep the rest of them covered up.”

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed. One relative told us, “An assessment was carried out before [their relative] came in and we were fully involved.” Another explained, “[The registered manager] went to her [their relative] at the other home she was in and they discussed what help she needed.”

The registered manager explained people’s care and support needs were always assessed prior to them moving into the service. This enabled them to assess whether the person’s needs could be properly met. From the initial assessment, a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met. The plans of care also included information on their personal history, their likes and dislikes and what they preferred to do on a daily basis. This meant the staff working at the service had the information they needed in order to provide individual, personalised care. When we spoke with staff it was evident they understood the needs of the people they supported.

When we looked at people’s plans of care we found they had been reviewed each month or sooner if changes to the person’s health and welfare had been identified. Where changes in people’s health had occurred, the appropriate action had been taken. This included for one person, contacting their doctor and for another the community nurse. This showed us there were systems in place that enabled the staff team to be responsive to people’s ongoing and changing needs.

Relatives told us they were also involved in care reviews that were held for their relatives. This provided all parties the opportunity to discuss the care being provided and whether any further support was needed.

Relatives and friends were encouraged to visit and we were told they could visit at any time. One relative told us, “We can come at any time, they always make you welcome.” Another explained, “The staff are really friendly and always offer you a cup of tea.”

People were supported to follow their interests and take part in social activities. There were two activities leaders and they offered both one to one and group activities according to people’s favourite pastimes. On the days we visited we observed people enjoying a game of skittles. From the chatter and the laughter, it was evident that people were thoroughly enjoying this session. Other people were seen enjoying some quiet one to one time. Some people were offered a hand massage and manicure whilst others, purely time for a chat. A relative told us, “I have been impressed a couple of times in the summer with the trips that have been held. They went to Twycross Zoo and to the pub for lunch, there’s always something happening.”

People told us they felt comfortable raising any issues of concern and were confident that these would be dealt with appropriately. One person told us, “I would ask a family member to deal with it or approach the manager.” Another person explained, “I would talk to the manager or the nurse, they would deal with it.”

We saw a formal complaints process was followed when a complaint had been received and a copy of the procedure was displayed for people’s information. We looked at the complaints record and found one recorded complaint. This complaint had been acknowledged and an investigation had been carried out. A staff meeting had also been held to address the concern raised. This showed us that when people had concerns, these were taken seriously.

People who used the service and their relatives were encouraged to share their thoughts of the service they received. Regular meetings had been held and surveys had also been used. The minutes of the last meeting showed that people’s views were sought, listened to and acted upon. This included people’s views on laundry provision, menus and activities held at the service.

Is the service well-led?

Our findings

Relatives told us they felt the service was well managed and overall, the management team were open and approachable. One relative told us, “Communication could be better, [member of staff] doesn’t always put you in the picture, but [member of staff] is bang on.” Another relative explained, “I have no worries, my relative had a fall and they rang me. They always let me know if she bumps herself, they are very good at keeping in touch.”

People were given the opportunity to share their views and be involved in developing the service. Meetings were held and people were able to speak with the staff and the management team on a daily basis. For those who were unable to share their views, their relatives and friends were able to speak up on their behalf. The minutes of one meeting showed us the relatives of one person had been able to raise their concerns about their relative’s laundry. This was duly addressed. This meant that everyone had the opportunity to be involved in the service in some way.

Staff told us they felt supported by the registered manager and they felt able to speak to him if they had any concerns or suggestions of any kind. One staff member explained, “I feel supported most of the time and feel happy to talk to the manager if I need to.” Another told us, “I feel supported by them [the management team] I can go to them at any time.” Another told us, “[The registered manager’s] door is always open, any problems you have, he will sort them out.”

Staff were able to describe the aims and objectives of the service which centred on people having choices and being treated with dignity and respect. One staff member told us, “Our vision is to take care of them [the people who used the service] and provided dignity and privacy for all.”

The registered manager undertook regular audits of the service. These checked the quality of the service being provided. Both corporate and local audits had been completed. This was to make sure the service was running in line with the organisations policies and procedures and it was safe and fit for purpose.

Audits were carried out on the paperwork held at the service, including care plans, medication records and incidents and accident records. This was to check people were receiving the care and support they required. Not all of the quality assurance audits completed had been effective. They had not for example identified shortfalls in recording and monitoring people’s health and welfare. The registered manager acknowledged this and assured us future audits would ensure improvement.

Regular checks had been carried out on the environment and on the equipment used to maintain people’s safety. We found regular audits had been carried out and up to date records had been maintained. This showed us people who used the service, visitors and staff were protected by an environment that was properly monitored and well maintained.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents though these were not always followed. An example of this was when bruising had been identified, but the reasons for the bruising had not been investigated. The registered manager acknowledged this shortfall and informed us this would be addressed in the future through the local auditing processes that were in place.

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 who use services were not protected against the risks associated with their care because proper steps had not been taken to ensure their welfare and safety.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.