

Lancashire County Council

Lower Ridge Home for Older People

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an inspection of Lower Ridge Home for Older People on 24 and 26 November 2014. The first day was unannounced. We last inspected Lower Ridge on 25 October 2013 and found the service was meeting the current regulations. However, during this inspection we found the care home provider required to make improvements in the following areas: the management of medication, the recruitment and supervision of staff and

the quality assurance systems. We also recommended improvements in the implementation and use of the Mental Capacity Act 2005, the dining arrangements for people living in the home and the provision of activities.

Lower Ridge is registered to provide personal care and accommodation for up to 35 older people including people with a dementia. The property is a three storey building set back off a main road and on a bus route to Burnley. Accommodation is offered in single bedrooms

Summary of findings

and there are several communal rooms including a conservatory. At the time of the inspection there were 24 people accommodated in the home plus an additional person in hospital.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

People living in the home made positive comments about the home and told us they felt safe and well looked after. All staff spoken with were aware of the procedures in place to safeguard people from harm. We observed staff were kind and considerate in their interactions with people throughout the inspection.

As Lower Ridge is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At time of the inspection two people had an authorised DoLS. However, we found one person's care plan documentation did not provide sufficient guidance for staff on the implementation of the DoLS as part of daily care practice. We also found people's mental capacity to make decisions for themselves had not been reviewed following admission to the home.

Whilst there were systems in place to handle medication in the home we found prescribed creams were not well managed. This is important to protect the health and well-being of people living in home.

People were provided with a varied diet of food and all people spoken with told us they enjoyed the meals provided. However, we found people had to wait a long time for their breakfast in the morning.

Each person had an individual care plan. The care plans were well presented and contained information about people's personal preferences and any risks to their well-being. However, we found people had not always been involved in the care planning process. This is important so people can have direct input into the delivery of their care.

People had meetings where they had a chance to say what they thought about the service and were also asked to fill in questionnaires about the quality of the service. However, we found there had been no feedback given about any action taken in response to their concerns. As a consequence people had raised the same issues on more than one occasion.

There were procedures in place for the recruitment of new staff, however, we found there were gaps in some information provided by applicants and there was no record to demonstrate this had been explored further at interview. We also noted that although all staff spoken with told us there were good arrangements in place for training, they had not received individual supervisions in the last few months. These are important so staff can discuss their experiences of working in the home and identify future training needs.

Our findings demonstrated a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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. Whilst people told us they felt safe, our findings demonstrated people were not adequately protected against the risks associated with the unsafe management of medicines.

People's needs had been assessed and areas of risk had been identified. However, we noted risk assessments had not been carried in respect to two people's needs. This is important to ensure people are cared for in a safe way.

We found during the recruitment of staff, gaps in employment had not always been fully explored and documented.

Whilst people and their relatives reported there was a sufficient number of staff on duty, members of staff told us they did not have time to spend with people, due to additional duties and the layout of the building. All staff spoken with had a clear understanding of safeguarding vulnerable adults from abuse.

Requires Improvement



Is the service effective?

The service was not effective. Whilst staff had received appropriate training, we found staff had not benefited from individual supervision and an appraisal of their work performance.

We found there was insufficient guidance and information for staff to enable them to support people with a Deprivation of Liberty Safeguard authorisation or application.

Whilst people liked the food provided, we observed the mealtime arrangements required improvement to meet people's needs and preferences.

People had access to healthcare services and received appropriate healthcare support.

Requires Improvement



Is the service caring?

The service was caring. People told us they were happy living in the home and staff were kind and considerate. Relatives spoken with expressed satisfaction with the care provided and confirmed they were made welcome in the home.

The staff we spoke with had a good understanding of people's needs and we saw they respected people's rights to privacy and dignity.

Good



Is the service responsive?

The service was not consistently responsive. Whilst people were satisfied with the care provided they told us there were few activities to occupy their time. Staff also said they had insufficient time on a daily basis to organise and participate in activities.

Requires Improvement



Summary of findings

People's needs had been assessed before they were admitted to the service. Each person had an individual care plan, which provided guidance for staff on how to meet their needs. However, we found people were unfamiliar with their care plans and from the records seen only one person had signed their care plan review to indicate their participation in the process.

There were systems in place to deal with complaints. People we spoke with felt comfortable to talk to staff if they had a concern.

Is the service well-led?

The service was not consistently well led. Although people and staff were consulted about the quality of the service there were a lack of effective systems to feedback and monitor any action taken in response to concerns.

The registered manager was committed to making improvements to the service and was knowledgeable about people's needs.

Requires Improvement



Lower Ridge Home for Older People

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 inspection took place on 24 and 26 November 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. The provider sent us 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.

During the inspection, we used a number of different methods to help us understand the experiences of people

who lived in the home. We spoke with ten people who used the service and two relatives, who were visiting the home. In addition we spoke with the registered manager, five members of the care team and two cooks. We also discussed our findings with the Service Development Manager.

We looked at a sample of records including seven people's care files and other associated documentation, two staff recruitment files, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits.

Throughout the inspection we spent time in the home observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk to us.

Is the service safe?

Our findings

We looked at how the service managed people's medicines. All people spoken with told us they received their medicines when they needed them and were given pain relief medication when necessary. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Staff had access to a set of policies and procedures which were readily available for reference.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. However, we found prescribed creams were not well managed. Records showed one person had not received a prescribed pain relief cream for ten days. The cream was out of stock in the home; however, this had not been picked up by the medication audit. We also noted gaps in the cream records had not been identified during checks of the medication systems. Whilst creams were stored in people's bedrooms, a member of staff told us there were no body maps in rooms, so it was difficult to remember where to apply the creams. Failure to apply creams as prescribed puts people's health and well-being at risk.

Our findings demonstrated the provider's arrangements for managing medication did not fully protect people against the risks associated with medicines. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at two new staff member's files to assess how the provider managed staff recruitment. We found the staff had completed an electronic application form and had attended the home for a face to face interview. Appropriate checks had been carried out before staff commenced working in the home. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help

employers make safer recruitment decisions. However, we noted there were gaps in the staff members' employment records and there was no record to demonstrate these had been explored further as part of the recruitment process. This is a breach of Regulation 21 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. We discussed the staffing levels with people living in the home, their relatives, the registered manager and staff. People and their relatives told us there were sufficient staff on duty to meet their needs. However, we noted people living in the home had voiced concerns about the staffing levels during two residents' meeting.

We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. We also looked at the staffing rotas and found the registered manager had recently changed some staff hours to provide more support at peak times in the day, such as meal times. However, members of staff told us they were concerned they had very little time to spend with people, due to increasing duties and the layout of the building. One member of staff said "It is very hectic and busy. The residents need more time, but the only time we have is during personal care tasks". Staff told us this had led to fluctuating morale. They told us they had raised their concerns but felt no action had been taken.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. However, on looking at two people's files we noted a risk assessment had not been carried out in respect to the risks of dehydration and risks relating to the formation of pressure ulcers. These are important to guide staff on how to protect people's health and well being.

All people spoken with told us they felt safe and secure in the home. One person said, "I feel safe and sound here. I can't fault it and I really like living here." Another person told us, "I have no concerns at all here. I feel completely safe." We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the

Is the service safe?

risk of abuse. All staff spoken with told us they had received regular safeguarding training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. We looked at the

information we hold about the service. We found the registered manager and staff had followed local safeguarding protocols and had responded promptly and appropriately to any incidents.

Is the service effective?

Our findings

We looked at how the provider trained and supported their staff. Three members of staff told us they had not received an individual supervision during 2014. This was confirmed when we checked the staff files. We also noted none of the staff had received an appraisal of their work performance. Supervisions and appraisals are important to enable the staff to discuss any concerns relating to the operation of the home and any future training needs. This is a breach of Regulation 23 (1) (a) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that staff were trained to help them meet people's needs effectively. All staff had undergone a corporate induction programme when they started work in the home and had received regular mandatory training. We looked at the files of two new members of staff and noted one file contained a signed and completed record of their induction.

From the training records seen we noted staff received regular training in areas such as assisting people to move, first aid, safe handling of medication, proactive approaches to conflict and person centred support planning. Staff had also completed specialist training on caring for people living with dementia and end of life care. The training was delivered in a variety of different ways including face to face, online and work booklets. The registered manager had systems in place to ensure staff completed their training in a timely manner. All staff spoken with told us the training was useful and beneficial to their role.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We noted there was information displayed on a notice board about the MCA 2005 on the ground floor. According to records seen the staff team had completed work booklets on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Staff spoken with had a basic understanding of MCA 2005. Whilst people's mental capacity was assessed as part of the pre-admission assessment we found this

assessment had not been reviewed after they had moved into the home. This is important in order to assess people's capacity to make decisions for themselves and their ability to consent to care and treatment.

The registered manager explained two DoLS applications had been authorised by the local authority. However, we looked at one of the people's care plan and noted it did not include specific guidance for staff on how the DoLS should be implemented, as part of their daily care. We also noted from the records seen that consideration had not been given to the potential restriction of liberty posed by the coded keypad locks on the external doors. This type of lock prevented people from leaving the building without knowing the code to the locks.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is excellent; you couldn't get better" and another person said, "I find the food is quite good. We always have a choice". Care records included information about the risks associated with people's nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

People chose meals from a three week rotational menu which had been discussed at residents' meetings. Staff provided the catering staff with information about people's likes and dislikes and any special dietary requirements. This meant the catering staff had up to date information about people's preferences and nutritional needs.

We observed lunch time on the first day of our visit and breakfast time on the second day. There was little social conversation in the dining room as staff focussed on the tasks associated with helping people with their meals. The meal looked well-presented and was plentiful. We observed people were offered second servings if they wanted more to eat. The tables in the dining room were nicely dressed, with tablecloths and condiments. Details of the meals were displayed on a board on the corridor. Whilst people received assistance to eat as necessary, we noted staff did not always sit alongside people while assisting them to eat. This meant there were gaps in support when staff were elsewhere in the room.

On the second day of the inspection, one person told us they'd had a hot drink on rising from bed and were waiting

Is the service effective?

for their breakfast cereal. We noted the breakfast was served at 09.10 am which was over one and half hours after the person had risen from bed. This was a long time to wait for food and did not fit with the person's personal preferences.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at Lower Ridge.

We noted several areas of the premises needed redecoration and refurbishment. For instance wallpaper was damaged in two bedrooms and was badly scuffed in corridors. We also noted some door frames were damaged and the stair carpet looked stained. A person living in the home told us, "The building could do with some brightening up, it's very dull". Whilst arrangements were in place for routine maintenance and repairs, the registered manager confirmed she was not aware of any plans to redecorate and refurbish the home.

We recommend the registered persons consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005.

We recommend the registered persons consider advice and guidance from a reputable source in order to improve the mealtime arrangements for people living in the home.

Is the service caring?

Our findings

People living in the home were happy with the approach taken by staff and told us they felt well cared for. One person told us, “They are all very nice and they look after you” and another person commented, “I think the staff are excellent, they can’t do enough for you”. People spoken with also considered staff helped them maintain their dignity and treated them with respect. From our observations over the two days we were at the home, we found staff were kind and attentive to the people’s needs. Both relatives spoken with made complimentary comments about the service, for example one relative said, “The staff are fantastic, the home has such a lovely family atmosphere. My [family member] is very happy here.” The relatives also confirmed there were no restrictions on visiting and they were made welcome in the home.

All staff spoken with were respectful of people’s needs and described a sensitive approach to their role. Many of the staff had worked in the home for several years and had a good knowledge of people’s personal histories, likes and dislikes. One staff member told us, “I love working here and we all do our best to care for the residents.”

People were encouraged to express their views as part of daily conversations, residents’ meetings, consultation exercises and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed.

People’s privacy was respected. Each person had a single room which was fitted with appropriate locks. We observed staff knocking on doors and waiting to enter during the inspection. One person told us they liked to sit in a lounge on their own and confirmed staff respected this choice. There were policies and procedures for staff about the philosophy of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting. The registered manager told us she was designated “Dignity

Champion” and the home upheld the values of the “Dignity in Care” Campaign. This is a national awareness campaign designed to promote and uphold everybody’s right to dignity and respect, especially for those receiving care.

People told us they had a keyworker, who got to know them particularly well and made sure they had everything they needed. People said the routines were flexible and they could make choices about how they spent their time. However, from looking at records we found three people who required assistance to get out of bed had consistently got up around 6 am. A member of staff also voiced their concern about some people getting up early. At the time of the inspection, it was unclear if this was their personal choice. We discussed this situation with the registered manager who told us, she would investigate further. It is important people have a choice when to rise from bed, so their personal preferences are met.

Before people moved into the home, staff carried out an assessment of their needs and risks, which included gaining information about their preferences. This then informed the care planning process. People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People were given appropriate information about their care and support. Before people moved into the home they were provided with a service user’s guide, which included information about the services and facilities available in the home. We also observed a copy of the guide was placed in all bedrooms, along with information about keyworkers. This meant people had ready access to the documentation for reference purposes.

Is the service responsive?

Our findings

We looked to see if people received personalised care. In the provider information return (PIR) the provider sent us they told us everyone had person centred support plans. We looked at seven people's care files and from this we could see each person had an individual care plan which was underpinned by a series of risk assessments. We found they were easy to follow and legible. The plans were split into sections according to people's needs and included a personal profile of past life experiences and significant achievements. We saw evidence to indicate the care plans had been updated on a monthly basis. However, we noted some supporting records recommended in people's care plans had not been fully completed. For instance food and fluid intake charts and behaviour monitoring charts. Such records are important to monitor people's on-going care needs.

The home had systems in place to ensure they could respond to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. They discussed people's well-being and any concerns they had. Staff told us they were closely monitoring and checking a person who was resistant to assistance with personal care. However, there were no detailed records of the checks and the assistance offered. This meant it was difficult to determine the number of checks and the level of intervention offered.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. There were also arrangements in place to assess people's needs in emergency circumstances.

Although a relative told us they had read and signed their family member's care plan, people living in the home were unfamiliar with their plan and could not recall discussing their care needs with staff. We looked at people's care plans and noted only one plan out of the seven seen had been signed by a person living in the home. We also noted from meetings held with people living in the home that they expressed a wish to be more involved in care planning. It is important people are supported wherever possible to have an active contribution to the care planning process so they can influence the delivery of their care.

People told us they were happy with the care and support they received from staff. One person said, "It's marvellous, couldn't be any better" and another person commented, "The staff always help me in every way they can. You only have to ask and they'll sort things out." However, people told us there were few activities to occupy their time. Whilst professional entertainers had visited and other events had taken place in the home, we found activities on a daily basis were limited. There was a board in the reception area setting out the activities for the week ahead. However, we noted the music and movement session due to happen on the first day of our visit did not take place. Staff spoken with told us they had insufficient time to arrange and participate in activities. It is important people living in the home have opportunities to participate in meaningful activities to ensure they lead satisfying and stimulating lives.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was incorporated in the service user's guide and included the relevant timescales. The provider had also produced leaflets to inform people about the complaints procedure as well as information on their website.

The registered manager kept a central log of complaints and had received six complaints during the last 12 months, which according to information submitted in the provider information return had been resolved within the 28 day timeframe specified in the complaints procedure.

We recommend the registered persons consider advice and guidance from a reputable source on developing activities for people living in the home.

We recommend the registered persons consider advice and guidance from a reputable source to ensure people have full involvement in the care planning process.

Is the service well-led?

Our findings

People living in the home and their relatives had been given the opportunity to complete and submit a satisfaction questionnaire in November 2013. We looked at the collated results and noted the majority of people who responded to the survey indicated they were “satisfied” with the service. An action plan had been developed in response to suggested areas of improvement in the form of “You said, We did”.

However, we noted that whilst there had been several residents’ meetings throughout the year, there had been no feedback to people about their recurrent issues of concern. For example, people had raised issues about insufficient staff, the lack of activities and concerns about the food on more than one occasion. This meant people were unaware of what action was being taken in response to their concerns. Similarly members of staff told us that although they had voiced their concerns, they felt no action had been taken. It is important feedback is given to people and staff so they know their views and opinions are valuable and they can be assured they have involvement in the development of the service.

The home was subject to unannounced quality checks by a senior manager of the organisation. However, at the time of the inspection there was only one visit report available dated July 2014. We noted the senior manager had listed areas for improvement, but it was unclear if the improvements had been carried out.

The registered manager carried out a number of audits to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks on mattresses and commodes. Daily checks of the medication systems included looking at the medication administration records, in order to check for any discrepancies or omissions. However, we identified a shortfall in the management of prescribed creams, which had not been picked by the checks.

Following an accident, a form was completed and the details were entered onto a database. We noted a list of accidents had been generated from the database and action had been taken to minimise the risk of falls. However, there was no analysis of the type of accident or the time an accident had occurred. This meant it was not possible to identify any patterns or trends.

Our findings demonstrated there was a lack of effective systems to regularly assess and monitor the quality of the service. This is a breach of Regulation 10 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living in the home were aware of the management arrangements and told us both the registered manager and the management team were approachable and accessible. All people spoken with and two relatives told us the home was well organised and managed. The manager has been registered with the commission since May 2012. As the registered manager they had the legal responsibility for meeting the requirements of the law; as does the provider. Throughout all our discussions we found the registered manager had a detailed knowledge of people’s needs and circumstances.

Staff told us they worked as a strong team and they supported each other. All staff were given a contract of employment, a job description and had access to clear policies and procedures which helped to make them aware of their role and responsibility within the organisation.

The registered manager told us she was committed to improving the service and was able to describe her key challenges. These included developing a sensory room, improving the environment and ensuring staff receive regular supervision. The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. She had developed links within the local community and during our inspection she arranged for local college students to visit the home to do some gardening. We saw the registered manager had received acknowledgements from family members complimenting them on the standard of care they provided during people’s stay at the home.

Information we hold about the service indicates they consistently meet the requirements of registration. During the inspection we found the service was meeting the required legal obligations and conditions of registration. The registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The arrangements for managing medication did not fully protect people against the risks associated with medicines. (Regulation 13)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The recruitment procedures did not ensure all information specified in schedule 3 was available in respect or people employed in the home. (Regulation 21 (a) (b)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Suitable arrangements were not in place to ensure people employed in the home received appropriate supervision and appraisal. (Regulation 23 (1) (a)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers There were a lack of effective systems to regularly assess and monitor the quality of services. (Regulation 10 (1) (a)).