

Lady Spencer House Ltd

Lady Spencer House

Inspection report

52 High Street
Houghton Regis
Bedfordshire
LU5 5BJ

Date of inspection visit:
02 May 2019
03 May 2019

Date of publication:
26 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Lady Spencer House is a residential care home that provides personal care to up to 24 people aged 65 and over. On the day of the inspection they were providing a service to 23 people

People's experience of using this service:

The registered manager was working with the provider to develop a person-centred culture within the service. However, the outcomes for people did not fully reflect this and more work was needed to embed this way of thinking within the team.

Although risks to people's health and well-being were identified and monitored, we found staff were not proactive in responding to risky incidents when they occurred. This resulted in a near miss incident during our inspection.

Although there were enough staff to meet people's needs during the inspection, we have recommended the provider consider again whether they always have enough staff to meet people's needs. This was the case particularly at night due to the complex arrangements for evacuating some people in the event of an emergency.

We have recommended the provider seeks guidance from the fire safety officer in relation to the accommodation arrangements and staffing levels for two people living on the top floor of the building.

The premises was undergoing refurbishment at the time of the inspection. We have recommended that the provider uses this opportunity to consider current good practice guidance in relation to creating a dementia friendly environment.

People gave mixed feedback about their experiences of living at Lady Spencer House. Many people felt there was not enough to do, and that staff did not spend time talking to them. Some people felt that staff were kind but others said staff sometimes shouted at them. We observed that staff were kind but were task focussed in their approach to care.

The provider's had governance systems in place. However, we have recommended that they look at how they can improve these to include monitoring of staff practice as well as records.

People's care plans were personalised to give guidance to staff on how to support people effectively. However, daily records were generic and did not capture individualised information. People and their relatives were involved in discussions about their care and in developing their care plans.

Staff were knowledgeable about safeguarding people from avoidable harm and how to report their concerns internally and externally to local safeguarding authorities.

People's dignity and privacy was promoted and respected by staff. People were encouraged to eat a healthy balanced diet and to drink plenty of fluids. Staff supported people to attend health appointments.

Staff had supervisions to discuss their progress and training in subjects considered mandatory by the provider to develop their skills and knowledge.

Rating at last inspection:

Good (report published 16 July 2017). At this inspection we found improvements needed to be made to the care provided to people and the service is now rated 'requires improvement'.

Why we inspected:

This was a scheduled inspection based on the previous rating.

The service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For details of the action we told provider to take please refer to the end of the full report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our well led section below.

Requires Improvement ●

Lady Spencer House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection team:

The inspection was carried out by one inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for people living with dementia/older people

Service and service type:

Lady Spencer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced and it took place on 2 and 3 May 2019.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. 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.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were

supported throughout the day. We spoke with nine people, two relatives/visitors, the registered manager, three care staff and an activities coordinator.

We looked at three people's care and support records. We viewed records relating to the management of the service. These included quality audits, medicine management and administration records, incident and accident records.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations were not met.

Assessing risk, safety monitoring and management; Staffing and recruitment

- On the first day of the inspection we intervened on an incident that put a person at risk. A person was sitting in a chair in the lounge and had slipped down to the point where they had almost slipped off it. The person required the use of a hoist to be repositioned safely. They were physically frail and their position resulted in all their weight being placed on their legs. Three staff were standing around the person but not taking any action.
- Staff told us that the hoist sling for this person was in the laundry. When an emergency call bell sounded elsewhere, two staff left the room, leaving one staff to support the person. This staff member stood across the room from the person, which meant they would not have been able to prevent them from falling. The risk to the person was only addressed when we intervened and told staff to call for assistance. Following this incident, the registered manager ordered a spare sling for this person to avoid such delays in future. On our suggestion they also agreed to make a referral to occupational therapy to assess whether the person required a different type of chair to reduce the risk of this occurring in future. It was of concern to us that the staff present had not recognised the need to take immediate action in a risky situation.

This was a breach of regulation 12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The top floor of the premises consisted of a laundry room, a cupboard for cleaning materials, and two bedrooms. At the time of the inspection, these two bedrooms were both occupied by people who required the support of two staff and a hoist to mobilise. We raised questions with the registered manager about how they had assessed risks to these people in relation to fire or other emergency requiring evacuation. Although each person had a personal evacuation plan in place, they did not sufficiently detail all the risks involved.
- There was no evacuation equipment stored on this floor, which meant staff had to fetch it from the floor below before attempting any evacuation. Additional equipment was ordered by the provider as soon as this was brought to their attention.
- At night there were only two staff on duty to cover the whole building. They were based on the ground and middle floor and expected to make regular checks to the third floor during the night. Given that both people living on the top floor required two staff to mobilise, this raised concerns as to whether the provider had sufficient staff at night.
- We have shared our concerns with the Bedfordshire fire safety officer to seek their advice about the living arrangements for these two people living at the service.

We recommend that the provider liaises with the Bedfordshire fire safety officer to ensure they take all reasonable steps to protect people from the risk associated in the event of a fire.

We also recommend that the provider undertakes a review of their staffing levels, particularly at night, to ensure they are able to provide a safe service to people.

- Apart from the risks associated with emergency evacuation equipment, risk assessments were up to date and had enough detail to guide staff. Records used to monitor risks such as falls, fluid and nutrition, and pressure care were well maintained.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- People mostly received their medicines safely and as prescribed. However, guidance to staff on how to administer 'as required' medicines were not always sufficiently detailed to ensure they were administered as prescribed.
- This was particularly the case in relation to antipsychotic medicines, prescribed to relieve agitation or distress. Guidance to staff was not sufficiently clear to ensure these medicines were only administered as a last resort after other clearly identified strategies have not helped.
- Staff had received training on how to manage and administer medicines and confirmed the provider checked their competency following training and if they were to make any errors in administering medicines.
- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

Preventing and controlling infection

- Staff had received training in infection prevention and control. However, we saw that some staff were not adhering to this training with regard to wearing nail varnish and what appeared to be false nails. This posed an infection hazard because long painted nails can harbour infection and may cause scratches to people during personal care tasks. We discussed this with the registered manager who confirmed she would raise this in supervision with staff.
- Staff had received training in infection prevention and control.
- There was a supply of gloves and aprons for staff to use when providing care, and we saw these were used appropriately.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service told us they felt safe. One person said, I do feel safe, in the sense that I don't think anyone will harm me."
- Effective safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff understood how to report any concerns they had both internally and to other bodies such as the local authority and the Care Quality Commission.

Learning lessons when things go wrong

- Incidents or accidents were recorded effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

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

- Lady Spencer House is an older style, purpose-built premises on three floors. At the time of the inspection there was refurbishment work taking place and some areas of the home were still tired and in need of redecoration.
- The corridors and some doorways of the ground floor were only just wide enough for a wheelchair to fit through. We noted that one person, who propelled their own wheelchair, caught their knuckles on the door frames, and had marks on their hands which suggested this was not an isolated incident.
- The design and décor did not meet the needs of people living with dementia and there was little provided to support people to find their way around the building.

We recommend that, during the refurbishment programme, the provider considers up to date good practice guidance about creating a dementia friendly environment.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and Support was reviewed and updated as people's needs changed.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. Some staff told us they would like to receive more training relating to the needs of people living with dementia. The registered manager confirmed they had been researching appropriate training resources in relation to this and planned to offer more training in the near future.
- Staff told us they were able to develop their skills by taking further qualifications and this was fully supported by the provider.
- Staff completed a robust induction programme at the start of their employment. Staff told us they had shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- The registered manager and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for

additional support at any time.

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

- The food at lunchtime was well-presented and most people told us they enjoyed it. However, some people, when asked more generally about the food provided, felt there was room for improvement. One person said, "I think the food could be better, especially more fresh stuff, they don't offer me anything like that and I forget to ask. It would be nice to have more fruits now it's the season."
- People had enough to eat and drink
- We saw snacks and drinks were readily available throughout the service for people to help themselves between meals.
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

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

- Staff worked as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary.
- The service had positive relationships with the GP surgery, which meant they were able to seek timely support for people as necessary. For example, on the first day of the inspection a person felt unwell and the GP was called and visited within an hour.

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

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 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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have choice and control of their lives, ensuring their rights were protected.
- The policies and systems in the service supported this practice.
- The registered manager understood their responsibility to make an application for deprivation of liberty to the authorising authority when it was considered appropriate.
- We observed that staff routinely consulted with people and asked for their consent before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations were met.

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

- People mostly told us that staff were kind, although one person said, "Sometimes, they shout at me." However, another person said, "I don't have any problems with staff, some are helpful, and some are less helpful, over all they're ok."
- Although we saw staff were kind when they provided care to people, engagement between them was limited and was mostly restricted to exchanges about a task being carried out. We saw few meaningful conversations between staff and people beyond this, particularly on the first day of our inspection. As a result, people were at risk of isolation, particularly those people who were cared for in their rooms at all times. One person who was cared for in their room said, "Carers are not around here much, if I need to talk to somebody I put the TV on."

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

- Some people told us they did not feel involved in making decisions about their care. One person said, "I have to wait sometimes till mid-morning to get up. They offer to give me breakfast in bed, so I can wait. I don't like eating in my bed." A visitor told us, "Choices are limited, [name] is not going out at all and nobody is asking how [they] would like to spend the day."
- Other people told us they were involved in making day to day decisions about their care, such as when to get up or what to wear.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they felt that people were not always supported to maintain their independence. One relative said, "I think staff sometimes do things for [family member] because it is quicker and easier, but I worry that it deskills [family member]."
- Staff mostly supported people in a way that upheld their dignity. However, we observed one person being administered eye drops in a communal area in full view of everyone in the room. People told us that staff maintained their privacy when delivering personal care, keeping them covered as much as possible. They also told us that staff knocked on their doors before entering their bedrooms.
- We saw information about people's care was held securely and all information held on computers was password protected to ensure only those with a legitimate reason to view it could do so.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person said, "There is nothing to do. I just sit and watch the birds out of the window." Another person told us, "I stopped going to activities, I don't know why, so I prefer to stay in my room. Not many people are actually joining. I used to go to church but not since I am here, they don't encourage people to do it. I would like to go."

- On the first day of our inspection we found there was a significant lack of stimulation for people. In the morning, many people in the lounge had nothing to do and consequently were falling asleep. A television programme was on, but no one was watching it, and when asked, those who were able to tell us said they were not keen on it. A radio was playing at the same time in the adjoining dining area. This created additional sounds which prevented people from being able to hear the television clearly.

- The registered manager told us that, when the activities coordinator was working, people were more engaged, and enjoyed the activities provided. Unfortunately, the activities coordinator only worked three days a week, which meant, for over half the week there was little provided for people to do.

- On the second day of the inspection, the activities coordinator was at work and we saw a clear difference in the atmosphere in the home. People were more awake and engaged, and clearly enjoyed the activity provided. We spoke with the activities coordinator, who, although fairly new to the post, was developing a number of ideas about how to provide activities that matched people's varied interests. Although it was positive to see the impact they had on the people using the service, it was a concern that these opportunities were restricted to less than half the week and other care staff did not provide any stimulation.

- Staff appeared to know people's care and support needs. However, the lack of meaningful engagement with people meant that their social and emotional needs were not always met. There were many missed opportunities for staff to have conversations with people.

- The provider had an electronic system for care planning. Care plans were detailed and included information on each aspect of the person's needs such as, eating, personal care, communication and moving and handling. The information was person centred and described the way staff should support the person with reference to the person's preferences. However, daily records were largely completed by selecting wording from a pre- created drop-down list that lacked individualised content. This meant that information about the impact of care on people was lost.

- It was clear from these records that people and their relatives were involved in planning their care. This was confirmed when we spoke with people.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check types of complaints received and to use this information to make improvements to the service.

- People and their relatives told us they knew how to make a complaint and were confident that the registered manager would take action to deal with their concerns.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, such as Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- There were no people living in the service that required this level of support at the time of this inspection. However, the registered manager had started to develop person centred care plans in relation to end of life and had completed these with some people. Those seen were very detailed and sensitively written.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a near miss incident where a person was at risk of slipping from their chair on the first day of inspection. It was concerning that staff present at the time did not take proactive action to address the risk and keep the person safe. This led us to conclude that staff were not always confident in their role, or clear about their responsibility to care for people safely.
- We identified occasions where a lack of equipment suitable to the individual needs of people put them at risk. For example, the lack of a spare hoist sling for one person, and the lack of suitable fire evacuation equipment on top floor of the service. Although both of these issues were addressed by the registered manager straight away, it was a concern that this was not done before we raised the issues.
- We found staff's understanding of their role in a person-centred service varied and the approach taken by most staff came across as task focussed.
- However, we found the registered manager was working on this with the staff team and was keen to develop staff understanding of what good care should look like. We saw the registered manager led by example, modelling good practice to encourage staff to work in this way.
- Staff received regular supervision and annual appraisal regarding their performance and to support their professional development.
- The registered manager and provider undertook a comprehensive range of audits to monitor the quality of the service and these supported good practice in relation to record keeping and care planning. However, the systems in place did not support the development of good practice in relation to the delivery of care. This was because issues in relation to staff engagement, emotional wellbeing and meaningful activity were not identified.

We recommend the provider considers up to date good practice guidance about the use of practice observations to improve the quality of care.

- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law, although they had been unclear about the timescale for sending these in some instances. We discussed this at the inspection and the registered manager confirmed they now understood their responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour.

- The registered manager was committed to developing a person-centred culture in the service and acknowledged there was still work to do to fully establish this within the service.

- The registered manager promoted an open and transparent working environment. Staff told us they felt comfortable with the manager's approach, and said she was supportive to them in their role and as employee.

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

- There were ways for people and their relatives to make their views known, including residents' and relative's meetings and surveys.
- The registered manager promoted an open and transparent working environment. Staff told us they felt comfortable with the registered manager's approach, that she had provided positive leadership to the team.

Continuous learning and improving care

- We found the registered manager was very receptive to feedback about the service provided to people at Lady Spencer House, and where possible they took immediate action to address concerns we raised. We saw, and staff told us that they used meetings and shift handovers to discuss issues that arose in the service to support learning and improvements to care.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of harm because staff did not take appropriate action during an incident to keep them safe, and equipment necessary was not available. Reg 12. 2 c and f