

## Shaw Healthcare (de Montfort) Limited

# Lancum House

### 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?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Lancum House is registered to provide accommodation and personal care support for up to 43 older adults. At the time of the inspection, 35 people were living at Lancum House, all 35 people received the regulated activity of personal care.

People's experience of using this service:

- Medicines management required strengthening to ensure there was accurate records of medication in stock and disposal of medication was carried out safely.
- People, their relatives and staff told us that the quality of care received was impacted using agency staff.
- People didn't always feel that their possessions were safe.
- People's dignity had been compromised by displaying on communal notice boards who was weighed monthly.
- Meal time experiences for people required improving.
- Quality assurance audits were not always effective in identifying people's experience of the service and the day to day culture of the service.
- Staff understood safeguarding procedures and were confident in reporting concerns.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet; however, feedback was mixed about the menu choices.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- People were supported in the least restrictive way possible.
- Care plans reflected people likes dislikes and preferences.
- People were able to take part in a wide range of activities and outings.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The registered manager worked in partnership with outside agencies to improve people's support when required
- The service had a registered manager in place, and staff felt well supported by them.
- The service met the characteristics for a rating of requires improvement in four or the five key questions we inspected and a rating of good in one. Therefore our overall rating for the service after this inspection was requires improvement. More information is in the full report.

At this inspection we found one breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement: We have asked the provider to send us an action plan telling us what steps they intend to take to make the improvements needed.

Rating at last inspection: Good (report published September 2016)

Why we inspected: This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive 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](http://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 responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Lancum House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Lancum 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.

#### Notice of inspection:

This inspection was unannounced. Inspection site visit activity started on 25 February 2019 and ended on 25 February 2019.

#### What we did:

The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that

happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service. We used this information to plan our inspection.

The registered manager was unavailable on the day of the inspection.

During this inspection we spoke with:

- 11 people living at Lancum House.
- Seven relatives/family members.
- 11 members of staff including the operations manager, deputy manager, team leader, senior carer, three care staff, activity coordinator, agency care staff, housekeeping staff and the cook/chef.

We reviewed:

- Five people's care records to ensure they were reflective of their care needs.
- Four staff recruitment files.
- Documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

After the inspection:

- The provider sent information that we requested and informed us of action that had been taken in response to concerns raised. We took this into account when making the judgements in our report.

# Is the service safe?

## Our findings

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

Requires Improvement: 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.

Using medicines safely:

- There was a discrepancy with the medication stored in the home and the electronic records which detailed how much medication should be in stock. We counted the boxed medication for 10 different medicines and found that the amount of medications were not equal to the amounts the electronic system stated should be in stock. We asked the operations manager to investigate the discrepancies.
- After the inspection, it was confirmed that the electronic records were incorrect and a training need had been identified and taken place to ensure the error did not happen in the future.
- Medicines that required disposing of was not always done so safely. We found a tablet on the dining room floor in one area of the building. We raised our concerns with the deputy manager and we were informed it was a tablet that needed to be disposed of. The medication was not required but had fallen out a staff member's pocket on to the floor. There was a risk that any person living in the home could have picked up the medicine and taken it.
- People received their medicines as prescribed and guidance was followed when people required medication at certain times. For example, before food.
- Protocols were in place for the administration of as required medicines, these provided enough detail for senior staff to know what medicines to give and when.
- Senior staff received medicines training and undertook competency assessments prior to administering medicines.

Staffing and Recruitment:

- Records showed there were enough staff on site to meet people's needs. However, to ensure the staffing levels were maintained, there was a continuous use of agency staff which people, their relatives and staff told us impacted on the quality of care people received.
- One relative told us, "There isn't enough staff. The Lancum House staff are great but there is a lot of agency staff and often they just stand around." Another relative told us, "Staffing levels can be terrible at times, [person] shouldn't be left sitting in the dining room for such a long time." Another relative told us, "I often help other residents while I am here; it's not fair on them that they need help with something and agency staff can't seem to see it."
- On the day of the inspection, we observed agency staff being guided and directed by permanent staff and saw this was time consuming and took time away from meeting people's needs. Although agency staff were trained, we observed some unsafe moving and handling practices and some poor interactions with people.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Systems and processes to safeguard people from the risk of abuse:

- Some people didn't feel they or their possessions were always safe. One person told us, "I have to have my door locked because someone keeps walking in my bedroom at night." Another person told us, "I get frightened because someone comes in my room and takes my things." A relative told us, "I worry about [relative], sometimes people just walk in to [person] room and it frightens them. I've raised it with staff but it still keeps happening."
- We were aware of strategies and increased monitoring that the registered manager had already put in place to reduce the frequency of people entering other people's rooms; however, it was a continuing concern for people and their relatives and it impacted on people's quality of life.
- Safeguarding systems and processes were in place and embedded in practice. The registered manager ensured all notifiable incidents were referred to the Local Authority and the Care Quality Commission.
- Staff knew how to recognise and protect people from the risk of abuse and felt confident in raising any concerns with the management team.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to guide staff on how to support people to safely change position, however, we observed two manual handling procedures that were unsafe because risk assessments were not followed. One incident which did cause a skin tear to a person's leg and another one which had the potential to cause injury.
- Risks to people's well-being and health were assessed and measures were in place to mitigate risks. Staff understood the plans in place and were comfortable supporting people. Risk assessments included health conditions, the environment, community use and activities.
- Staff regularly reviewed the risk associated with each person and plans were further developed and updated when there was an increase or decrease in risk.
- Risks were assessed in a way which understood and promoted independence.

Preventing and controlling infection:

- Plastic cups that were used for people were heavily stained. After the inspection, we were informed that all plastic cups had been cleaned and have now been added to a cleaning schedule.
- The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons. One person told us, "Yes it's nice and clean, my room gets cleaned every day."
- The home had received a five out of five star environmental health rating from the local authority. This rating reflects the service maintained a high standard of food hygiene.

Learning lessons when things go wrong:

- Incidents and accidents were regularly audited to check for trends or patterns and identify learning. Learning from incidents was shared across the whole organisation. For example, if there had been a complaint or an incident and new ways of working were identified in another service, this was rolled out across all the services to ensure continuous improvement.



# 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's experience of meal times differed across the home. In one area, we saw that appropriate crockery was not available and people were required to wait until this had been collected from the main kitchen. A plate guard was not provided for one person and a relative had to get one and put it in place. Gravy with large pieces of onion were poured onto a person's meal who was at risk of choking; this had to be removed by a relative. Condiments were not placed on all tables.
- In another area of the home people had a positive experience during meal times. Condiments were placed on all tables with napkins and meals were served in a timely manner.
- People's view on the choice and quality of the meals differed. We observed many people leaving their meals. Feedback on meals included, "I didn't like it at all", "I tried the liver but it was tough and I couldn't cut it up" and "Why would they give us curry it isn't something I would eat." Other people told us that the food was mainly good. Comments included, "The food is generally good, but it wasn't today. Nobody ate the curry. We do get a choice and can get something else, like a snack, if needed" and "Food is very good. I chat to the cook and they usually come up with something I like. I do get a good choice."

Staff support: induction, training, skills and experience:

- People were supported by a permanent staff team who were trained and well supported. Training for staff included Fire safety, infection control, moving and handling, food hygiene, safeguarding and risk assessing.
- Staff induction procedures for new staff included shadowing more experienced staff, and completing the Care Certificate. The Care Certificate is a course which covers the basic standards required in care.
- Staff said they could contact the registered manager for support at any time. Regular supervision took place which included the registered manager conducting spot checks on staff to monitor and assess competency.

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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
  - We saw examples of pre- assessment care plans that the management team had completed. Management staff told us they would meet potential new people who may use the service, and complete a full assessment of their needs to determine whether the service was right for them.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Throughout the inspection we observed staff responding to people's healthcare needs in a timely way and share relevant information with each other to keep up to date with people's needs.

- People had the access to healthcare they required, and were supported by staff to book and attend any appointments. We saw a log of contact within people's files showing that healthcare professionals had been involved in their care such as G. P's, nurses and chiropodists.
- Care plans documented in detail any health care requirements that people had.

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

- The service was accessible to the people using it. The home was all on one level and there were communal spaces for people to use.
- Bedrooms we saw were personalised to people's tastes, and contained items and furniture that belonged to them.
- We saw that art and craft work that people had been involved in was displayed in the communal areas of the building.
- The garden area was fully accessible and people and their relatives told us about how often the garden was used in the summer months.
- We spoke with the area manager about signage and ways to assist people living with dementia to recognise their bedroom doors.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were. Staff knew how to seek consent with people on a day to day basis and staff could tell us how they did this. Not all staff were able to tell us about the MCA and DoLS; although we saw staff had received the training in this area. The area manager informed us that refresher training will be available for those staff who require it.

# 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.

Requires Improvement: People did not always feel well supported, cared for or treated with dignity and respect.

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

- People were not always treated well. We observed on more than occasion people given meals or drinks that were placed in front of them by staff and no conversation had taken place.
- We observed on two separate occasions, incidents where one person was verbally aggressive towards another person and staff failed to intervene to assist with calming the situation down. On one occasion, a relative of another person intervened to stop the situation escalating.
- Feedback we received from people and their relatives was mixed and comments included, "The staff are kind and I have built a relationship with many of them. It takes time with the agency staff, they're not experienced and it puts a lot of pressure on the regular staff" and "The staff are lovely and genuinely care. [Person] responds well to them, you can't put a price on that. I do think it would be better if they had more of the right staff rather than using agency who don't worry about building a rapport."
- Care plans stated people likes, dislikes and preferences, and staff understood how people wanted to receive care.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity and privacy had not always been considered. On communal notice boards, we saw a list of people's names to remind staff which people were weighed monthly. There was also a list of bed/linen changes. These were removed after our feedback during the inspection.
- People felt their privacy and dignity was respected by staff. One person said, "They knock my door and they keep it private when I am having a wash." A relative told us, "The current team are good and respect [person]."
- Care plans contained reminders to staff to be discreet when prompting someone about any personal care needs.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

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

- People were involved in making decisions about how they wanted their care and support needs to be met through their initial assessment and reviews. Where people were unable to express their views, family members advocated on their behalf.
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- The provider and staff team spoke respectfully about the people they supported and written records were

completed in a professional and caring manner.

- Staff understood the need to respect people's confidentiality and to develop trusting relationships.
- No one currently required the support of an advocate. However, the provider could support people to access advocacy services should they need to. The new service user guide which had been updated by the provider contained information about advocacy. An advocate is an independent person who can help support people to express their views and understand their rights.
- The provider had considered the impact of the General Data Protection Regulation and had introduced measures to protect people's personal data.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. Relatives told us they were involved and kept up to date with care plan changes.
- People's communication needs and religious backgrounds were known by permanent staff, which ensured that people received the care and support from staff who could best meet those needs. Agency staff relied upon the direction of permanent staff to inform them of people's needs.
- People enjoyed the activities that were organised by the activity coordinator. Activities included; Cinema Sunday, arts and crafts, hand massage, creative minds, bingo and trips out to the community. People had access to the hairdresser who visited the home on a regular basis and people told us they also benefitted from the pet therapy dog. Feedback was very positive about all activities and included, "It is the highlight of my day when we have a good sing song" and from a relative, "The activities and stimulation here is really good, they always have lots going on."
- The provider understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider ensured this information was available to people when necessary.

Improving care quality in response to complaints or concerns:

- Complaints that had been received had a written response, detailed investigation process and an outcome including any actions taken or lessons learnt. Concerns and complaints were investigated by the provider.
- We found responses to complaints were transparent and offered a full written apology when the service people and their relatives received was below the expectations of the provider and people using the service.
- People and their relatives said they knew how to complain and felt confident that the registered manager would listen to any concerns raised.

End of life care and support:

- There was no end of life care being delivered at the time of the inspection. The provider explained that there were appropriate care planning documents available if the need arises in the future. Unique plans of care would be developed with people to reflect their individuality and cultural background needs. The service would liaise with other health professionals as necessary.
- Some staff had completed end of life training and told us that when they had previously supported people at the end of their life they felt competent and well supported by the management team.

- People told us that they had been supported to have discussions about end of life care and wishes and preferences had been recorded in people's care plans.

# 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.

Requires Improvement:  Service management and leadership was inconsistent.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The day to day culture of the service had not been kept under review by the registered manager and the provider. It was clear from talking to staff that morale was low and staff felt at times they were not listened to. Staff told us there was a direct impact on people using the service and the amount of agency hours that had been used in the home in the previous three months. One member of staff told us, "It's constant, constant explaining of what to do next, how to do something. This isn't about fault or blame and I know they all try their best." Another member of staff told us, "It has been awful at times and I know we are recruiting new staff but it doesn't take away what is happening today and tomorrow."
- Staff told us that they felt supported in their role most of the time. One member of staff told us, "Apart from the issues with agency staff and I know they are recruiting, I would say I feel really well supported. The manager [registered] is great and I feel confident in their ability." All staff told us that they received regular supervision and support and felt able to contribute to the running of the service through staff meetings and general feedback.
- The registered manager and provider was open and transparent after any incidents within the home. This included practices in line with the duty of candour and completing full investigations, outcomes and lessons learnt about incidents.
- This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Continuous learning and improving care:

- Effective audits were not always in place to monitor the quality of the service. Audits to monitor the quality of the service were completed regularly, however these failed to identify the concerns identified throughout the inspection. For example, medication audits failed to identify the recording errors in the stock control. Audits failed to identify the privacy and dignity concerns with lists of people who were weighed monthly on communal notice boards. The day to day culture of the service and the impact of the use of agency staff on people and staff had not been identified. Some of the concerns raised were immediately rectified by the area manager on the day of the inspection, however these had not been identified previously by the quality monitoring processes in place.
- Staff meetings were held so that staff could feedback to the management team and communicate with each other. Staff we spoke with confirmed they were able to raise concerns and ideas, and found the meetings to be a good forum for learning and discussion.
- Staff were encouraged and supported to undertake additional training and qualifications to enhance their knowledge. Staff shared ideas across the organisation to enhance their learning and best practice. For example, the activities coordinator was involved in the activity champions network and had used some of

the new learning to enhance people's well-being.

- This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- There was a registered manager in post who was supported by an operations manager and the provider.
- The provider kept up to date with current legislation and best practice guidance. Staff told us they were aware of the registered provider's whistle-blowing processes. Staff were supported to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt any concerns they raised with the registered provider were not being listened to or acted upon.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- Staff told us they were actively involved in developing the service. New ways of working that had positive outcomes for people in the providers other services had been introduced at Lancum House.
- Staff told us they thought the new practices were good and they provided positive outcomes for people. For example, a 'tea at three' pilot was being introduced where all staff including office based staff spent quality time with people to engage in conversations with the time focussed on enhancing people's well-being.
- The registered manager and staff team had developed strong links with the local community. For example, links with a local nursery which enabled an 'intergeneration' arts and craft session with both children and older people creating art together and shared reading sessions. There was established links with local businesses and youth organisations who had completed projects on the garden and provided entertainment in the home.
- People and their relatives could express their views and give feedback on the quality of the service provided through annual questionnaires. The previous questionnaire had been collated and an action plan had been developed to address any areas of improvement.
- The registered manager engaged and worked in partnership with others, this included local authority commissioners and healthcare professionals.



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 17 HSCA RA Regulations 2014 Good governance  The leadership, governance and culture did not always support the delivery of high-quality person-centred care.