

HC-One Limited

Ladywood

Inspection report

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Date of inspection visit:
09 January 2019

Date of publication:
04 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Ladywood is a residential care home registered to provide personal and nursing care for up to 38 people aged 65 or older some of whom were living with dementia. There were 35 people living there at the time of the inspection. The accommodation is based across two floors, with communal areas on the ground floor and several communal areas.

People's experience of using this service:

The service met the characteristics of good overall with requires improvement in Well Led.

Staff did not always feel that their concerns were always listened to and responded to. The provider assured us that they would consult with staff so that they could share their feedback. People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. They were some activities available for them to pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager managed any complaints in line with the provider's procedure.

There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection: Good: report published on 10 June 2016

Why we inspected: This was a scheduled inspection based on previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Ladywood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 completed by one inspector, one Specialist Adviser and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Adviser was a pharmacist with expertise in medicines management.

Service and service type: Ladywood is a care home. People in care homes receive accommodation and personal care. 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: The inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eleven months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with four people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with four people's relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, the area quality director, an agency Registered Nurse, one nursing assistant, an activities co-ordinator, two kitchen staff and six care staff. We also spoke with two visiting health professionals to gain their feedback. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- ☐ Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff said, "I would report any concerns straight away to the nurse or tell the manager."
- ☐ People we spoke with told us that they felt safe in the home. One person said, "I feel safe because they (staff) look after us. I've seen no bad behaviour by staff and the place is secure."
- ☐ When safeguarding concerns were raised and investigated we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.
- ☐ There were notices in the home to inform people, staff and visitors how to raise any concerns they had. One visitor confirmed they had seen them and said, "I'd talk to the manager or social services if I saw anything. But I have never had the cause to."

Assessing risk, safety monitoring and management

- ☐ Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- ☐ One person said, "I haven't had any falls since moving here and can walk with my walking frame." Another person said, "It's perfectly safe, a lovely and beautiful home. I have friends here."
- ☐ We saw people being supported in line with their risk assessments; for example, being moved with the assistance of staff or using cushions to protect their skin. Some people spent the majority of time in bed and were kept safe through regular repositioning to protect their skin and using sides on their bed if this was a safe assessment.
- ☐ Records demonstrated detailed risk assessments which were regularly reviewed and updated.
- ☐ The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- ☐ There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing levels

- ☐ There were enough staff to ensure that people's needs were met safely.
- ☐ We saw that staff responded promptly when assistance was requested.
- ☐ One person said, "Staff come when they are ready if I call. It's not usually a long wait." Some other people told us that they sometimes had to wait or that staff were very busy. We discussed this with the registered manager who stated that they kept staffing levels under regular weekly review and would continue to monitor closely.
- ☐ There were systems in place to plan staffing levels according to individual's needs. The registered manager and a senior manager assured us that these were used to amend staffing levels when needed.
- ☐ The provider followed recruitment procedures which included police checks and taking references to

ensure that new staff were safe to work with people. One member of staff told us, "They did my police checks and two references before I started working here."

Using medicines safely

- ☐ Medicines systems were organised and people were receiving their medicines when they should. The provider was mostly following safe protocols for the receipt, storage, administration and disposal of medicines.
- ☐ However, we found that the fridge temperature was not always recorded within the range that it should have been. We raised this with the registered manager who arranged for the fridge to be replaced on the day of the inspection visit.
- ☐ One person told us, "Nurse gives me my medicines regular. I ask what they are for and they try to explain. My medicines do change and they (nurse and doctor) explain everything to me." Another person said, "One of the staff give me medicines at breakfast, dinner and tea. I take them and the medicines help me."
- ☐ We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- ☐ Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

Learning lessons when things go wrong

- ☐ Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- ☐ Prior to our inspection some medicines errors had been made when temporary staff were administering them. This led to a review of medicines management which included some of them being administered by nursing assistants; this included time specific medicines on certain days.
- ☐ There had also been a meeting with other health providers including the medicines prescriber to ensure that the systems were clear and reduced the risk of errors occurring.

Preventing and controlling infection

- ☐ The home was clean and hygienic which reduced the risk of infection.
- ☐ Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.
- ☐ There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs and choices were met in line with national guidance and best practice.
- ☐ Their care plans contained information to support specific health conditions, dietary requirements, mental health support etc.

Staff skills, knowledge and experience

- ☐ People were supported by staff who had ongoing training. One person told us, "As far as I am concerned the staff are very, very good and I would say well trained too. They are always kind to people and know their situations."
- ☐ One member of staff said, "I have done lots of training and there's plenty of updates available as well."
- ☐ Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One newer member of staff told us, "I did shadowing of experienced staff for my first week. I was worried when I stopped this but there is always a member of staff about to help me. I am still doing lots of online training for my care certificate." The care certificate is a national approach to ensuring that staff receive a thorough induction and are able to do their job well.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- ☐ One person told us, "The food is wonderful. I get plenty to eat. We have two choices every day and if I don't like them, they'll find something else for me. I always like a choc ice." One relative said, "Staff have a good understanding of [Name]'s diet. They have put on a lot of weight and the staff are keeping a record of that."
- ☐ We saw that when people needed support from staff to eat this was given patiently. There were two meal time sittings to ensure that people could be provided with the individual support they required.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- ☐ There were good relationships in place to ensure that people saw healthcare professionals when required.
- ☐ Relatives we spoke with told us about a range of health professionals people had seen; for example, nurses, opticians and psychiatrists.
- ☐ One visiting health professional told us, "It is always a pleasure to come here because we know that the nursing staff will have supported people appropriately. They often ask us as a second opinion. People have good outcomes; for example, people don't often have sore skin from pressure and they have low hospital admissions."

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).

- ☐ People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff listen to what I ask them for." A relative told us, "Staff respect [Name] independence. They always ask before they do anything and explain to them when helping."
- ☐ When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
- ☐ DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA' including when there were conditions on the DoLS.

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

- ☐ People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment.
- ☐ The home had been planned to support people to feel at home and to find their way around easily. There were some signs to assist them with this.
- ☐ People's rooms were decorated to their taste and furnished with their own belongings.
- ☐ There were several communal areas so that people could choose whether to sit quietly, sit in a room where they could speak with friends or join in with organised activities or watching television.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People had caring, kind supportive relationships with the staff who supported them.
- ☐ One person told us, "Staff are alright and good. They are kind and caring." One visitor said, "As far as I am concerned the staff are very, very good. They are never short tempered."
- ☐ We saw caring interaction between staff and people throughout the inspection. They knew people well and chatted about families and interests with them.

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

- ☐ People were enabled to make choices about the care they received. One person said, "I get undressed and go to bed when I want and put on my T.V." Another person told us, "I have my own mind and say what I think. Staff do my shopping for me when I ask. No one forces me to do anything."
- ☐ Staff understood people's different communication styles and adapted to meet it; for example, asking simple questions.

Respecting and promoting people's privacy, dignity and independence

- ☐ Dignity and privacy were upheld for people to ensure that their rights were respected. One person said, "Staff just open the door and ask me if I'm alright. They don't open the curtains till I'm away from the room." A relative confirmed, "Staff knock on the door first and close the curtains when bathing or changing her."
- ☐ There were aids and adaptations to promote independence; for example, people used adapted cutlery and plates to ensure they could continue to eat independently.
- ☐ One person who was at risk of falls liked to walk freely around the home. Assessments had been completed to make this as safe as possible, for example, ensuring that the environment was clutter free. However, it was also recognised how important this independence and movement was for the person.
- ☐ People were supported to maintain special relationships. We saw visiting relatives welcomed and assisted to meet their family privately if they wanted to. Relatives told us that they were kept informed of any changes to their relative's wellbeing.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- ☐ People were supported by staff who knew them well and understood their preferences.
- ☐ People had care plans which were personalised, detailed and regularly updated. One relative told us, "We have been involved in planning the care needed. There is a care plan and it's in the office. It is reviewed with our family."
- ☐ There were regular handover meetings which discussed each person's care and ensured staff coming in to work were told about any concerns or change to people's care.
- ☐ Activities were planned for people to keep them engaged and interested. People had differing opinions about the activities. Some people told us they enjoyed the organised visits to local places of interest. We saw some people enjoy a game of skittles on the day of inspection. However, other people told us they were sometimes bored and there wasn't enough going on. We discussed this with the registered manager who told us about a provider initiative to improve staff understanding of interaction with people living with dementia and improving people's wellbeing.

End of life care and support

- ☐ People had plans in place for the end of their life, including choosing when they would want to be resuscitated. One relative told us, "We have had end of life discussions with the home."
- ☐ Some people who had been unwell had medicines in the home to manage their pain if they deteriorated in line with their wishes.
- ☐ There was no-one receiving end of life care at the time of our inspection.

Improving care quality in response to complaints or concerns

- ☐ People knew how to make complaints and were confident that they would be listened to.
- ☐ One visitor told us, "In the past I raised small concerns about [Name] needing support when eating. They made sure a member of staff stayed with [Name] and I felt listened to."
- ☐ There was information explaining how to complain displayed in the home. One visitor told us, "We have no complaints or concerns. If we did we'd go to the manager or nurse."
- ☐ When complaints were received they had been recorded and reviewed in line with the provider's procedure.

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 they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- ☐ Staff did not always feel that their concerns were listened to and adequately responded to.
- ☐ We raised these concerns with the provider who assured us that they would act to ensure that staff had the opportunity to feedback and be listened to by the organisation.
- ☐ People told us that they knew the registered manager and that they always stopped to speak with them. One person said, "The registered manager says hello to me and knows that I am ok."
- ☐ Relatives we spoke with also felt that the registered manager had time to speak with them.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- ☐ There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were infection control and medication audits monthly which had actions for improvement recorded.
- ☐ The provider had a reporting system which was regularly reviewed by quality and regional managers. This included falls analysis, nutrition information and staff training. The home had achieved over 90% compliance score in this system.
- ☐ The provider also completed internal inspections to ensure that the quality of care reflected what was reported.
- ☐ The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Working in partnership with others including engaging and involving people using the service.

- ☐ There were regular meetings with people who lived at the home and their relatives. There were also surveys completed to give them the opportunity to feedback. The results of these were displayed in the home for people and visitors to see. For example, there had been a recent redecoration, a self-service refreshment area organised and changes to the menu made.
- ☐ There were strong relationships with local health and social care professionals, churches and social groups.