

Bondcare Willington Limited

Lumley Residential Home

Inspection report

Inspection report

Hall Lane

Willington

Crook

County Durham

DL15 0PW

Tel: 01388 747698

Website: www.bondcare.co.uk

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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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 11 and 12 June 2015 and was unannounced. This meant the provider did not know we planned to carry out the inspection.

We carried out our last inspection of Lumley Court in September 2013 when we found the provider was compliant with the required regulations.

Lumley Court is part of the Willington Care Village, a group of homes owned by Bondcare Willington Limited. Lumley Court is registered to provide care for up to 26

older people with dementia care needs who require assistance with their personal care. The home does not provide nursing care. A section of the building is known as Jeffrey Court which provides accommodation for up to eight people with learning disabilities.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We looked at people's personal emergency evacuations plans (PEEPS) and observed the plans in place to support people evacuate the building correlated with people's needs as described in their care plans.

The provider had in place a number of building checks; we saw these included the testing of fire alarms, water testing and portable electrical testing (PAT). We also saw the provider had in place tests for water temperatures and nurse call bells.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and had made applications to the appropriate authority to deprive people of their liberty, where it was in their best interests.

Training records were not up to date. Staff however received regular supervisions and appraisals to support them in their role.

Everyone we spoke with told us they liked the food in Lumley Court.

Staff treated people with dignity and respect. This was confirmed by people using the service.

We saw people's rooms were personalised with their possessions; this meant people were able to have their familiar things around them.

Staff were able to tell us about individual people, their needs, likes and dislikes.

We found the service was not proactive in having personalised activity plans in place which responded to people's individual preferences or prevented social isolation.

We found the provider had in place transfer records documented a summary of the person's stay and their condition when they left the home. This meant the provider was able to account for the service the person received whilst in their care.

The manager demonstrated they had plans in place to improve the environment and people's lifestyles.

The provider had changed their auditing arrangements to reflect the CQC inspection questions of is the service safe, effective, caring, responsive and well-led and had put in place actions to improve the service.

We found the provider offered care to people in conjunction with other community based support services.

During our inspection we found the provider was in breach of a regulation. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We reviewed the administration of people's medicines and found people had their medicines given to them appropriately.

The provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

We looked at people's personal emergency evacuations plans (PEEPS) and observed the plans in place to support people evacuate the building correlated with people's needs as described in their care plans.

Good



Is the service effective?

The service was effective.

Training records were not up to date. Staff however received regular supervisions and appraisals to support them in their role.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food in the home and catering staff demonstrated they knew about people's dietary requirements.

Good



Is the service caring?

The service was caring.

People we saw were well presented and clean.

Staff treated people with dignity and respect. This was confirmed by people using the service. People were complimentary about the care they received.

We saw people's rooms were personalised with their possessions; this meant people were able to have their familiar things around them.

Good



Is the service responsive?

The service was not always responsive.

We found the service was not always proactive in having personalised activity plans in place which responded to people's individual preferences or prevented social isolation

We saw people's care planning reflected the needs of the people we observed during the inspection.

We saw the provider had in place a complaints policy with records in place to monitor and records the outcomes of complaints

Requires Improvement



Summary of findings

Is the service well-led?

The service was well led.

The registered manager showed us the plans they had in place to continuously improve the service.

The quality manager had identified actions to be taken to improve the service and ensure it was safe, effective, caring, responsive and well led.

We found the provider offered care to people in conjunction with other community based support services.

Good



Lumley Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 11 and 12 June 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a background in the care of older people.

Before our inspection we reviewed all the information we held about the service. We looked at information used to

register the service and if there were any notifications received by the Care Quality Commission. We also spoke with the local commissioners and Healthwatch; no concerns were raised by these organisations.

During the inspection we looked at five people's care plans and six people's medicine records. We carried out observations and we spoke with six people's relatives and twelve people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 staff members including the registered manager, the deputy manager, senior care staff, care staff, the activities coordinator and cleaning and catering staff.

Before the inspection, 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.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person told us, "Oh yes the staff are nice." One person told us staff provided reassurance to them when they were being hoisted but they still felt terrified. A relative had written in the opinion survey, 'I am happy that my Auntie is safe and well cared for in Lumley Court'.

We reviewed the administration of people's medicines and found people had their medicines given to them appropriately. People told us they received their medicines correctly. One person said, "Yes I know what I am taking." Another person said, "They bring them to me where ever I am." We saw there were no gaps in people's Medication Administration records (MAR) and medicines were stored in accordance with the maker's instructions. For example some medication needed to be stored in a fridge. The provider had a fridge and checked the temperatures on a daily basis. We saw all temperatures recorded were within the 2-6 degrees guidelines. This meant people could be assured their medicines were stored at appropriate temperatures. Staff had been assessed as competent to administer people's medicines. Following the last audit carried out by the quality manager we found improvements were required for example plans for people who take PRN medicines (as and when required). We looked for PRN plans for people and found that whilst some PRN plans were in place there were gaps. We brought this to the attention of the registered manager who made arrangements for these to be put in place during our inspection.

We looked at the staff rotas to ensure there were sufficient staff on duty to care for people. The registered manager told us how they calculate the number of staff hours required. We saw that there were three members of staff to work with seven people on Jeffrey Court. This was confirmed by samples of the staff rota. People told us staff were always busy, however when we indicated a person who spoke with us or we observed needed support a staff member was available to help. During our inspection one person experienced a fall and staff were immediately available. This meant there were sufficient staff on duty

We saw the provider had in place a disciplinary policy and had used the policy to investigate and discipline a member of staff. This meant the provider used the policy to keep people safe.

People who lived in the home had risk assessments in place. The provider had established if there were risks to people living in Lumley Court and had looked at ways to mitigate those risks. For example one person sometimes played with electric sockets which did not have an appliance plugged in. We saw socket covers were in places in the person's room. The staff had agreed to ensure similar covers were in place in communal areas. We saw were people with dementia type conditions were at risk of falls there were mobility risk assessments in place.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and two written references were always obtained by the employer. Proof of identity was obtained from each member of staff, including copies of passports and birth certificates. We also saw copies of application forms where prospective staff members had listed their previous employment. This meant that the provider had a robust recruitment and

selection procedure in place and carried out all relevant checks when they employed staff.

We saw a copy of the provider's safeguarding policy. Staff confirmed to us they had received safeguarding training and were able to articulate the different types of abuse. We saw in one person's file there was a risk of self-neglect. Actions had been put in place to safeguard this person's well-being including contacting the GP when there was a reduction in their weight early in 2015.

The provider had in place a number of building checks; we saw these included the testing of fire alarms, water testing and portable electrical testing (PAT). We also saw the provider had in place tests for water temperatures and nurse call bells.

We looked at people's personal emergency evacuations plans (PEEPS) and observed the plans in place to support people evacuate the building correlated with their needs as described in their care plans.

In the infection control policy we read, 'The home manager must ensure all staff have access to and participate in infection control management'. We saw all staff had participated in infection control training, although some staff were due to have an annual update. We looked around the home and found it was clean and tidy. Staff

Is the service safe?

showed us the cleaning schedules and what cleaning they were required to carry out. This meant the provider had in place arrangements to reduce the risks associated with cross infection.

The provider had in place a system for recording accidents and incidents. We saw the system included 24 hour

observations following any accident or incident and actions had been put in place where possible to prevent a reoccurrence. The registered manager reviewed the documentation for any trends and signed off each record. This meant the provider ensured accidents and incidents were monitored.

Is the service effective?

Our findings

When asked people if they thought the staff have the right skills to look after them one person said "Definitely they are there as soon as I need them." Another person said, "Yes I have no complaints about the staff." We looked at staff training and saw the provider had in place required training for staff. This included training in moving and handling, first aid, nutrition and dementia awareness. Staff confirmed to us they had received training for their role. We saw the provider had categorised training into training which needed to be completed six monthly, annually and three yearly. Following the inspection the registered manager sent us the training matrix. We found that although the majority of staff had received training within the timeframes specified by the provider some staff still needed to complete their training.

The registered manager told us staff received an induction to Lumley Court. Staff confirmed this to us. We found 29 out of 31 staff had completed their induction. This meant the provider supported staff to work in the home.

The provider's supervision policy stated all staff were to have six supervision meetings with their manager each year. A supervision meeting enables a member of staff to discuss issues of concern and look at their training needs with their line manager. We sampled supervision records and found the provider was on target to achieve the required amount of supervision meetings within the current year. We also staff had an annual appraisal.

We spoke with people about the meals in Lumley Court. Everyone we spoke with told us they liked the food. People said, "It is nice, I like it all", "It is alright so far, sometimes I don't want to eat but they offer me other things" and "It is lovely." People told us there is plenty of choice and if they did not like what was on the menu they would be offered something else. One person said, "There is too much at times." Another person said, "Yes I have to ask for smaller portions." The expert by experience on the inspection sampled the lunchtime menu. We found the food was plentiful and well presented. During the lunchtime period we conducted a Short Observation Framework for Inspection (SOFI) and found the interaction between staff and people who used the service was limited and the atmosphere created by staff was not conducive to people

enjoying their meals. We fed this back to the registered manager at the end of the inspection who felt this was not usually the case and attributed the atmosphere to staff feeling under scrutiny during the inspection.

We looked at the menu and found there was a four weekly menu in place. Catering staff were aware of people on special diets and had plans in place for people who needed soft and pureed diets as well as those people who had diabetes. We saw the provider had in place nutrition charts and found people's food intake was up to date.

People told us the staff would get them medical help and support if they needed it. One person said, "They got the doctor when I had a chest infection." Another person said, "I might, but would keep it to myself for fear of troubling them, I shouldn't be bothering them."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We found the registered manager had made applications to the relevant authority to deprive people of their liberty, where it was in their best interests. Some of the applications had been authorised and the staff were waiting for authorisations following other applications. We also saw staff had been trained in the Mental Capacity Act. We saw in the quality manager's audit further work was required on mental capacity assessments. One member of staff we spoke with acknowledged further work was still required but demonstrated progress had been made, for example this included a referral to the continence service where a person's capacity had been assessed.

We looked to see if the building had been adapted to support people living with dementia type conditions and found this was work in progress. We saw that the corridors has recently been repainted a shade of cream with contrasting blue handrails which some residents used to navigate the corridor. The corridor was light but ended abruptly at an intermittently used nurse's station that was segregated with a low-level lockable gate. There were numerous locked doors including a shower room, a fire escape and the door adjoining Jeffrey Court. The registered manager showed us a plan for a large mural they had commissioned called 'Junk and Disorderly' and told us

Is the service effective?

they intended to locate the mural at the end of a corridor to provide a point of interest. This meant the provider was taking into consideration people's needs when looking at the environment.

All bedrooms had a space to insert a photo on the door to assist people find their rooms. Some were used but some were blank. One resident had a personal history typed up and available on their bedroom door. This meant some people did not have guidance to their bedrooms whilst another person had their personal history on show. The

registered manager told us there had been some recent redecoration of the premises and work was still continuing. This involved putting up notice boards contained in wall cabinets where people could see what activities were happening. The registered manager explained to us Lumley Court had previously had notice boards which were open and they found people in the home had taken down the notices along with the drawing pins. By putting up new enclosed notice boards the provider had reduced risks to people.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring. People told us "They are definitely very kind",

"They treat us as family", and "It is a lovely home." One person told us, "I don't like to put on them and be a nuisance, I worry about that. I want to be as good to them as they are to me." Visitors we spoke with told us staff acted in a caring way towards people.

People told us they were treated with respect and had privacy. One person said "I definitely am." Another person said, "Yes they do, they shut the room door if necessary." We observed staff knock on people's doors before entering and heard staff ask politely if they could help people. For example we heard one member of staff politely ask a person if they could help them shave. Another staff member assisted two people to go for a walk outside. Staff were polite, patient and courteous. During our inspection we observed one person stood up and had been incontinent. We pointed this out to a staff member who immediately spoke quietly with the person and guided them to their room to change.

The provider had in place a service user guide to give information to people about the service. We saw the guide gave people a range of information about what was available at Lumley Court.

In Jeffrey Court we observed a joke was shared between a staff member in the lounge area with a person who had dropped playing cards on the floor. There was warmth and laughter on both sides, with the care worker clearly understanding and engaging with the person's sense of humour

A person in the kitchen area in Jeffrey Court was asked if they would like to choose between two types of music; they chose ABBA and were happy with that choice, earlier telling us that 'Dancing Queen' was their favourite song

We found people's room doors were locked and had to be accessed using a key. One person told us they had their own key. A member of staff explained to us people's rooms were locked in order to keep people's possessions safe because of other people who had wandered into bedrooms and caused damage. We observed staff respond promptly and open bedroom doors for people who wanted to go in their rooms

We saw people's rooms were personalised with their possessions; this meant people were able to have their familiar things around them. The service user guide stated the provider encouraged people to bring into the home their own possessions to, 'make it feel more like your own home'. After going into one room we were quickly followed by a member of staff to explain that although they looked after people's things and tried to keep people's room nice for them they were not always able to do this for one person. They explained to us because of their dementia type condition and the beliefs they held their room was frequently untidy. Another member of staff said they tried their best to keep the same person's room clean and tidy and would often go in when the person came out to put her clothes away again. This meant staff supported people to keep their rooms in a pleasant state.

We saw family members acted as advocates on their relative's behalf. One relative had highlighted the condition of a person's room, another relative had devised a book of information about their relative's past to enable staff to know more about them.

The registered manager told us there was no one on end of life care in Lumley Court and people who required end of life care were usually transferred to the adjacent Brancepeth Court where nursing care was available. We saw staff on Lumley Court had been trained in End of Life Care.

Staff were able to tell us about individual people, their needs, likes and dislikes and some staff could remember people living in the local community. This meant they had a ready history to have conversations with people throughout the day. We observed these conversations taking place about hobbies and local pubs. During our inspection we found one person was not wearing their glasses; their care plan detailed the need to wear glasses. We asked staff about their glasses, they told us the person would have taken them off and put them in their pocket. A staff member asked the person where their glasses were and they produced them from their pocket. They tried to encourage the person to wear them but they declined. We found staff knew about the person's habits and were respectful of their choices.

Is the service responsive?

Our findings

We spoke with the activities coordinator who was working with the older people in the home. They expressed difficulty in keeping people occupied who had significant needs due to their dementia type conditions. For example they tried to get people involved in cake decorating but people had eaten the cakes before they could be decorated. Despite the obstacles expressed by the activities coordinator we found people were engaged in musical bingo and planting flowers.

The registered manager told us there was always a third member of staff on duty in Jeffrey Court so activities could be tailored to meet the different needs of the people living there. We spoke with people on Jeffrey Court who told us with the support of staff the kind of things they like to do. One person told us about the importance of family visits to them and we saw when these family visits had taken place. We saw one person had in place a booklet entitled 'This Book is About Me'. The staff explained this had been drawn up by a family member and detailed likes, dislikes, interests, behaviours, as well as a photographic album of memories/family. Staff confirmed that no other people using the service had such documents in place. We saw a blank draft of a 'Life Story Book' that was intended to be used for this purpose.

We found one person also had an individual diary in which staff would write what the person had done that day. This duplicated the daily activity record and staff told us this was in response to a request from a family member. We saw staff had documented retrospectively what the person had done. However we found the service was not proactive in having personalised activity plans in place which responded to people's individual preferences and prevented social isolation. Instead the registered manager showed us a handwritten timetable as to what the staff were providing during the week.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed people's care planning documents and Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw people's care planning reflected the needs of the people we observed during the inspection. Each of the care plans we looked at had been reviewed monthly.

We found transfer records at the nurse's station and asked what these were used for. Staff told us it was a way of being accountable for people who had left the home following a period of respite. We found the transfer records documented a summary of the person's stay and their condition when they left the home. This meant the provider was able to account for the service the person received whilst in their care.

We found choice was a key element of the service. People told us they could choose when they got up and when they went to bed. Staff were able to talk to us about people's choices, for example one person chose to stay in their room and read their newspaper each morning.

We saw the provider had in place a complaints policy with records in place to monitor and records the outcomes of complaints. Information on how to make a complaint was on display in the foyer and included in the service user guide. Since our last inspection there had been one complaint made by a relative. The manager had investigated the complaint and put actions in place to prevent a recurrence. This meant the registered manager had acted on the complaint.

We looked in people's bedrooms and found some rooms with nurse call bells and others without. We asked staff why this was the case and they told us not everyone has the capacity to use the call bell, although we did not see capacity assessments in place which demonstrated this. We fed this back to the manager who told us hourly checks on people are carried out during the night so staff can respond to people's needs. They also said where people may be at risk of falling out of bed the beds are set at the lowest setting with an alarmed mat by the bed. We found the service had responded to people's night time risks and needs.

During our inspection we observed people using the service in Jeffrey Court were involved in a colouring in session at the kitchen table. There was music playing in the background and the mood was positive. We saw that a room used as a staff room/office was also used as a quiet space for people using the service. This meant people in Jeffrey Court had the opportunity to spend quiet time away from the main living area.

We observed people in the home and found them to be clean with coordinated clothes and accessories. In the statement of purpose it states people have the choice

Is the service responsive?

about the number of baths and showers they have. We looked at people's bathing plans and compared them with people's daily records. We found not everyone was bathed

or showered in accordance in with their care plans. However we found staff had offered alternatives to people and had supported people to have full body washes in their bedrooms.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Lumley Court at the time of our inspection had a registered manager in post.

In the service user guide we found the provider had in place a philosophy of care which they applied to their care home. The philosophy of care included creating a homely environment, treating people with respect, a determination to acknowledge, understand and fulfil people's care needs and to use the home as a learning environment for the professional development of staff. We found the home strove to meet its philosophy of care.

We asked the registered manager what improvements they intended to make. The registered manager showed us the home had been accepted to be a part of the 'Hen Power' project where the home will be given chickens to look after. This has been found to have beneficial effects on people's well-being in care homes. She also told us people living in Jeffrey Court had decided they would like to keep rabbits. We saw work was underway in the garden to bring about these changes. The registered manager told us they had also tried with support from the staff to have in place a nutrition and hydration station to provide additional nutrition to people and showed us a photograph of what they had put in place. They told us that within a short space of time this was not workable as people had smeared the food on the walls. The home now has in place large bowls with snacks in packets available throughout the day. We found the registered manager had tried something new and due to the unintended outcome had to change the practice.

We checked to see if the provider asked people for their opinions on the service and found a survey had been carried out in May 2015. Relatives who responded to the survey gave largely positive answers. For example one

relative wrote, 'My family and myself are very happy with the level of care [person] receives whenever there is an issue with her health we are informed quickly and efficiently'. Another relative wrote, 'The care provided is excellent'.

The registered manager had in place matrices which they used to monitor staff training and staff supervision meetings. The latter were reported each month to the provider together with accidents and incidents, bed rail audits, complaints, inspections, pressure sores, safeguarding and suspensions and people's weights. Where actions were required the registered manager was expected to report what actions had been taken. This meant the provider ensured the registered manager was held accountable and the service was transparent.

We looked at the monthly auditing of the home by the quality manager and found the provider had changed their auditing arrangements to reflect the CQC inspection key questions regarding whether a service was safe, effective, caring, responsive and well-led. The quality manager had identified actions to be taken in the domains to improve the service and had checked to see if the actions had been completed.

We also found there was management oversight of a number of auditing activities in the home, for example fire records were signed by the regional manager.

We looked at local community links and found the home had in place partnership working with the district nurses, the continence service, local GP's, occupational health services and the SALT team. We found the provider offered care to people in conjunction with other community based support services.

We found the provider stored people's records in good order in filing cabinets. Information was readily retrievable. However during the inspection we found not all records were kept securely. For example in Jeffrey Court whilst some records containing personal sensitive information were stored in lockable cabinets some records were kept in a room used by people as a quiet space and accessible to others.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider did not have in place personalised activity plans which met people's needs and reflected their preferences.</p>