Laudcare Limited

Ladymead Care Home

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 9 January 2018. Ladymead Care Home is registered to provide personal or nursing care and accommodation for up to 40 people. On the day of our inspection 31 people were living at the service.

Ladymead Care Home is a residential setting. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service comprises of two floors.

At the last inspection in November 2015 the service was rated requires improvement in responsiveness and rated Good overall.

At this inspection we found the service was rated good in all areas and remained Good overall.

There was a registered manager running the service. 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.

At our previous inspection we found people's care plans did not always reflect people's individual care needs. At this inspection we found improvements had been made and people's care plans were up to date and reflected support people required.

Ladymead Care Home had a clear management structure, with an established long term committed team of staff. People were encouraged to raise any concerns, they were listened to and people's feedback was acted upon. The senior team was highly regarded. The service continued to provide a good quality of care and the registered manager had systems to monitor the service delivery, to review and improve if necessary. Complaints were managed appropriately and people knew how to raise concerns.

People remained safe. Staff knew how to report safeguarding concerns and they were aware of safeguarding and whistle blowing procedures. People's care files contained detailed risk assessments that covered areas,

such as mobility, nutrition, skin integrity or falls. Where people had been identified as being at risk, their records outlined management plans on how to keep the person safe. People were supported by sufficient number of suitable skilled staff and received support without any unnecessary delay. Staff complimented the support and development opportunities they received.

The service continued to be caring. The dedicated and stable staff team supported people with kindness and respect. People's equality and diversity needs were respected. People were provided with a variety of activities, according to their needs, choices and preferences.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People 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. People's rights to make their own decisions were respected.

People's health and well-being needs were met and staff responded effectively to people's changing needs. The team worked with health and other professionals where required. People were supported to meet their nutritional needs and encouraged to maintain a good diet. People were supported to take their medicines safely by trained and competent staff.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service improved to Good.

People received support that met their individual needs.

People had opportunities to participate in stimulating activities.

People knew how to make a complaint and complaints were managed appropriately.

Is the service well-led?

Good

The service remains Good.

Ladymead Care 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 and to look at the overall quality of the service.

This inspection took place on 9 January 2018 and was unannounced. The inspection team consisted of two 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service. We spoke to nine people and five relatives. We also spoke with the registered manager, the deputy manager, one nurse, one senior care assistant, one care assistant, the maintenance man, the activity coordinator and the chef. We looked at records, which included, five people's care records and people's medication administration records (MAR). We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Good

Our findings

People remained safe at the service. The provider had safeguarding policies in place and staff were aware of how to escalate concerns. The registered manager was aware of the Local Authority's safeguarding procedures and liaised with them appropriately. Staff we spoke with knew what to do if they witnessed abuse, this included contacting outside agencies, such as the local safeguarding team.

People told us that they felt safe. One person said, "Safe, you can't better it". One relative said, "No worries about safety". There were enough staff to keep people safe. On the day of our inspection, people were assisted promptly and without an unnecessary delay. One person said, "Only have to press the button and two girls are there before you have time to say anything". Staff told us staffing levels were adjusted when occupancy levels changed. People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Risks to people's personal safety and well-being had been assessed and plans were in place to manage these risks. This included skin integrity, mobility and falls. Staff knew how to support people to ensure the risks were being considered, appropriate equipment and interventions were provided and ensure people's freedom was respected. For example, one person's care plan indicated they had started to develop pressure damage to their skin. An air mattress was provided along with other pressure relief aids. The mattress had been set appropriately and positional changes were recorded regularly. A referral had been sent to tissue viability service and relevant assessments were in place. This person had also been assessed as being at risk from falling out of bed. We saw their bed was at the lowest setting and the relevant equipment was used to manage this risk.

People received their medicines safely and as prescribed. Medicine records, including records for medicines that were subject to additional controls by law and topical medicines were completed accurately. Medicines were stored securely and as per manufacturers' guidance. Where people had been prescribed medicines 'as required' (PRN), protocols were in place to direct staff as to their use. People were confident they had their medicines when needed. One person said, "Tablets [are] on time, I ask for pain killers and they arrive with them".

People were protected from risk of infections and the service was well maintained and clean. We saw staff followed best hygiene practice, cleaning equipment was colour coded and personal protection equipment (PPE) was readily available. We saw staff washed hands between tasks, including prior to handling food. People were protected from environmental risk, as a system for managing these risks was in place. The

records confirmed various equipment checks, such as fire alarm testing and the water temperatures were carried out by the maintenance man regularly. The provider had systems to record accidents and appropriate action had been taken where necessary. For example, people were referred to external professionals if needed.

The registered manager ensured near misses were used as a learning opportunity. A near miss is an incident, which could have led to a person sustaining harm. For example, a recent miscommunication resulted in one person believing they had been given a double dose of medicines. This was investigated and as a result a communication was shared with staff to ensure vigilance. The provider worked in partnership with other organisations to make sure the current practices were followed. For example, regular email alerts were received from Medicines and Healthcare products Regulatory Agency (MHRA). MHRA send out drug alerts and medical device alerts to healthcare professionals with clinical advice on the safe use of these medicines. The registered manager reviewed these to ensure the team followed best practice.

Good

Our findings

The service continued to provide effective care and support to people. People were assessed prior to coming to live at the service to ensure staff were able to meet their needs. These included areas, such as people's rights, mobility, nutrition, continence, hygiene, skin integrity, behaviours and end of life. People were supported by skilled and knowledgeable staff that knew people well. People and relatives complimented staff and the care received. Comments included, "Lovely staff if you need anything. Nice to know they are there" and "No complaints, [I can] talk to the staff anytime".

Staff told us and records confirmed staff had received training relevant to their roles. Training included: safeguarding, first aid, dementia, manual handling and infection control. Staff told us and records confirmed new staff were allocated a mentor when they started. This was an experienced staff member who ensured they were well supported throughout their induction process. One staff member said they worked with their mentor until they felt confident and added, "They talked through every resident with me". Staff also received further specific training, such as in relation to dysphagia and the use of thickening agents to meet the needs of the people they support. Staff had undergone competency assessments with regard to the administration of topical medicines and thickening agents. Nursing staff were supported with their revalidation process. Staff were well supported; they told us and records confirmed they received regular supervision.

People's rights to make their own decisions were respected. One person said, "[Staff] always ask first, never do anything I don't want them to". Another person said, "I can choose when I go to bed and when I get up". We observed staff asking people for permission before carrying out any support tasks. For example, one person was asked if it was alright to change her clothing after they had spilt some tea and the person agreed.

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. Staff were aware of MCA and they used the principles of the Act in their day to day work. One staff member told us how they supported people who might refuse their help and said, "You can come back later, or try different approaches, different carers. We can't physically force them [people]".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority when people were assessed as being deprived of their liberty. For example, one person was unable to understand they lived at the service and we saw their capacity in relation to this decision had been assessed and a DoLS applied for. This was assesses as the least restrictive option to keep the person safe.

People were supported to meet their nutritional needs and complimented the food provided. One person said, "Food not bad. You get what you want most of the time, [they] will do you something different if you don't like something. I don't like peas, chef knows that so does me something else".

We observed the lunchtime meal service, people were asked where they would like to eat, their rooms, the lounge or the dining room. People were eating in small groups in the dining room and it was a calm, pleasant social experience. People that required assistance with eating were supported in an unhurried way. Staff interacted with people, explained the meals, offered them small portions and waited before offering more food. The chef had written procedures in place to ensure that people receive their correct nutrition. Any changes in people's nutritional needs were relayed to the chef immediately by nursing staff and we saw information sheets were amended accordingly.

People were supported to access health professionals when needed. Care plans contained records of visits and consultations with health care professionals, such as GP's, hospital consultants, nurse specialists and opticians. Any advice received was incorporated into care planning process. External professionals were very complimentary about the service. One professional said, "Even though people had only been there a few weeks the staff had got to know them and finding out about what they liked and don't like. They [staff] had identified for us to assess issues in the cases I visited for".

People benefitted from well-maintained environment where plentiful of natural daylight and good quality artificial lighting supported people living with visual impairments. There was an enclosed, safe garden area accessible to people and a choice of communal lounges. People were able to personalise their bedroom with their own belongings and items important to them.

Good

Our findings

The service remained caring. Feedback from people and their relatives was positive and showed staff were kind and supportive. Comments included, "Looked after, fed and watered, staff [are] absolutely over and above, I have a real vacation", "Staff [are] very nice, all of them" and "Nice kind, caring staff, they look after me very well".

Staff were patient, caring and knew how to support people in a way that supported their emotional needs. For example, we observed two people who started to become anxious and unsettled when at the lunch table. A member of staff immediately identified this and they sat between the people and engaged them in a conversation about an activity planned for the afternoon. This defused the tension at the table and people were able to enjoy their lunch.

The majority of the staff have worked at Ladymead Care Home for a significant time and this contributed to forming a very close caring relationship between the team. The staff commented the team was close and worked well together. The registered manager told us, "Staff are like a family". One staff member said, "I love working here". On the day of our inspection, we saw staff interacting well with each other and there was a calm and positive atmosphere.

Staff encouraged people to do as much as possible for themselves. Staff knew people's capabilities and knew how to help people to move around the building. Staff offered full support to people who had limited movement capacity, whilst encouraging other people to mobilise independently. Staff were ready to intervene only if needed. One person was observed struggling to put on their cardigan. A member of staff spoke to the person compassionately and rearranged the cardigan so they could complete the task. This meant staff actively promoted people's independence.

People's privacy and dignity was respected. People told us their dignity was respected. Comments included, "Staff always knock and ask if they can come in", "They know I like to be private and stay in my room" and "Very good. Treat me with respect and use my name, [they're] careful to be respectful at shower time". Staff told us about 'dignity meetings' that were held regularly in which they talked about issues relating to people's dignity and respectfulness and we saw records of these meetings.

Relatives told us they were able to visit people living at the service without undue restrictions. During the day, we saw relatives and friends visited people and staff always welcomed them. One relative told us, "Very attentive, very caring and very friendly staff". Another relative said, "Very friendly, very helpful staff. [They]

couldn't do any more for [person] than they do for [person]".

The provider promoted equality and diversity. Staff knew people's needs well, including details of their spiritual needs. For example, one staff member told us about a person that had specific dietary requirements due to their religion. Peoples' spiritual needs were met. People had the opportunity to take Holy Communion led by the local vicar. An external professional said, "They have a very diverse work force and I liked the feeling amongst the staff and clients, good interaction, nice atmosphere".
The team ensured people's needs in terms of providing accessible information were met. The registered manager told us they arranged for one person to receive weekly newspaper in audio format due to their impairment. The person also had a talking clock.

People's confidential information was protected. We saw people's care records and staff records were stored securely and only designated staff had access to these.

Good

Our findings

At our previous inspection carried out on 12 November 2015, we found concerns that people's care plans did not always reflect people's individual care needs as the team was in the process of implementing a new format for care planning documentation. At this inspection, we found improvements had been made, people's care plans were up to date and reflected people's needs.

The service had improved to Good in respect of its responsiveness to people. People's care documentation had been reviewed monthly by designated nursing staff. People and relatives confirmed they were involved with the care planning process. Comments included, "I make suggestions all the time. They do listen to me", "[We] talk about my care on a daily basis. Quite happy with what they do. If I wasn't I would tell them" and "[Staff] keep us fully informed about care and will contact us if there are any changes".

People we spoke with told us that they experienced a good quality of care that met their individual needs. This included opportunities to participate in various activities. These included, painting sessions, arts and crafts, fitness sessions, skittles, a sherry sing-a-long, manicures and a range of individual activities for people who are unable to or choose to leave their rooms. The programme was supported by a variety of external entertainers including, singers, musicians, and a visiting PAT (Pets At Therapy) dog. Additionally trips out to local places of interest were organised on a regular basis. People were enabled to maintain contact with the local community is by attending regular events at the local community centre, such as carnivals and fetes. People had been invited to dinners held by a national building society based nearby. People benefitted from links with schools that came in to the home to give performances. Further links were established with a local playgroup that was due to bring in a group of children to interact with people in the near future. There was evidence that people participated in setting the activity programme, one person helped others to take part in activities or another person helped to run the raffle.

People complimented the activities provided. Comments included, "A lot to do here", "I think there is enough to do, I join in with the singing and enjoy the games" and "Shopping trips, nice that we get out"

People and their relatives knew how to make a complaint and the provider's complaints policy was available to people. This included information how to complain and where to go if the complaint could not be resolved in house. People and relatives we spoke with had not raised any concerns and said minor issues were dealt with immediately by staff. People also said that the management team was very approachable and would sort things if necessary. Records confirmed there were six complaints received since our last inspection and these had been investigated and responded to by the registered manager. The service also

received several compliments. This included two written compliments shared directly with Care Quality Commission using 'Share Your Experience' link on the CCQ's website.

People were supported to have a comfortable, dignified and pain free end of life support. People's care records contained information about people's preferences in how they wanted their end of life care to be provided. This included information about DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) status. The registered manager told us that on the day of our inspection no people were receiving end of life support. They explained that the team would involve the relevant professionals, such as their GP and local hospice when required to obtain appropriate medicines to ensure people remained pain free.

Good

Our findings

The service remained well-led. There was a registered manager in post. 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.

There was a positive atmosphere encouraged by the team that promoted an open and transparent approach. We observed that people enjoyed light hearted banter with staff and smiled a lot. People and relatives complimented the service and how it was run. Comments included, "Nice feel around the place. I enjoy banter with the staff and we have a good laugh", "Quite nice atmosphere" and "Approachable manager. Anything needs sorting, it will be done".

The provider had good systems of audits and checks to monitor all aspects of the service including observations of care delivery, medicines management, health and safety, infection prevention and control checks and various equipment checks. The registered manager carried out a monthly analysis of accidents to identify any trends or patterns. They also monitored staff training compliance and ensured any feedback received from people was followed up promptly.

Staff were well supported and praised the registered manager. Comments included, "The manager is always on the floor and checking things" and "Manager is really nice and approachable, he's always around". A number of staff meetings took place, these included: general staff meeting, registered nurses' meetings and night staff meetings. Staff told us they were able to raise issues and that management acted upon their concerns or suggestions. For example, staff had noticed that a person who had recently moved into the home was tall and their feet reached the end on their bed. They ensured a longer bed was provided for the person. The member of staff added, "If there is anything you want to talk about you can always bring it up at any time".

People were able to give their views about the service in various ways. The registered manager operated an open door policy and people were encouraged to attend meetings and provide feedback on an ongoing basis. The service continued using an electronic system that allowed people to input their feedback using technology devices. Any feedback recorded via these was passed on to the registered manager so they could see it immediately and take appropriate action when needed. There was a 'You said, we did' board in the reception that gave details of the feedback received from people and their relatives, and changes made as a result of the feedback gathered.

The registered manager worked in partnership with other organisations to make sure they were following current practice. This included local social and health professionals. The feedback received from professionals was very positive and included comments such as, "I feel they are open, interested and engaged. Very positive home I felt. Proactive and friendly", "The manager and all staff have been open and responsive to all requests for information and very communicative" and "It is certainly not a home with any real concerns attached".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents. They also understood and complied with their responsibilities under duty of candour.