

Bondcare Willington Limited

Lumley Residential Home

Inspection report

Hall Lane
Willington
Crook
County Durham
DL15 0PW

Date of inspection visit:
11 February 2020

Date of publication:
01 April 2020

Website: www.bondcare.co.uk/lumley-court/

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lumley Residential Care Home provides personal care to 26 older people, who are living with dementia. There is a separate seven bed facility for adults with learning disabilities called Jeffrey Court. On the day of inspection there were 23 people living on Lumley Court and six people living on Jeffrey Court.

Jeffrey Court had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The provider had recognised that further work to support people with a learning disability was needed and had started to implement improvement plans.

People's experience of using this service and what we found

Medicines were not managed safely, and we observed staff on both Lumley Court and Jeffrey Court, not following best practice.

People felt safe and supported by staff who knew them well. Risk assessments were in place. Staffing levels were appropriate to people's needs. Incidents and accidents were documented and analysed to help identify any developing patterns. Staff worked in conjunction with a range of external healthcare professionals.

Staff said they felt supported. However, supervisions were more about discussing policies or overall staff concerns such as mobile phone use, rather than the staff members wellbeing. The registered manager said they had recognised this and changed the way they hold supervisions as from January 2020. Staff were not fully up to date with their training.

We have made a recommendation about ensuring supervisions were more supportive and training was up to date.

The dining experience needed improving. Food and fluid charts did not evidence that people were receiving enough food and fluids throughout the day.

People's needs were assessed and reviewed. People did not always receive person centred care on Jeffrey Court, we found there was a lack of choice, control and independence.

We have made a recommendation about following best practice guidelines for people with a learning

disability.

We received a mixed response about the activity provision. People's rooms were pleasantly decorated to their tastes.

The provider had quality assurance and auditing processes in place. However, these had failed to recognise all the concerns we found.

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

Rating at last inspection

The last rating for this service was Good (published 27 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and records at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lumley Residential Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lumley Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any feedback we received was used to plan our inspection.

During the inspection-

We spoke with 18 people who used the service and six relatives. We spoke with nine members of staff which included the registered manager, deputy manager, unit manager, senior care workers, care workers, activity coordinator and the cook.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant 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

- Medicines were not always managed safely and in line with the provider's policy.
- We observed two medicine administration rounds and found staff members were not following best practice guidelines.
- Records demonstrated that medicine patches were not applied as per manufacturers guidelines.
- Where a medicine direction had changed there was no evidence to show who had authorised this change.
- Staff had an annual medicine knowledge check, but there were no records to show staff had been observed to check their competency.
- Staff were not following the providers policy for the holding of keys for the controlled drugs cupboard. The registered manager adapted the policy to reflect how they worked on Lumley and Jeffrey Court.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified and assessments were in place to mitigate these risks.
- People said they felt safe. Comments included, "Safe as houses in here" and "Ah yes, absolutely, I am very comfortable and safe in here."
- Equipment such as specialist lifting equipment, fire equipment and gas boilers were well maintained and serviced regularly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to determine what had happened and identify any trends and learn lessons.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff knew how to recognise and report any concerns.
- Staff were knowledgeable about how to keep each individual safe.

Staffing and recruitment

- The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.
- There were enough staff to meet people's needs.

Preventing and controlling infection

- The home was clean and odour free.
- Staff had received infection control training and understood their responsibilities in this area. Staff made appropriate use of the available personal protective equipment such as gloves and aprons.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were behind on their training. Out of the 12 staff who administer medicines only one had done an annual update on medicines. The training matrix showed pressure area care was to be done annually, only three staff had done this annually. Following the inspection a new training provider had been sourced.
- Specific training for the staff working on Jeffrey court, to support people with a learning disability, needed improving. The provider arranged for specific training to take place immediately after the inspection.
- Staff said they felt supported in their role. However, supervisions did not evidence this. The supervisions we for 2019 were mainly discussing policies or not using the mobile phone whilst at work. There was no discussion about the staff members wellbeing and how they were coping in their role. The registered manager said they had recognised this and changed their supervision forms for 2020.

We recommend the provider ensures staff are up to date with their training and more support is provided to staff during supervisions.

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

- People's weights were checked weekly and although no one had lost a significant amount of weight, the records were hard to navigate as staff were not fully completing these. Staff were also not completing people's daily food and fluid charts properly.
- The dining experience needed improving for people. The tables were not fully set, no one was offered a choice of desert, and the pureed food did not look appetising. There were also no menus available to the people living in Jeffrey Court.
- The cook said they used moulds to present the pureed food. These were not used on the two mealtimes we observed on the day of inspection. The registered manager said that head office had asked them to stop conducting dining experience audits. However, they would start them up again.
- People said they enjoyed the food. Comments included, "The food is tasty" and "The good is really lovely, I enjoy all my food."

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

- People's needs had been assessed before admission to the home. These assessments were used to develop the person's care plan.
- Assessment documentation showed aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as peoples religious and cultural needs.

- Assessments included oral healthcare. The deputy manager explained they supply everyone with a toothbrush and toothpaste and toothbrushes were changed every two to three months.

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

- Records did not always demonstrate that contact was made with external healthcare professionals in a timely manner. For example, one person's daily notes stated a referral to the Speech and Language Therapists (SALT) was needed. We asked for evidence this referral was sent. We were told it had been done verbally to the GP surgery. An urgent request was put in the day after the inspection.
- The service had access to a system call Health Call. This is a digital service which allows care home staff to refer clinical observations such as blood pressure immediately to clinical teams. This has reduced community nursing visits and hospital admissions as well as improving care delivery.

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

- Bathrooms on Jeffrey Court were not easily accessible for people. On the day of inspection refurbishment was taking place in one of the two bathrooms on Jeffrey Court. When we checked the other bathroom, we found this was used as a store room. We asked the registered manager to clear this, which was done straight away.
- Jeffrey Court only had one small area for people to sit and relax during the day. This area also included the dining table and kitchen. We were told people could go to another facility on site if they wished but this meant going outside, which was not always ideal in the winter.
- Peoples rooms were highly personalised. For example, one person's room was dedicated to Michael Jackson.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed, where a best interest decision had to be made these were done in line with legal requirements. However, some had not been reviewed for up to three years. The deputy manager explained they were in the process of doing this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, patient, respectful and considerate. They understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days. People commented, "They [staff] are the cream of the crop, best there is" and "Staff are wonderful and always just there if you need anything."
- Relatives were happy with how their loved ones were supported. Comments included, "The staff are just fantastic, they really are, my family member has improved since being here and they love all the staff" and "I feel the staff are one of a kind, I literally do not think I would find a better place than here."
- Staff had received training on equality and diversity. One staff member said, "We treat everybody the same, there is no prejudice."

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

- People were not always able to express their views and needs verbally. Care plans were in place which had some detail about their communication needs. These included; body language, facial expressions, and physical actions.
- People had the opportunity to feedback about the service. The management team had held a residents' meeting where people were asked how they were feeling and what activities they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated and awareness of how to maintain people's privacy and dignity and people said they felt their privacy and dignity was always respected.
- People were encouraged to remain as independent as possible. However, further work was needed for the people living in Jeffrey Court.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not always receiving personalised care that met their needs.
- Staff practices in Jeffrey Court was more about their preferences rather than the people who used the service. For example, one staff member interrupted a person who was being supported to eat their meal to administer medicines. We asked the staff member why they did this and we were told it was easier as they [people who used the service] were all at the table.
- Choice was sometimes limited for people who were unable to communicate verbally.
- Care plans contained information for staff on how best to support people. However, they lacked information on people's life history.

We recommend the provider follows best practice guidelines to support people living with a learning disability.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.
- Information was available in different formats such as picture menus. However, these were not fully used on the day of inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were taking place. However, we received a mixed response from people about activities. Comments included, "Sometimes I would like there to be more activities", "Its boring, we have to entertain ourselves in here" and "I would like to get out more, but they do try." We did receive positive comments as well, "I feel the activities are good, I really like them" and "I enjoy the activities (activities coordinator) does a great job and I like trips out when they can do them."
- People living in Jeffrey Court had a meeting on the day of the inspection and discussed planning a holiday to Whitby and a trip to see Abba the musical. People in Jeffrey Court also attended the Hub on the same site,

for activities and were attending a disco on the night we were there.

Improving care quality in response to complaints or concerns

- Complaints were responded to and any complaints received were fully investigated with an outcome.
- Information relating to how to make a complaint was available to people and the home had a complaints policy.

End of life care and support

- The service was not supporting anyone at the end of their life.
- People's end of life wishes were documented in their care plan.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems and procedures to monitor and assess the quality and safety of their service. However, these were not completed effectively to highlight all the concerns we raised during the inspection. The medicine audit had picked up some of our concerns but not all.
- The registered manager did a daily walkaround, however did not record this every day. No daily walkaround took place if the registered manager was on annual leave.
- Records were not always fully completed or stored securely.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

- Following the inspection, the provider said that a bespoke audit would take place on Jeffrey Court and a full evaluation of the service and training would be taking place. Some training had started three days after the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had developed good relationships with staff.
- Staff said the manager was supportive and always there to answer anything they didn't understand. People and relatives said the service was well led. Comments included, "Its exceptionally good here and yes I would recommend it", "I am happy with the staff and management team here they are all just brilliant-cannot fault them at all. Very well led and would really recommend" and "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so. I feel they are approachable, and the service is well led."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

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

characteristics, Working in partnership with others

- Staff meetings and meetings for people who used the service took place inconsistently. The registered manager said they struggled to get people to attend. Due to this they had suggestion boxes in place for people and a box for brilliant ideas from staff.
- The service worked in partnership with health and social care professionals who were involved in people's care.

Continuous learning and improving care

- The management team were committed to continuously improve the service.
- The management team were open and responsive to our inspection feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not ensuring the proper and safe management of medicines. Reg 12 (2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems and process were not effective. Records were not always accurate, complete or kept securely. Reg 17 (2)(a)(c)