Laudcare Limited

# Ladymead Care Home

**Inspection report**

Moormead Road
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Swindon
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Tel: 01793845065

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## Ratings

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|---|---|
| **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 12 November 2015 and was unannounced. Ladymead Care Home provides care for up to 40 older people requiring nursing or personal care. On the day of our inspection 33 people were living at the service.

There was a manager in post who was in the process of applying to be the registered manager with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People told us they felt safe. People were cared for by staff that were knowledgeable about their responsibilities to keep them safe. People were protected by appropriate risk assessments that promoted their independence. Management plans were in place to reduce and manage the risks and to ensure people's safety.

# Summary of findings

Medicines were stored and administered in a safe way. People received their medicines as prescribed and in line with the organisation's medicines policy.

Staffing levels were sufficient to meet the needs of the people who used the service. Staff received regular training. People were cared for by staff that were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to meet people's needs.There were effective recruitment processes in place so that people were supported by staff of a suitable character.

People were supported to eat and drink enough and maintain a balanced diet. The chef was knowledgeable about people's individual nutritional needs. People who required assistance with their meals were supported in a caring and professional manner. People told us the food was good and that they had a choice of meals.

On the day of the inspection we saw staff supported people in a caring, professional and friendly manner. People's privacy and dignity was promoted. People we spoke with told us they were happy with the service and well cared for.

People had care plans in place to address their individual health and social care needs. The provider had identified that the care plans needed to be more person centred and individualised. We saw that the provider was in the process of implementing a new format for care planning documentation.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS are in place to ensure that people liberty is not unlawfully restricted and where it is, that it is the least restrictive practise.

The people we spoke with said they had no complaints, but would feel comfortable speaking to staff if they had any concerns. Manager ensured when concerns had been raised these had been investigated and resolved promptly.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. External professionals were complimentary of the manager and of the care provided at the service. They told us, any advice they gave was followed.

The service had systems and processes in place to ensure people received a high quality of care and people's needs were being met. There were opportunities for people and their relatives to provide feedback about the service.

# 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.

People told us they felt safe.

There were systems were in place to make sure people received their medications safely.

Staff were knowledgeable about how to recognise signs of potential abuse and were aware of the reporting procedures.

There was sufficient staff to meet people's needs.

Appropriate recruitment practices were in place which ensured that people were suitable for their role.

**Good**

**Is the service effective?**
The service was effective.

People received sufficient food and drink to meet their needs.

People were cared for by staff who were knowledgeable and well trained.

The principles of the Mental Capacity Act 2005 were followed and were reflected in care documentation.

People had access to healthcare support when required.

**Good**

**Is the service caring?**
The service was caring.

People told us they felt well looked after.

Staff respected people's preferences and ensured their privacy and dignity was maintained.

People were treated with kindness by staff.

We observed that staff took account of people's individual needs and preferences while supporting them.

**Good**

**Is the service responsive?**
The service was not always responsive.

People's care plans were not always up to date or person centred.

People had access to a range of social activities.

The provider sought the views of people and their relatives.

People felt confident to raise concerns and knew who to speak with.

**Requires improvement**

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

There was a positive culture and staff felt supported in their roles.

People and staff were encouraged to provide feedback about the running of the service.

The manager used Quality Assurance systems to ensure that the service was delivering quality care to people.

# 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, 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 12 November 2015 and was unannounced. The inspection team consisted of three inspectors and a Specialist Advisor with nursing experience.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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 also contacted the local authority commissioners of the service to obtain their views.

During our inspection, we observed how staff interacted with the people who use the service and how people were supported during meal times and during various tasks and activities.

We spoke to six people and four relatives. We also spoke with the manager, regional manager, five care staff, the activities co-ordinator, the maintenance person, a member of the housekeeping team and the chef. We also spoke to four professionals who had been involved with the people living at the service.

We looked at records, which included six people's care records, the medication administration records (MAR) for people who used the service and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance work schedules, staff training and support information, staff duty rotas for the past four weeks, meeting minutes and the arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said "Oh yes, I definitely feel safe here". Another person also said they felt safe at the service adding "They (staff) won't let anything happen to you." The relatives we spoke with said they had no concerns about the safety of their family members. One relative said "Staff are always cheerful. I have never known the staff to speak inappropriately to anyone". Another said "I have never had reasons to show any concern."

People were protected as risks to their safety and health in relation to the premises were assessed and managed. Checks to ensure the environment was safe were undertaken on regular basis. For example, water temperatures, fire systems tests, the nurse call system, hot surfaces checks, window restrictors, wheelchairs and bed rails maintenance. All areas of the home appeared clean and well maintained. There were no unpleasant odours.

People's individual risk assessments around their care needs were in place and the staff followed them. People were protected as risk management plans detailed the support people required to manage the risk and keep them safe. For example, one person had been assessed as at high risk of falling from their bed. They required their bed to be lowered as far as possible and safety mats to be placed alongside. We visited them in their room and found that this had been put in place.

Another person had been assessed as being at risk of developing pressure sores. The care plan stated that they should be using a specialist pressure relieving equipment. We found that these were in place.

We observed the administration of medicines and we saw that medicine was given to people safely. People had pain chart in place to monitor their level of pain. Staff reviewed the pain charts to ensure people had the pain relief when they needed it. People received medicines in line with their prescriptions and medicine was kept securely. The amount of medicines, including Controlled Drugs in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). There were no missing signatures on the Medicines Administration Records (MAR). The records were only signed after the person had taken their medicine which was in line with the policy. One person said that they regularly received their medicines and they added "They (staff) sit there and make sure I take them".

Topical medicine administration records were in place. One person developed a skin condition for which a topical cream had been prescribed. Records of the creams application were kept in the person's room and there was a corresponding body map in place for the staff to follow.

People were cared for by staff that were knowledgeable about how to recognise signs of potential abuse and were aware of the reporting procedures. Staff were familiar with the home's whistle blowing and confidentiality policy. Staff understood the local safeguarding procedures and were able to list the different types of abuse. Staff had received training in safeguarding vulnerable adults. Staff were aware how to report potential abuse externally, one person told us "I'd contact social services or the Care Quality Commission if I had to". The registered manager was aware of the local authority's safeguarding adult's procedures. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe.

There were enough staff to meet people's needs. Staff felt the staffing levels were sufficient. One staff member told us: "Oh, yes we have enough staff". One relative told us, "I have no concerns about staffing levels, there is always somebody working on the floor". People who remained in their rooms had their call bells close to hand. Throughout the inspection call bells were answered in a timely manner. The manager told us there were no issues around staffing levels and that they "have not had to use agency staff in years". The manager explained they regularly assessed the needs of the people who use the service to ensure that the appropriate number of staff and the right skill mix are available on duty at any time.

People were protected against the employment of unsuitable staff as the recruitment processes ensured that people were suitable for their role. Records we looked at confirmed that the necessary recruitment checks had taken place before staff were employed to work at the service. The staff files we viewed contained a written application, Disclosure and Barring Service (DBS) checks, references from previous employers, proof of eligibility to work in the UK and copies of proof of identity.

Good

# Is the service safe?

Accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. An electronic system for recording accidents was used which allowed the manager to run regular reports so any trends could be identified. The staff we spoke with reflected understanding of the system and good practice around incident reporting. The summary of incidents review formed part of support visit provided by the regional manager.

Good

# Is the service effective?

## Our findings

People were cared for by staff who were knowledgeable and had the skills to meet people's needs. One person said "Oh the staff do their best to please you". Another person said "This place is marvellous, no messing about. I'm here all day and every day, so you can't fool me".

One relative told us "The home is really good, we are very happy with it. The staff are great, they treat [person's name] with courtesy and nothing is too much trouble". They added that they would recommend the home to others. Another relative said "Mum is content here. Staff picked up her needs really quickly". They went on to say that they felt the staff were well trained and added "There is a high standard they are expected to achieve". Feedback received from the visiting professionals was also positive "They (staff) are very professional and knowledgeable".

The staff told us they felt the training was good. One of the recently employed staff told us "There is always someone there to help me if I need support". One of the experienced staff told us "No one would be left on their own, all new staff are always supervised".

All new staff had an induction and shadowed experienced staff until they were confident in their knowledge of people's needs and the use of equipment. We reviewed the induction file for one of the recently employed staff and it reflected they had undergone a number of practical assessments. These included personal care, assistance with mobility and transfers and applying good communication skills.

The training plan that was in place demonstrated that training relevant to the care needs of people such as moving and handling or health and safety had taken place. Registered nurses told us that they attended a number of specialist training courses such as catheter care or venepuncture (blood withdrawal).

Staff were supported through regular supervision and annual appraisals. This meant the staff had the opportunity to discuss their development needs with their manager. Staff we spoke with said they felt well supported and confident to do their roles.

The manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf were made in their best Interest. Care staff had a general awareness of the Mental Capacity Act and had received training to help them understand how to protect people's rights. One person said "We always ask the person first". Another care worker said "One person can be resistive to personal care so we (staff) need to make a decision in their best interest".

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. We saw an urgent Deprivation of Liberty Safeguarding (DoLS) order had been applied for, and granted in respect of one person. This person had been assessed as lacking mental capacity in respect of complex decisions. We saw the manager was in process of assessing people whether they needed to apply for DoLS for them. One of the external professionals commented "I was involved in one of the best interest meeting at the service. I was genuinely impressed with them. The paperwork was clear and they demonstrated a good understanding of the person's needs".

We saw one person's file stated the person's relative was involved in complex medical decision making and signing the consent related to their care. However there was no copy of Lasting Power of Attorney's available in the service. The manager told us they were going to obtain the copy from the family immediately.

People told us they enjoyed the food at the service. One person said the food was "Great. You can order what you want. I was thinking to have porridge for breakfast but then changed my mind and ordered pancakes with lemon and sugar". A family member of a person who was reluctant to eat said "The chef takes excellent care. We were worried our (relative) had stopped eating and the chef was on the case." Another relative told us of how the person had lost weight during a recent stay in hospital. They said "They had three weeks of not eating much. They came back here and are eating and drinking well now".

We observed people enjoying their main meal and we noted people had been provided with a choice of two main courses from which to make a choice. Where people required support to ensure they had sufficient to eat and drink we noted that staff were patient and encouraging. Staff ensured people who had their meals in their rooms

Good

# Is the service effective?

had enough to eat and drink. When staff noticed a person had not eaten they offered an alternative option. Staff were aware of people who required special diets. For example, gluten free diet or when people had any food allergies.

People were supported to maintain good health and had access to healthcare services. We saw people were referred to health professionals when their condition changed. For example, staff suspected one person had developed an infection. There were records to show that a urine specimen had been obtained and sent for analysis and the person was referred to their GP. Another person, on the morning of our inspection was seen to be experiencing issues with the swallowing of their tablets. The doctor had been contacted and visited the same day. The person was assessed for medicine in a liquid form which they were able to take.

One resident confirmed they were able to see their GP when needed saying “He comes to the home once a week”. A visiting relative said “They (staff) always give me an update and if I have any concern I will speak to the nurse”. The feedback received from one the external professional about the service was positive. They said “They are definitely very receptive to our advice”.

Good

# Is the service caring?

## Our findings

People were looked after by staff that developed positive caring relationships with them. People told us staff were very kind and courteous. Comments included "The staff are very good, they are very nice and we all get along". People's relatives were complimentary about the caring attitude of the staff and manager. One relative said "Mum is happy here, I would never want her to leave. The care staff keep an eye on her and they find one to one time for those who are on their own". Feedback received from a visiting professional reflected the caring nature of the service "They (staff) do more than expected; they go beyond meeting physical needs. The staff talk to people in considerate way, they involve the residents and chat to them".

We saw examples of kind and caring interactions. When people were anxious staff showed concern and understanding. One person described how they didn't like the cardigan they were wearing. We saw that once they had mentioned this to the care staff, the staff went to get them another one and helped them with putting it on.

We observed there was a positive rapport between people at Ladymead and the staff. There was much laughter and we saw staff exchanging banter with people. This meant that there was evidence of a very positive and genuine relationship. One person told that they enjoyed "Having a bit of a laugh with the nurses". One care worker told us "Caring is not about assisting someone out of bed or giving them food. Caring requires a great deal of understanding, compassion and going beyond the task. It's about knowing 'the real' person".

Staff demonstrated a warm attitude and they were considerate towards people's individual needs. Staff explained to people what was going to happen before they provided support and continued to explain when supporting people. For example, staff engaged with people in a caring manner during medication round. Staff spent sufficient time with each resident depending on their needs.

We observed people exercising choice as to where they wanted to be. Some were in their own rooms; some were in communal areas and some chose to go outside for some fresh air. One person was sat in the lounge and they were watching a morning talk show on TV. We asked them if that was their preferred choice and they said "Yes, it's my favourite". One person told us "I get asked every day for choice. It's very good, the staff are so good". Another person said "The staff here would do anything for you and I feel very lucky to be here. As far as care homes go this is jolly good". One member of staff told us "We emphasise the choice, we always ask people about their preferences. For example, we show them a couple of outfits so they can choose the one they want".

People were able to personalise their bedrooms. We saw photographs, personal furniture and other items of personal value in people's rooms. This meant they were enabled to create an environment giving personal and individual feel to their surroundings. Relatives told us they could visit without restriction. We saw visitors coming and going as they wanted during our inspection visit. One relative told us that they could visit any time they wanted.

People were treated with dignity and respect. People's confidentiality was respected, conversations about people's care were held privately and care records were stored securely. When people were being supported with personal care, doors were closed and a 'do not disturb, please knock and wait' sign was displayed on the door. One family member was observed to be in the lounge whilst his relative was assisted with personal care in their bedroom. They told us "The staff will let me know when they finished so I can go back in". One care worker told us "We always use screens to divide the room and maintain dignity when we provide personal care to one person of a couple occupying the same bedroom".

We saw examples of caring comments documented in the daily records section which would give friends and relatives a positive reflection of their day. Some comments included 'smiling and talking about her father' and 'very chatty this morning'.

Requires improvement

# Is the service responsive?

## Our findings

People's care plans did not always evidence people received personalised care that was responsive to their needs.

For example, staff told us about one person who was prone to experiencing hallucinations. However their care plan did not reflect this information. Another person's care plan had been initially compiled in 2013 and although it had been regularly updated since then, none of the records had been archived. This meant that the care plan lacked clarity and it was difficult to find the relevant information. Another person had their nutritional assessment in place which showed that they were assessed as at risk of malnutrition. The documentation stated that there should be a corresponding nutritional care plan in place. However, the care plan had not been put in place.

We discussed the concerns about peoples care records with the manager who told us that the service was in a process of implementing the new format of care documentation. They had identified documentation needed to be more user friendly and less task orientated. A third of the care plans have been already transferred to the new format and the anticipated completion date for the remaining files was before the end of the year. We examined two care files written on the new documentation format. These were much clearer and easy to follow.

People's social interests, their likes and dislikes were recorded, which helped the staff team to familiarise themselves with people's history, their preferred lifestyle and their individual choices. Staff knew people's needs well. One care worker told us "One of our residents was brought up in a family where they had a strict, almost military routine. They like things done in a certain way, they have their own routine, they like things done at certain times and in a certain way and we (staff) respect this".

People had booklets entitled 'My Journal' in their bedrooms. The aim of 'My Journal' is to improve communication with those who know the person and to help them develop their involvement in the local community. Family and friends are encouraged to write in the journal if they wanted to contribute to any areas of the person's care.

People's views were listened to and acted upon. The chef told us they gathered feedback about meals from the manager following residents meetings. We saw there was good communication between the departments which meant the service did respond to people's needs. For example, the day before our inspection the care staff had identified one person was losing weight and needed a fortified diet. This information was already available in the kitchen and the chef was aware.

People who lived at the home told us they were confident in raising any concerns. One person said "I'd speak to any of the staff". The relatives we spoke with told us they would feel comfortable to raise a complaint, should it be necessary. One relative said "If I have a problem I can speak to the manager and it'll be sorted."

The provider's complaints policy set out formal procedure to investigate and respond to people's complaints. The service received six minor complaints in the last year. The manager felt that frequent communication they had with people and their families enabled them to deal with concerns effectively before these escalated to a complaint. The manager had an open door policy and encouraged families to come in at any time. The manager was visible around the home during the day of our inspection and we noted positive interaction between them, the people and relatives.

People were offered a choice of activities that interested them. One person said "Yes, we have dominoes and other things; there is something on most days". The home employed an activities coordinator to facilitate social events and stimulation. They told us they aimed to provide stimulation for everyone who lived at the home. They said they were "Finding interesting ways to keep people active". People spoke positively about the activities co-ordinator. One person said "She (activities co-ordinator) is outstanding; she always goes the extra mile".

We observed examples of very individual approach tailored to respond to people's personal needs and preferences. For example, people were able to use a mobile library and request large print or talking books or newspapers. One person who liked crosswords had a large print version photocopied daily for them. Another person told us they had an umbrella left for them in the garden so they still could go out even if it was raining. A weekly schedule of events was circulated to people who used the service. We saw copies in people's bedrooms. A number of regular activities as well as outings were on offer on weekly basis.

Requires improvement

# Is the service responsive?

On the day of our inspection people enjoyed bingo. The attendance was good and we saw the staff were taking time to ensure everyone was on the same pace and we saw positive interactions were maintained.

Good

# Is the service well-led?

## Our findings

There was a new manager in post who was in the process of applying to be the registered manager with Care Quality Commission (CQC). They commenced in their role in August 2015 but had been working at the service for over eleven years.

People spoke positively about the new manager. One person said "We used to have a lady manager, but now we have a man and he's just as good". Relatives spoke highly of the manager, comments included: "The manager is excellent. He knows all the residents here. He genuinely cares", "He has good interpersonal skills and seems excellent", "He has high standards. There has been a change of manager but it's been seamless". An external professional commented "The manager is very good; he will always find the time to sit and explain things. He knows clients very well".

There was an open and supportive atmosphere. Staff told us they felt supported and they praised the culture of the service. One nurse said "We are like a one big family here". Another staff member told us "I think we are a compassionate and a caring team. We have such good communication between us, if only there is anything we should know about, we know about it straight away. The team work is brilliant".

Staff meetings were a regular occurrence and a positive culture was promoted. There was consideration given to individuals' roles and responsibilities and the responsibilities were outlined clearly. This meant that the people were supported by the staff who were clear about what their role was and what was expected of them. We saw evidence that the daily 'flash' meetings were held. These were a short daily meetings attended by heads of departments to facilitate better information sharing.

On the day of our inspection the service was well organised and run smoothly. There was a pleasant ambience at the service and staff worked together well and people's needs were met appropriately and in a timely manner. Staff told us the stability of the team contributed to the continuity of care provided to the people.

We saw a number of audits had been used to make sure policies and procedures were being followed and the quality of the service was monitored. We saw evidence of medication audits and health a safety audits. This meant that the people were protected by the governance systems that monitored the quality of the service. The manager was supported by the regional management who carried out support visits on regular basis. The manager was also supported by the provider's designated health and safety team, HR department, Clinical Quality Facilitators and other as required.

The provider had introduced the new system called "Quality of Life Programme" which included four different areas of the service delivery. These were: immediate customer feedback, thematic resident care audits and staffing level assessment tool. The programme also included the new, more user friendly and accessible care documentation which the provider was in a process of implementing. The system allows people to tell the service what they think about any aspect of care using technology devices. IPads were provided to enable people to contribute with their feedback about the service. The manager explained that any information that required a follow up was transmitted to them in real time so they could act immediately. We saw some examples of actions the manager had followed up. For example, the manager made an action point for the nurses to update a care plan and this was followed up to ensure that this had been completed.

The manager was clear on their responsibilities to notify us and we had received notifications in line with the regulations.