

Shaw Healthcare (de Montfort) Limited

Lancum House

Inspection report

Bush Close
Hardwick Road
Wellingborough
Northamptonshire
NN8 3GL

Tel: 01933445770
Website: www.shaw.co.uk

Date of inspection visit:
01 June 2021

Date of publication:
23 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lancum House is a residential care home providing personal and nursing care to up to 43 people in a purpose built building. At the time of inspection 22 people were living in the service. The accommodation is all on one floor with communal dining and social areas and an accessible garden.

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

People were cared for safely. Risk assessments were in place and reviewed regularly, and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

Improvements had been made to staffing since the last inspection, and there was a stable team of staff who worked effectively together. There were enough staff to meet people's care needs. People were supported safely with their medicines and good infection control practices were in place.

People received support from friendly staff who enjoyed working at the service. Staff were caring in their approach and had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The registered manager was proactive in their approach to ensuring people received good care. Robust quality assurance and monitoring of the service were embedded in practice. The management team were aware of their legal responsibilities and worked in an open and transparent way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 11 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve the leadership, governance and culture of the service.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Is the service caring?

Good ●

The service was caring.

Is the service well-led?

Good ●

The service was well-led.

Lancum House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 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

Lancum House 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 in place who was 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 reviewed information we had received about the service since our last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with ten members of staff including the regional director, compliance manager, deputy manager, team leader, senior carer and care staff. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service including quality assurance audits, meeting minutes and training records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found including reviewing the staff rota.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- People were cared for safely and felt safe living in the service. This was confirmed when we spoke to people. One person said, "Oh yes, I am safe. Most of the staff are my friends now." Another told us, "Yes I am safe, I have nothing to worry about being here."
- Staff received training to recognise abuse and protect people from the risk of abuse. Information about how to report any concerns was on display for staff to refer to.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. We saw risk support plans were comprehensive and covered a range of known risks such as falls, skin integrity and eating/drinking. Care and risk support plans provided guidance to staff on how to provide care to reduce known risks.
- Staff used evidence based tools to assess risks to people and these were updated at least monthly and sometimes more frequently when necessary.
- People had access to equipment to help keep them safe. For example, people told us they did not wait long when they pressed their call bells to summon assistance. We saw, where needed, people also had sensor mats if they were at higher of falls when they moved around.
- Detailed hospital grab sheets were available on people's care records which ensured up to date essential information could be shared with emergency and medical staff in the event people were admitted to hospital.

Staffing and recruitment

- At the last inspection, there were a high number of agency staff which had a negative impact upon teamwork and the care people received. Improvements had been made and there was a stable team of permanent staff. The team worked together to cover vacant shifts when necessary, and agency staff were used only occasionally when essential.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. For example, references with previous employers, checks on staff identity and if they had any previous criminal convictions.
- There were enough staff to provide safe care to people, and this was confirmed by staff feedback. Staffing levels were adjusted according to people's care needs.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff who were trained to do so and had their competency checked. Clear protocols were in place for medicine which was administered 'as and when needed' to ensure it was given appropriately.
- An electronic medication system had recently been introduced which was being embedded into practice. The system was improved by staff feedback, for example, an electronic banner was added to each record to confirm how long it was since the medicine was previously administered. This reduced the risk of medicine errors.
- People were supported to receive medicines in the way they preferred which meant their independence was promoted. For example, one person's care plan stated they may not wish to take their medicine so guidance included, "Staff are to walk away and try later when [person's name] will usually agree or ask another trained member of staff to try."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Processes were in place for falls, accidents and incidents to be recorded by staff so appropriate follow up action could be taken.
- Monthly reviews of falls, accidents and incidents took place. This meant the management team could identify if there were any themes and trends emerging, and take action to reduce the risk of the same thing happening again

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 requires improvement. At this inspection this key question has now improved to 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

- At the last inspection people's experience of care was negatively impacted by the high number of agency staff working in the service. Improvements had been made and sustained in this area. People received care from a stable team of staff who knew them well.
- People and staff told us people were cared for well. One person told us, "Oh yes they (staff) are all kind, I can't fault them." Another said, "I would rather be here than on my own in my bungalow, they (staff) are all friendly."
- Staff were knowledgeable about the people they cared for and valued people as individuals. They spoke about people warmly and respectfully. Staff were observed to be caring and patient in their interactions with people throughout the day, including when staff were not aware we were observing.
- Some people told us they would like it if staff had more time to stop and chat with them. There was similar feedback in the recent survey completed by people. We did not find there was negative impact because of this, but some people told us they preferred the staff who were more chatty with them.

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

- People were involved in planning and making decisions about their care. Care plans set out how people preferred to receive their care and their regular routines.
- Throughout the inspection we saw people being offered choices, and their opinions being sought on their daily routines. For example, we saw one person still wearing their nightwear and dressing gown in the late morning because that was their preference. One staff member said, "If someone doesn't want to get up until 11am that's fine, they've got that choice."

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity was respected at all times and staff understood the importance of this. One person told us, "Yes they respect my dignity," and went on to explain staff knocked on the bedroom door before entering and offered any help that was needed.
- People's independence was promoted. People told us staff supported them with tasks they needed help with. A staff member gave an example of one person who initially required mobility and personal care support and with encouragement over time progressed to manage their own personal care with much improved mobility.
- Systems were in place to protect people's confidential information.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the leadership, governance and culture did not always support the delivery of high quality person centred care. The service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

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

- The current registered manager had been in post since July 2020. Their presence and management style was well regarded. One staff member said, "[Manager's name] is a great manager. She comes onto the floor. She doesn't just talk to the residents, she talks to us too, makes sure we are alright." Another told us, "I think they (management team) are brilliant. They are helpful, supportive and understanding."
- The whole staff team had worked hard to reduce the use of agency staff which had a positive impact upon the culture within the service and outcomes for people. One staff member said, "It's nice to have our own staff team, no disrespect to agency staff. When agency are here you are watching what they are doing as they don't know the residents."
- Staff we spoke to enjoyed working in the service, found their roles rewarding and placed people living there at the centre of their work. One staff member said, "A lot of us are here because we want to care. We work well as a team. We all pull together, we all muck in. My main aim is to keep the residents safe and well. I love them."

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. There were robust systems in place to ensure compliance with the duty of candour.

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

- There were effective systems in place to monitor the quality and standards of the service. This included a daily walk around by the registered manager and a range of quality assurance audits. The current management team had embedded and strengthened the audit systems in place. Regional management staff also undertook compliance checks.
- Policies were in place which were reviewed regularly. Regular changes to policies and guidance were

made effectively throughout the pandemic in order to keep people and staff safe. For example, a 'Visitor Framework' document was in place which set out the various types of visits which could take place (garden, indoor, room etc) and how these were safely facilitated.

- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

Continuous learning and improving care

- The management team, and staff, were able to reflect upon the improvements which had been made since the registered manager came into post and were enthusiastic about future plans. These included further refurbishment, support for staff wellbeing and moving to an electronic care planning system. These would all impact positively upon people's experience of living in the service.
- When any issues were identified swift action was taken in response. For example, the registered manager and a recent full compliance audit had identified some recording gaps with repositioning charts and cleaning schedules. We saw this was addressed at a team meeting so improvements could be made promptly, which the registered manager had oversight of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were fully involved with their care and made significant decisions with the support of staff and other professionals where required.
- People and staff were encouraged to contribute their views on an ongoing basis informally and through regular meetings. We saw the notes from the last resident meeting where a range of topics were discussed with various ideas being followed up. For example, pampering sessions, gardening activities, food tasting ideas such as tapas and Thai green curry.
- A survey had recently been circulated to gather feedback from people and their relatives. A report was compiled to analyse the results and there was an action plan to follow up on the points identified.
- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. We received positive feedback from health professionals about their working relationship and communication with the service.