

Knights Care Limited

Ladysmith Care Home

Inspection report

Patrick Street (Off Ladysmith Road)
Grimsby
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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

About the service

Ladysmith care Home is a residential care home providing personal care for up to 90 people aged 65 and over, some of whom may be living with dementia. The service was supporting 86 people at the time of the inspection. Care was provided in one building across two floors.

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

People's medicines were administered safely. We made a recommendation about receiving and returning medicines to the pharmacy. Care plans and risk assessments provided staff with information about people's needs and to maintain their quality of life. Staff were responsive and proactive when we identified some documentation which could be further developed.

People were supported to remain safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. Safe recruitment and selection processes were followed.

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

End of life care wishes were explored and recorded. People and relatives knew who to contact with any complaints. People received person-centred, responsive care. People were supported by kind and caring staff. Staff developed positive relationships with people through meaningful conversations, activities and spending time with them to find out their diverse needs.

The registered manager had systems in place to monitor the service and drive forward improvements. A positive culture was observed, including being open and honest and willing to listen to feedback. The provider was actively involved in monitoring the service and provided support the registered manager.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 July 2020 under this provider, and this was their first inspection. The last rating for the service under the previous provider, Knights Care (2) Limited was good, published on 20 October 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ladysmith Care 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.

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

One inspector carried out this inspection, and two Expert by Experience's made telephone calls to people and their relatives. 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

Ladysmith Care 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.

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, two care managers, a senior care worker, one housekeeper, activities worker and three care workers. The nominated individual was also present during part of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from three people who used the service about their experience of the care provided. We spoke with 17 relatives via telephone. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely administered to people. People received their medicines as prescribed. Processes in place to receive and return medication to the pharmacy required review to ensure consistency and safe practices.

We recommend the provider seeks guidance and advice from a reputable source, in relation to systems to receive and return medicines safely.

- Staff who supported people with their medicines were appropriately trained and had good knowledge of medicines processes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and reviewed on a regular basis to ensure they contained up to date and relevant information. Staff had knowledge of people's needs and associated risks. We discussed with the management team how some risk assessments could provide further detail which was acted upon during the inspection.
- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment had regular checks to ensure they remained safe to use.
- Accidents and incidents were recorded and analysed by the provider to look for themes and trends. Where lessons had been learnt, actions were taken.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- Staff received up to date appropriate training in this area.
- People and their relatives felt the service was safe. All relatives we spoke to told us they felt that staff kept people safe.

Staffing and recruitment

- There were enough staff available to support people's needs. Relatives told us, "There is always staff about" and, "There is always plenty on when we visit."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

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.

Visiting in care homes

Visiting arrangements followed current government guidelines and advice from local agencies. The provider had explored other options for visiting during times when additional restrictions were imposed. This included using the visiting room, garden visits and the use of technology.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess people's needs and preferences, so staff knew how to support them.
- Oral hygiene assessments had been completed.

Staff support: induction, training, skills and experience

- Staff received an induction, and systems were in place to monitor staff's training and competency to ensure they had the skills for the job.
- Staff received supervision and appraisals to support them in their role.
- Staff told us they felt supported. One member of staff told us, "I could go to the registered manager with anything. I have just had a supervision; it was a positive experience. They followed up on training I want to do."

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

- Mealtimes were a pleasant experience for people. People were offered a choice of meals.
- Feedback was positive about food. One person told us, "The food is lovely here, I can choose what I want."
- People were supported to be independent and adaptive cutlery, crockery plates and drinking cups were utilised to support this.
- People were offered drinks and snacks throughout the day.

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

- People were supported to access health care services such as doctors and district nurses. One relative told us, "They always call us if there are any problems. [Name of service user] had a problem with their hearing. So, I went down to one of the seniors who sorted out an appointment for them. Very good really."

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

- The service provided a homely environment. People's rooms were personalised. One person told us, "I loved this furniture and wanted to bring it with me. The handyman is coming soon to put up my new curtain hooks." We saw examples where people had chosen their own paint colour or wallpaper and carpets in their bedrooms.
- The service design had been adapted to meet people's need including dementia friendly signage and some exits, and lifts were keypad coded to ensure people's safety.

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 specific 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 gained consent from people before providing any care and support.
- Mental capacity assessments were completed and, when people were unable to make a decision, best interest meetings had taken place with appropriate people involved.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these. Where conditions were in place, we saw these had been met.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with kindness and were positive about the staff's caring attitude. One person told us, "I love it here, the staff are so friendly and caring." A relative said, "[Name of service user] says to me that most of the girls are lovely. [Name of service user] still jokes about and they (staff) pull their leg which they really like."
- Staff knew people and their needs well. We observed kind, positive and patient interactions between staff and people. A relative told us, "Yes I think they are (caring). This is across all of their staff. They treat them well and care for them as a person."
- Staff were calm, focussed and attentive to people's needs. The atmosphere in the service was calm.

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

- People and their relatives had been involved in the development of their care plans and their ongoing care needs. A relative told us, "They rang me up to say shall we write up the care plan and send it to you so you can review and add comments? I was fine with that and it was all in order."
- Residents meetings took place between people and staff and there was evidence within the meetings that people's choices were considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff knocked on people's doors and waited for a response before entering. Staff were able to describe how people's dignity was preserved when delivering personal care.
- People's independence was promoted. People told us how they were independent, and they were proud of this. One person told us, "The staff never bother me, when I want something I go to the office. I like to be on my own and have my own independence." Staff told us how they supported and encouraged people to be independent where they could, including with their personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- A programme of activities was in place to meet people's interests. One person told us, "I love the bingo in the lounge, I go and win prizes for my daughter." We observed games and activities including dominoes, crafts and ball games to support people's physical coordination. External entertainers were also arranged. The two goats in the garden were spoken of fondly by people and staff.
- People who could not or did not wish to engage in group activities received one to one time in their rooms chatting and having nail care.
- People and their relatives were supported to maintain their relationships. Relatives visited the service in line with government guidance including essential care givers. A relative told us, "I am classed an Essential Carer, so I can visit anytime. I have to show my COVID-19 test."

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

- People were happy with the support they received.
- People were encouraged to make their own decisions and choices. People chose when and how they wanted to spend their time.
- The provider explored different types of technology to ensure least restrictive options were used to meet people's needs. For example, when people were at risk of falls, they had a sensor mat in place.

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 needs had been assessed and recorded in their care plan. Staff were responsive and open to suggestions where this could be developed further.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the providers policy. There was a log of formal complaints and their responses. Complaints were formally responded to by the registered manager.
- Relatives felt confident they could report any concerns or complaints and they knew who to report things to. Comments included, "I would go to the manager and yes I believe I would be taken seriously" and, "I know the manager, she is very receptive and doesn't fob me off. She produces results to issues I raise."

End of life care and support

- People had been offered the opportunity to discuss their end of life care wishes if they wanted to.
- The provider worked in partnership with district nurses and other professionals to support people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to provide oversight of the running of the service and drive forward improvements. Action plans were completed and monitored by the registered manager and provider.
- People were treated with respect and in a professional manner.
- Regular checks were completed to ensure people were safe and happy with the service they received.

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

- There was a positive culture within the service. All staff were observed to be approachable and relaxed around the inspection staff. Staff were keen to speak with inspectors and discuss their roles. When questions and queries were raised, staff were open and proactive to provide answers and act were needed.
- Staff told us they felt listened to and that management were approachable. All staff knew who the nominated individual was and said they had seen them within the service.
- The registered manager understood their responsibility in relation to duty of candour. Relatives told us, "The registered manager is honest, very open and easy to talk to" and, "The registered manager is accessible. They always make themselves available. They own any concerns."

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

- The provider engaged with people receiving care, their relatives and staff. Feedback was analysed and used to make improvements.
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- The provider worked in partnership with the local authority, building positive relationships, supporting local recruitment campaigns and showcasing opportunities for people to work in adult social care.