

GCH (Midlands) Ltd

Lucton House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 25 July 2018 and was unannounced. At our last inspection in August 2017, we identified three breaches of legal requirements due to concerns about the leadership of the service and people did not receive care centred around their needs. We also found the provider had not notified us about events and incidents as required by law. Following the last inspection, we asked the provider to complete an action plan to show how they would meet the breaches of regulation identified at our last inspection. At this inspection, we found improvements had been made and the provider had met the previous breaches of the regulations. We have rated the service, 'Good' overall.

Lucton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 51 older people in one adapted building. There were 47 people living at the home at the time of our inspection. People have their own separate 'flats' which contain a lounge area, their bedroom and ensuite facilities.

Since our last inspection, a new manager had joined the service and they had registered in September 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives felt the service was safe. People were supported to have their risks managed and incidents at the home were learnt from to improve people's safety. Staffing levels had increased since our last inspection and people felt staffing levels were safe. Safe recruitment processes had been followed. Systems were in place to ensure the health and safety of the home.

People received effective support from staff which met their needs. Staff told us they felt supported and staff training was ongoing. People were supported to make their own choices. The design and décor of the home was developed around people's preferences and needs. People were supported to have enough to eat and drink.

People and relatives told us staff were kind and caring. Our observations reflected this and we saw people were involved in decisions and discussions about their care. Staff ensured they promoted people's privacy, dignity and independence.

People's needs were reviewed and responded to with input from healthcare professionals. People spent their time as they wished and enjoyed some group activities. People and relatives told us they knew how to complain but had not needed to do so. Systems were in place to ensure complaints would lead to

improvements at the home.

Further improvements were required, and underway, to ensure people's needs and preferences were always known and responded to, including access to activities at the home.

There was a new manager who had registered after our inspection. People spoke positively about the service and recent developments. Systems and processes were in place to assess, monitor and continuously improve the quality and safety of the service.

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.

People and relatives felt the service was safe.

People's risks were managed safely and we saw people were supported appropriately with their medicines.

Systems ensured people were supported by sufficient numbers of staff who were suitably recruited.

Is the service effective?

Good ●

The service was effective.

People received effective support in line with their needs. Staff felt supported and received supervision and training for their roles.

People were supported to make their own choices.

The design and décor of the home was developed around people's needs and preferences.

People were supported to have enough to eat and drink and to access further healthcare support as needed.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were kind and caring.

People were involved in decisions and discussions about their care.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Further improvements were underway to ensure care planning always identified people's needs and preferences including access to activities.

People and relatives spoke positively about the service.

People and relatives told us they knew how to complain but had not needed to do so.

Is the service well-led?

The service was well-led.

People were supported in an open, positive culture and staff told us they felt supported.

There was a new manager who had registered after our inspection.

Systems and processes were in place to assess, monitor and improve the quality and safety of the service.

The provider showed awareness of their responsibilities to the Commission.

Good ●

Lucton House

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 comprehensive inspection took place on 25 July 2018 and was unannounced. The inspection was conducted by an inspector, a bank 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. The expert's primary experience was as a family carer of a person living with dementia.

As part of our inspection planning, we looked at other information held about the provider, for example, incidents or events related to the service which the provider is required by law to notify us of. We also sought feedback from the local authority quality monitoring team 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.

Some people living at the home were not able to talk with us about their care. During our visit, we spoke with three people living at the home about their care and observed the care of other people living at the home. 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.

As part of our inspection, we also spoke with four relatives and a healthcare professional. We spoke with two domestic staff, three care staff, two senior staff members and the registered manager. We also looked at records related to four people's care and three staff recruitment files. We looked at other records and processes in place related to the quality and safety of the service. After our inspection, the registered manager sent us additional information we had requested as part of our inspection processes.

Is the service safe?

Our findings

At our last inspection in August 2017, we rated this key question 'Requires Improvement'. This was because of concerns about how some people's risks were managed and safeguarding processes. At this inspection, we found sufficient improvements had been made and we have rated this key question 'Good'.

At our last inspection, we found staff had not all received safeguarding training and did not know how to recognise and report potential abuse. At this inspection, we found this had been addressed. Staff could give examples of the types of abuse people could experience and knew who to report concerns to. A staff member told us they were confident the registered manager would act on any safeguarding concerns reported to them. The staff member also knew how to escalate concerns to the provider or local authority if they needed to. Staff had received safeguarding training and additional training was planned to refresh their knowledge. Our discussions with the registered manager, and information we received before our inspection showed the provider had systems in place to ensure safeguarding information was shared with CQC and other partner agencies when needed. People and relatives told us they felt the service was safe.

People's risks were managed safely. Staff were aware of people's individual needs and how to help keep them safe. For example, staff knew how to safely support people with symptoms related to a healthcare condition, and knew how to respond when some people became unsettled. We saw senior staff responded promptly when they heard emergency call bells. We saw on one occasion this was a false alarm and a staff member kindly reassured the person and checked they were okay.

Since our last inspection, we found incidents were reviewed to help identify how to reduce people's risks. For example, some people identified at increased risk of falls had been referred to the falls clinic and equipment was put in place to help keep them safe. A relative told us one person had new equipment in their room which meant staff could promptly assist them if they needed help during the night.

Since our last inspection, staffing levels had increased and the registered manager told us they continued to review how staff were deployed. A relative told us they felt there were enough staff, and commented, "They seem to be like a well-oiled machine and have a system in place." A person told us they had given feedback that more staff were needed at the weekends. The person told us this had been addressed and staffing levels had improved since the registered manager had joined. Another person told us, "I get on with them but they have a lot of work to do. I think there are enough staff." People said their call bells were responded to quickly if they used them. There were enough staff to support people in a timely way. saw staffing levels were safe. Staff files we sampled showed recruitment processes were safe and included checks through the Disclosure and Barring Service (DBS) and employment references. Maintenance support and domestic staff had recently been recruited and were due to start once those checks were completed. People continued to be protected by safe recruitment processes as identified at our last inspection.

People and relatives told us people were supported with their medicines as prescribed. We saw people were supported safely with their medicines and they told us they got their medicines on time. For example, one person was offered a drink with their tablet and the staff member stayed with them until they had taken their medicines. The staff member then completed the person's medicines records. Records we sampled

were completed clearly and reflected the stock levels we sampled at random. Senior staff told us they felt confident supporting people with their medicines. Medicines audits were completed and we shared some additional feedback with the registered manager to implement as part of their ongoing planned improvements.

The home was clean and well maintained, and we saw that good infection control and hygiene practice was promoted. One person told us, "They clean my room once a week and it's always clean here [the dining area]." A relative commented, "It seems to be clean. You see the [domestic staff]." The home smelled fresh and domestic staff were employed to maintain the cleanliness of the home. Suitable action was taken in response to an infection outbreak in recent months. This included visits to the home being postponed to prevent the spread of infection. Systems were in place to ensure staff understood their roles in relation to infection control and hygiene.

We identified no maintenance issues during our inspection. Systems were in place to ensure any repairs or maintenance work at the home would be promptly addressed. Staff knew how to respond in the event of a fire and relevant fire safety checks were carried out by the provider. The registered manager told us they had plans to carry out fire drills more regularly as they had identified this was overdue.

Is the service effective?

Our findings

At our last inspection in August 2017, we rated this key question 'Requires Improvement'. This was because people's needs were not always met and staff did not have the skills and guidance for their roles. At this inspection, we found improvements in these areas. We have rated this key question 'Good'.

People's needs were known to staff. We saw positive interactions between people and staff, for example staff responded promptly to people's requests and people responded well to them. One person told us, "It's good care I'd say." A relative told us, "They seem to do things the right way." Staff were aware of additional support some people needed. For example, a staff member knew some people required more support at mealtimes as they ate less and we saw this was provided. Another staff member confidently described ways they helped settle another person when they were distressed. People received effective support from staff with things they needed help with. For example, one person walked to the dining table and was given reassurance by staff to move at their own pace. The staff member chatted to the person and reminded them of their meal options which the person responded well too. Staff responded patiently and with care towards people. This practice was promoted by senior staff who we saw encouraged other members of staff during our visit.

Staff told us they felt supported and they were adjusting to improvements brought in by the registered manager which they spoke positively about. Staff received guidance and supervision for their roles. New staff were supported by a 'Coach Buddy' to support them through the induction process. Staff received supervision regularly and more often if any issues arose. Systems were in place to monitor the staff training provided and when this expired. Training gaps had been identified and therefore training had been booked in mandatory areas such as fire safety and moving and handling. The registered manager had planned for training to take place with staff from another service registered by the provider so the training could be provided as soon as possible. Staff competency checks were due to take place until this training was refreshed. Additional training was provided when needed in response to people's changing needs, for example staff received training in hand washing techniques and competency assessments related to this when there was an infection control outbreak at the home. Staff were supported to develop the skills and knowledge for their roles.

Improvements had been made since our last inspection to people's mealtime experiences. People told us they were given choices and relatives spoke positively about the food on offer. One person told us, "The food is superb." Another person told us, "The food is '5 star'. You can have a roast meal four times a week, it's hot, there's plenty, there's a choice of puddings, cereals, whatever you want." People who needed more support with their meals received this, for example one person was assisted and offered a drink at a relaxed pace. Another person was welcomed to sit while the registered manager brought their lunch. Staff encouraged one person and offered alternatives when they declined most of their first meal.

Outside of mealtimes, some people prepared themselves a drink or food in their own flats. People were offered a choice of drinks regularly and a drinks trolley was available for their use. Some people had monitoring charts to help ensure they had enough to eat and drink. The registered manager told us

electronic audits were in place which would help highlight concerns in relation to people's weights. The registered manager told us this would lead to increased monitoring of the person's food and fluid intake and referrals to relevant healthcare professionals.

We looked at how people were supported to access healthcare support. People told us they saw the doctor when they were unwell. One person told us, "The GP comes if I need them and the dentist visits." A relative told us, "I'm informed when [person] is ill, or taken to hospital. It's all very good." A healthcare professional told us, "They seem very good in terms of people's care, it is one of the nicer homes and they seem to know people quite well. They are good at identifying when someone is really unwell and getting that urgency across." During our inspection, a nurse visited people to administer vaccines. We saw staff introduced one person at a time to the nurse and stayed with the person until they were comfortable. People were supported to choose whether to have the vaccination, and had the privacy and time they needed to discuss this with the nurse. One person confirmed they were happy to have the injection in the lounge area and so staff used privacy screens. People were supported to access to healthcare services as needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People and relatives confirmed people's choices were promoted. A relative told us, "[Person] has choices, to stay in their room, about what to eat." We saw that people were supported to make decisions about their care. Staff showed awareness of how best to support people to understand and make decisions. For example, we saw a staff member moved closer to one person, and communicated with them at eye level so the person could hear them well and be supported to make a decision about their care. A staff member described how a best interests meeting held been held in relation to another person's wishes to take their own medicines independently to help balance their safety and independence. Information about people's wishes, for example, where they had granted lasting power of attorney to another individual, had been gathered. The registered manager monitored any DoLS applications and had a system to ensure they were up to date. People were supported in line with the requirements of the MCA (2005).

The design and décor of the home was developed according to people's needs and preferences. Some people showed us their flats and we saw they were clean, homely and furnished with their personal items. A relative told us, "[My relative has] good accommodation, beautiful views of the trees. They love their view and wouldn't move." People had call bells fitted in different areas of their flats to call staff if they needed help. This helped promote people's independence so they could spend time in their own flats as they wished whilst being able to call on staff for support when needed. Since our last inspection, a shop had been created where people could buy items they could enjoy such as snacks, greeting cards and gifts. People and staff had also developed a sensory garden at the home where plants, wallpaper, gardening tools had been added. People were involved in decisions about the environment which were developed around their preferences and to promote positive experiences.

Is the service caring?

Our findings

At our last inspection in August 2017, we rated this key question 'Requires Improvement'. This was because people were not always treated with respect and staff were not consistently caring. At this inspection, we found sufficient improvements had been made and we have rated this key question, 'Good'.

People and relatives told us staff were caring. We saw kind and caring interactions from staff and good rapport between people and staff. We saw one person was visited in their flat by a carer and asked what they wanted for tea that day. The person chose just bread and butter and said they had their own food they fancied later. It was a pleasant exchange which showed the person and staff member got on and knew one another well.

People and relatives described positive relationships with staff. One person told us, "[Staff] have become family." A relative told us, "Staff seem kind and they seem have taken to [person]." A relative told us one person visited the lounge area more regularly as they were encouraged by staff. This showed the person was welcomed by staff and encouraged to spend time with others to help prevent social isolation. When one person asked for company to eat their meal, and the registered manager arranged this for them. We saw some people spent time together and had got to know one another well. A staff member told us they had also got to know people and their families well over the time they had worked at the home. They said they enjoyed often sitting and chatting with people. We saw people were treated with kindness and were encouraged to engage with others.

Since our last inspection, improvements had been made to involve people in decisions about their care and to express their views as far as possible. We saw people's views and consent were sought before they were supported, and they were encouraged to make their own choices. People had recently started to complete 'preference forms' so important information about them was shared with staff and reflected in their care planning. During our inspection, we saw one person enjoyed a discussion with the staff member about their grandchildren and pets as part of this process. One person told us they would speak to staff or the registered manager if they had any concerns and told us, "We have meetings and I think they do listen." Systems were in place to gather people's feedback about their care and the home overall. This helped staff get to know people better and understand what was important to them.

People told us their privacy was respected. One person told us, "Staff knock and I can lock my [flat] door." A relative told us, "Staff knock the door even if it's open and close the door if doing personal things." We saw staff took care to promote people's dignity, for example people were offered hand wipes before meals and discussions about their care were held discretely.

People's independence was promoted. A domestic staff member told us some people liked to help clean their flats and this was encouraged. We saw one person passed cups to a staff member once they had finished their hot drink. The staff member smiled and thanked them. This showed the person's involvement in simple tasks which was encouraged by staff. A relative described one person's improved independence since moving to the home. They told us, "[Person] is walking better in here than at home. I couldn't believe

[person] walked from their room which is over the other side, here into the lounge." We saw staff showed patience and encouragement to help two people move using walking frames. This helped both people feel safe and promoted their independence.

Is the service responsive?

Our findings

At our last inspection in August 2017, we rated this key question 'Requires Improvement' and identified a breach of the regulations. This was because people had poor access to activities and did not always receive care that responded to their needs. At this inspection, we saw the breach of regulation had been met and improvements had been made in those areas. However further improvements to ensure people's needs and preferences were always met, including through good access to activities. Continued improvements were underway at the time of our inspection. We have rated this key question, 'Requires improvement'.

Since our last inspection, improvements had been made to how people's individual needs and preferences were responded to. People's identified needs were reviewed and monitored as part of their care planning, and we saw care plans reflected people's needs and preferences. However, the registered manager confirmed people's care plans still did not always reflect their current needs and preferences and further improvements were ongoing. Records we sampled showed for example that guidance about how one person expressed pain was generic although senior staff knew how the person would identify this with non-verbal gestures. Our discussions with one staff member showed clearer guidance around some people's behaviours and needs would improve their understanding. The registered manager told us behavioural care plans were being developed so staff could understand certain triggers and patterns for some people's behaviours.

We saw staff knew people well and people's consent and preferences were sought around their care. At the time of our inspection, we saw people's care plans were being developed with input from people and relatives, to ensure important information was included such as significant dates, hobbies and interests for each person. A one-page summary was being developed so staff could promptly check this information if needed to support what they knew about people. The registered manager had referred to current good practice to support those improvements. Relatives had been asked to bring in photographs and important memorable items for people living at the home. A relative told us, "They want information to make up memory boxes." Memory boxes are recommended in line with current good practice, for example by Alzheimer's Society, to benefit people through talking points and familiar items to enjoy and engage the senses. Life history maps were also being developed as further prompts for conversations with people and to ensure people's identities and experiences were known to all staff supporting them.

People's views had been sought around activities at the home, for example, people had asked for staff to join in with their exercise sessions. Photographs were displayed of previous activities where people planted hanging baskets and baked cakes at the home, and links had been made within the community including a local school to present social opportunities and include them in activities at the home. Although people had enjoyed some calendar events and group activities at the home, we found some people did not have good access to activities at the time of our inspection. One person told us, "I don't join in the activities," and commented that the group activities did not appeal to them. We saw people responded well to a brief group activity in the afternoon however there was little else for people to get involved in outside of this activity. We saw some people sat without interaction or activity in lounge areas, for example, on one occasion, we saw one person read their newspaper while over ten people sat with nothing to do and waited for lunch. The

registered manager told us an activity coordinator had been recruited but had left their role shortly after and a week before our inspection. The registered manager described upcoming plans at the home with us, including the recruitment of another activity coordinator as soon as possible.

People told us about their routines and how they spent their time doing things they enjoyed. One person showed us the kitchen utilities in their flat and we saw they made some of their own meals and snacks. They told us they liked to put a dash of whiskey in their first morning tea. This was their preferred routine and staff knew they liked to prepare their own food occasionally. Since our last inspection, a shop had been developed at the home with some people's input. We saw one person purchased snacks and brought these back to their flat. Another person told us, "We have a visiting clothes shop. You can buy nightgowns, underwear and clothes." One person continued to practice their religion as they wished as they were regularly visited by a priest at the home.

The registered manager told us people had responded well to an 'identity day' recently held at the home. This was arranged to help encourage gentle conversations about and awareness of people's identities and to celebrate people's individuality and differences including LGBT needs. This included staff wearing their own clothes more closely reflecting who they were, and people being invited to try food tasters of dishes from different cultures and to talk about relationships. This promoted awareness and recognition of people's preferences, social and cultural needs.

People's wishes in relation to end-of-life were gathered through care planning processes. Nobody received this level of care at the time of our inspection, however the registered manager provided an example of how one person had been well supported at the end of their life. A healthcare professional commented positively on how this level of care was provided at the home. They commented people had been supported 'proactively' and their support had been sought in a timely way. The registered manager told us they would seek support from healthcare professionals to ensure people's needs were met in a timely way in addition to ensuring people's preferences were known with input of relatives.

People and relatives told us they knew how to complain but they hadn't needed to. One person told us, "There are complaint forms, I have never complained." A relative told us they would feel comfortable complaining if they needed to. The home had not received any complaints however systems were in place to ensure complaints would be used to drive improvements at the service.

Is the service well-led?

Our findings

At our last inspection in August 2017, we rated this key question 'Requires Improvement' and identified two breaches of the regulations. This was because systems did not ensure the quality and safety of the service, and we had not always been notified of specific events and incidents as required by law. At this inspection, we found sufficient improvements had been made and both breaches of the regulations had been met. We have rated this key question, 'Good'.

Since our last inspection, a new manager had joined the service and they had registered after our inspection in September 2018. People knew who the registered manager was. One person told us, "He's a lovely man, he's making changes." A relative told us, "I feel I can communicate with [the manager]." A staff member told us staff morale had improved since the last inspection and they commented, "Lots of new things are happening in the home which is raising everyone's spirits."

Our discussions with the registered manager showed they were committed to driving continuous improvements at the service. A staff member told us they had shared some concerns with the registered manager and this had been addressed. They told us, "Now things are spot on," and the matter had been addressed. Senior staff shared the registered manager's vision to promote an open culture and achieve positive outcomes for people. We saw a senior staff member encourage and direct a care staff member and they told us, "We explain the reasons, especially for newer carers, of why we do what we do." Handover sessions were used to identify ways to help support the running of the service and ensure people and staff felt supported.

People, relatives and staff spoke positively about the service and recent developments. People had been engaged with and involved about improvements to the service. During our inspection, we saw conversations were held between people and staff about their preferences and things that were important to people. Surveys had recently been given to people and relatives for their feedback on the service. The registered manager told us this feedback had not yet been analysed, however people and relatives had asked for better variety of activities. Plans were underway to address this at the time of our inspection including the recruitment of an activity coordinator. One person commented, "They try and create a homely atmosphere." Staff told us they would recommend the service to their loved ones. 'You said we did' messages were displayed to inform people and staff of improvements made to the service in light of their feedback, for example for a 'fish and chip night' to be held and fresh flowers to be bought weekly for the home. We found that the service was involving people in their care and the running of the home in meaningful ways.

Systems were in place to support the provider's oversight of the service and to continue to make progress with action plans. Regular audits were in place to monitor and improve the safety of the service, including for example, audits of medicines, health and safety in the home and any incidents or accidents. We had received information from the provider about medicines errors as required before our inspection, which had led to further planned improvements to ensure medicines were always managed safely. The registered manager told us they had identified that people's care plans did not reflect their choices and preferences. Since our last inspection, we saw people had been involved and encouraged to take part in conversations

about their care. New care plan formats were being developed with people and relatives' input to ensure people's needs and preferences were known and met. Audits were in place to help monitor and drive improvements to the quality and safety of the service including people's experiences.

At our last inspection, we identified a breach of the regulations because we had not been notified of all events and incidents at the service as legally required. We reviewed this breach of regulation and made the decision not to serve a fixed penalty notice. At this inspection, we found the provider had taken action to meet this breach. We saw systems were in place to review and respond to reported incidents appropriately. The provider understood their responsibilities to the Commission and we had been informed of specific events and incidents at the home as required by law. The ratings of our last inspection were displayed as required. This meant people and visitors were kept informed of the provider's performance ratings. The registered manager showed an understanding of their responsibilities to the Commission and had discussed the Duty of Candour and other requirements with staff during meetings. We saw they made reference to current good practice guidelines and resources available through Skills for Care and Dementia Friends to support ongoing improvements at the home.