

C J B Care Limited

Leigh House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Leigh House is a residential care home providing personal care to four people at the time of the inspection. One of the people was receiving respite care. Leigh House accommodates up to five people in one adapted building. People have their own bedrooms and there are shared communal areas including a lounge, dining room and kitchen. There is a private garden at the front of the property.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

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. Staff focused on people's strengths and encouraged them in their individual interests. The home environment was clean and well equipped to meet people's needs. Where people benefited from a change in the environment, or specific adaptations, these were made in accordance with people's changing needs. People received support from staff who had up to date information about them, which meant their needs were met.

Right Care

People were supported by a staff team who knew them and their personalities well. People received support that was caring, compassionate and respectful of their privacy and dignity. Staff knew how to protect people from harm and felt able to raise concerns for people's safety and well-being. Staff advocated for people and worked effectively with other agencies to ensure people's needs were met. Staff understood people's individual communication needs and worked in partnership with families to support people.

Right Culture

Staff were trained to meet people's individual needs and were passionate about people receiving good quality care and support. People were supported by staff to take part in significant family events. People and their families were involved in planning their care. The registered manager worked alongside families to improve the care people received.

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

Rating at last inspection

The last rating for this service was good (published 13 February 2020).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We received concerns in relation to the actions of the registered manager. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and has remained good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leigh House on our website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Leigh 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

One inspector carried out the inspection.

Service and service type

Leigh 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 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 inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service and three relatives about their experience of the care provided. People who used the service used different ways of communicating including eye movements, single words or sounds and body language.

We spoke with four members of staff including the acting team leader. We also spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers policies and training information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People appeared comfortable and relaxed while in the presence of staff. Relatives told us they felt people were safe and well cared for. We observed people interacting with staff who used eye contact, appropriate physical touch and verbal communication to offer reassurance.
- There were systems in place to protect people from harm and abuse. Staff were able to identify possible signs of abuse and knew what action to take if they had concerns. One staff member said, "I don't have any concerns, but if I did, I know who to go to. If nothing was done, I'd contact CQC."
- Where safeguarding concerns had been raised, appropriate action had been taken by the provider. This included raising concerns with the local authority and submitting notifications to CQC as required by law.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, recorded and known by staff. Staff were able to share examples of how they maintained people's safety and proactively managed risks posed by the environment.
- Care plans contained clear guidance for staff on how to respond to risks associated with people's health needs. For example, how to support people who may have epilepsy related seizures. Staff were aware of this guidance and share with us the action they would take to ensure people's safety.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People received support from staff who were allocated to support them according to their assessed needs.
- We observed people receiving support and saw staff were available to respond to their needs. Staff

remained close to people to manage any potential risks, and people responded positively to staff support and guidance.

- Staff had been safely recruited. The provider had processes in place to ensure staff were safe to work with people. These included checks on staff member's employment history and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. We observed one person being supported with their medicines and saw staff took time to explain the purpose of each medicine and offered reassurance throughout. We saw the person was smiling in response to the staff member and maintaining eye contact.
- Procedures for the safe management of medicines were effective and systems to ensure the administration, storage and disposal of medicines were in place. Records relating to the removal of medicines for leave reasons needed to be more robust and action was taken on the day of inspection to address this concern.

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

- The registered manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Checks in relation to COVID-19 were carried out when visitors entered the home.

Learning lessons when things go wrong

- The registered manager had taken action to ensure learning took place when things went wrong. For example, a recent incident had identified the need to have a supply of batteries available at the home at all times. Batteries had now been placed on a monthly order to ensure they were available when required.
- The nominated individual shared other examples of learning with us, including improving communication systems for staff to reduce the risk of repeat calls to health professionals and changes made to the environment to ensure people's safety.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received support from a staff team who were trained to empower them to develop and maintain their independence. Relatives told us their family members always appeared happy to be returning to Leigh House when they had been out and demonstrated this by clapping and smiling.
- Feedback from relatives reflected a positive, open culture at the home. Relatives expressed their confidence that things were shared with them. One relative commented, "I've always been really pleased with the home, I feel reassured and have confidence in [name of registered manager]."
- Staff also spoke positively about the culture of the home. One staff member said, "I really enjoy each day. The atmosphere and staff team, it's a great place to work."

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 Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager and nominated individual were aware of their responsibilities in relation to the duty of candour.
- Relatives shared with us examples of where information had been shared with them about incidents and events. One relative said, "I don't feel anything is hidden."

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

- The registered manager demonstrated a good understanding of their role and their regulatory responsibilities. They had developed positive working relationships with people, relatives and external agencies.
- People received care that was person centred and there were well established systems in place to monitor the quality of care they received. The registered manager and staff team completed audits in relation to medicines, health and safety and care planning. This enabled them to identify any errors or areas where improvements were needed. Where shortfalls were identified, we found action had been taken to address the concerns. The nominated individual also conducted unannounced checks to monitor the quality of care people received.
- The rating from the previous inspection was displayed at the home, but not prominently. The registered manager told us they would ensure this was moved to the main entrance of the home without delay.

- The registered manager had a good understanding of people's needs and was keen to improve people's experiences. There was evidence that learning from events had taken place and changes made to improve people's experience of care.

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

- Feedback from people was gathered on a one to one basis by staff observing their reactions and response to their experiences. For example, when people spent time in new places staff observed their facial expressions to see if they were enjoying themselves. This information was then used to offer future choices.
- Staff told us they found the registered manager approachable and felt supported in their roles. One staff member said, "I have absolute confidence in the manager, things are dealt with quickly."
- Relatives had been asked to provide feedback about their experiences. One relative said, "Our expectations have been well met. The registered manager listens to us when we share our experiences of supporting [person's name]."
- The registered manager and staff team worked partnership with other agencies to ensure people's needs were met. This included health professionals as well as people specialising in the support of people with learning disabilities and autistic people.
- We reviewed feedback the service had sought from professionals. One healthcare professional had commented, "[Name of registered manager] has excellent insight into the person's needs. They advocate positively and proactively on behalf of the person and work within the boundaries of their best interests keeping them at the centre of what they do."