

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 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

Leigh House is a residential care home providing personal and nursing care for up to five people with a learning disability and physical disabilities. The home was a residential property which had been adapted and met with the principles of registering the right support. There were three people living at the home during our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safeguarded from abuse and risks to their safety were minimised. Medicines were administered safely and people were protected from the risk of cross infection. People were supported by enough safely recruited staff. Where incidents happened there were systems in place to learn from these and prevent reoccurrence.

People had their needs assessed and plans put in place to meet them. People were supported to maintain a healthy diet and had consistent support including being referred to health professionals as needed. People had support from trained staff and lived in an adapted property to meet their individual needs.

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.

People were supported by caring staff and were supported and empowered to make choices. People's privacy and dignity was protected.

Staff understood people's preferences and people were supported to access the community and do things

they enjoyed. People had their communication needs assessed and staff understood how to support people.

There was a complaints procedure in place and the provider responded to people's concerns. There were systems in place to monitor the service people received and the provider worked in partnership with other agencies. There was a culture of learning encouraged by the provider and the manager to promote delivery of person-centred care.

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 7 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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.

Inspection team

The inspection was carried out by one inspector.

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 who was new in post and had not yet registered with the Care Quality Commission. Once registered the manager along with the provider is 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 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. This is information providers are required to send us 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 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 spoke with three relatives about peoples experience of the care provided. We spoke with four members of staff including the manager and support workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at complaint's information and infection control procedures.

Is the service safe?

Our findings

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 were safeguarded from abuse. Relatives told us they felt people living at the service were safe.
- Staff had been trained in how to recognise potential abuse. Staff could describe how they would report any concerns.
- The manager ensured policies and procedures were followed and any concerns had been reported to the appropriate body.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to manage them. Relatives told us staff were aware of how to keep people safe and they had been involved in developing clear plans to manage risks.
- Staff were able to describe how they kept people safe. For example, staff could describe how they supported people to manage complex health conditions and minimised the risks associated with these.
- Risk assessments had been completed and there was detailed guidance in place for staff on how to support people.

Staffing and recruitment

- People were supported by enough safely recruited staff. Relatives confirmed there was always enough staff to meet people's needs.
- Staff told us they supported people on a one to one basis and there were arrangements in place to provide cover when needed.
- The manager confirmed the provider continued to use safe recruitment practices and had systems in place to ensure staffing levels were in place to meet people's needs.

Using medicines safely

- People received their medicines safely. One relative told us, "Medicines are always given correctly, we never have any worries about that."
- Medicines were stored safely and staff had been trained to administer medicines safely. Checks were carried out on stock levels to ensure people had the medicines they needed.
- Medicines risk assessments and care plans were in place and staff completed medicine administration records correctly. Guidance on how and when to administer medicines which were prescribed on an 'as required' basis was in place for staff which they followed.

Preventing and controlling infection

- People were protected from the risk of cross infection. Relatives told us they had some concerns about management of infection control when people were unwell and planned to discuss these with the manager.

- We spoke to the manager about the concerns about preventing the risk of cross infection. The manager told us they had procedures in place but would seek additional assurances from an external source and feedback to relatives.
- The manager confirmed advice and been sought and feedback would be given to relatives and actions taken in line with the advice. We will check this at our next inspection.
- Staff had received training in how to minimise the risk of cross infection and we observed staff following safe procedures.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. Accident and incidents were reviewed and changes were made to people's care plans and where needed practice was updated and shared with staff.
- The manager told us they used a reflective approach to review when incidents occurred and consider changes to processes to prevent a reoccurrence. The manager gave us an example of how they had learned from an incident which almost led to someone not having their medicines. The procedures had been changed to prevent this from happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People had their needs assessed and plans put in place to meet them. Relatives told us they were fully involved in this process and had regular conversations with staff about people's care plans. One relative said, "The staff are familiar with supporting people with complex needs and they have worked with me to understand [person's name] needs."
- Staff told us the assessments and care plans gave them the guidance they needed to support people effectively.
- The manager told us the assessment included considering people's needs in relation to their culture, religion and sexuality. They said there were specific plans in place where people had a specific health condition such as epilepsy. The records we saw confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained and had the skills to meet people's needs. One relative told us, "The training is really well provided to meet individual needs."
- Staff confirmed the training was tailored to ensure they had the skills to support people effectively.
- We saw staff were able to support people effectively and safely using the skills they had learned. For example, when administering medicines and supporting people with transfers.

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

- People were supported to have enough food and drinks and maintain a healthy diet. Relatives told us people received the support they needed.
- Staff were aware of how everyone needed to be supported and could describe risks and how these were mitigated for individuals.
- Risk assessments and care plans had been put in place to guide staff and other professionals had been involved where required. Staff were observed following the guidance.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent care. A range of other professionals were involved in assessing people's needs and providing care plans to meet specific health needs. For example, physiotherapists and specialist nurses.
- The staff were familiar with the guidance provided and could describe how this was followed.
- The manager told us relatives were viewed as partners in people's care and were consistently involved in assessments and care plans being reviewed.

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

- The home was adapted to meet people's needs. One relative told us, "It is a small family home environment, it's not clinical which is just what we wanted."
- The service had a homely feel and people had their personal belongings available to them. People could move freely around the home with small changes made to ensure their safety.
- Where required there was equipment in place to support people. For example, there were ceiling track hoists throughout to provide support with transferring people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing. Where required staff worked with health professionals to advise on people's care needs.
- Staff understood people's health conditions and were able to describe how they supported people to maintain their health.
- Prompt referrals were made when needed and information was available in people's care plans to show the support they needed. Records showed staff followed the care plans.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff sought consent from people when offering care and support.
- Where people may lack capacity a mental capacity assessment had been undertaken to determine people's ability to make specific decisions and there were decisions taken in people's best interests.
- Where people were subject to restrictions in place an application had been made to the authorising body for a DoLS.

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 good. At this inspection this key question has remained the same. 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 supported by caring staff that knew them well. One relative told us, "[Person's name] is very happy at the home." Another relative told us, "The staff are very caring. They have taken time to get to know me as well as [person's name] and are very receptive to us as visitors."
- Staff were observed continually speaking with people, engaging them in activity and speaking with them about things of interest. Staff spoke about people warmly and were able to describe in detail how best to support and empower people.
- People were observed making eye contact with staff and responding positively to their interactions.

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

- People were supported to make choices and decisions about their care. Relatives told us staff understood how to offer choices to individuals and enable them to make decisions for themselves.
- One relative told us, "I feel the staff know what [person's name] is trying to choose staff are confident now in understanding [person's name]."
- Throughout the inspection we observed staff using different techniques with people to offer them choice. Staff used images, phrases and objects which were recognised by people to give them choice.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and privacy was protected.
- Staff were observed ensuring people had their privacy and dignity maintained. Staff asked people before doing things and were observed knocking doors and helping people to adjust their clothing.
- The manager told us about installing a protective film to windows to prevent people from seeing into bedrooms and support people's privacy without having to have the curtains closed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care and staff understood and met their individual preferences. One relative told us, "The staff are very familiar with [person's name]. They have spent time working with me to understand [person's name] and we work in partnership with the staff and the manager."
- Staff understood how to recognise when people were happy, sad or wanting something. Staff could tell us how they supported each person and how they valued the relatives input into developing person-centred approaches.
- People's care plans reflected individual preferences which included reference to specific cultural and religious needs.

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 had their communication needs assessed and plans were in place to guide staff on how to communicate with people. One relative told us, "The staff are well experienced in understanding [person's name] they do it so well."
- Staff could describe in detail how they used objects, images and signs to communicate with individuals. This was all documented in people's care plans and the manager told us they were continually reviewing plans and looking at different methods to improve how they communicated with individuals.

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

- People were supported to maintain relationships with those important to them. Relatives confirmed staff supported good communication with them and they felt part of the team.
- Staff were able to support people to go out in the community and take part in activities they enjoyed. People had individual transport which could be accessed by staff for these outings.
- Records showed people had a varied set of activities each week and when at home they were supported by staff to do the things they enjoyed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Where complaints had been made these had been investigated and a response given.

- One relative said, "I have never had any complaints but they would listen if I did." Relatives told us they found the manager approachable and felt any concerns would be addressed.

End of life care and support

- Nobody was receiving end of life care. However, the manager told us they were looking at how they may work with families to consider future wishes.

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

- Relatives were complimentary about the management of the service and how open the staff were. One relative told us, "The staff and management are very approachable".
- Staff felt able to engage with the management team and felt well supported. One staff member said, "The management support is good, we are well supported and I feel I can influence things here."
- Relatives told us the home was somewhere they had recommended to others. One relative said, "It's nice and homely, small layout with people of similar ages living together."

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 manager understood their responsibilities under duty of candour. One relative told us, "It is an open-door policy and they are really good at keeping us informed of things."
- The rating for the home was on display and we received notifications as required.

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

- The manager was new in post and was in the process of making their application to be registered.
- The manager had systems in place to monitor the quality of the service. The systems were used to identify areas for improvement and allow action to be taken. For example, medicines and finance audits were completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives felt engaged in the service and told us they were continually able to express their views. One relative told us, "The manager is new in post and is open to suggestions and new ideas. I feel confident they will take these on board."
- People were engaged daily through appropriate communication to direct how their care was delivered.
- Staff told us they had opportunities to share their views and discuss the service and felt able to influence how things were done.

Continuous learning and improving care

- The manager told us they used a range of different methods to learn about new things and consider how

they could improve people's care.

- The manager accessed other managers in the organisation, information was shared with them from the provider and they reviewed other services to see how things may be changed.

Working in partnership with others

- The manager and staff worked in partnership with other agencies in providing people's care and support. Other health professionals were involved in developing care plans and supporting staff with training and advice.
- The manager also viewed relatives as partners in people's care and ensured they maintained good relationships with others in the community.