Mrs T & Mr P Duchett

Lenore Care Home

Inspection report

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Whitley Bay
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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

The inspection took place on 22 and 24 August 2017 and the first day was unannounced. This meant the provider or staff did not know about our inspection visit.

We previously inspected Lenore Care Home in April 2015, and the service was rated Good.

Lenore care home is based in Whitley Bay and provides accommodation for people with learning disabilities and/or mental health issues, who require assistance with personal care and support. At the time of our inspection 22 people were using the service

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like directors, 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.

The storage, administration and disposal of medicines were safe. However, the temperature of the room the medicines were stored in was not checked each day. We saw by the second day this was in place. At the last inspection it was noted that protocols for medicines to be taken when required (PRN) were not available. We saw every person who received PRN medicines now had a protocol in place.

The service was in the middle of a full refurbishment programme. People who used the service had chosen the colours to paint the walls.

Risks to people arising from their health and the premises were in place. However, some risk assessments needed further information to inform staff how to mitigate the risks.

There were sufficient numbers of staff on duty in order to keep people safe, meet their needs and ensure the premises were well maintained.

Safeguarding principles were well embedded and staff displayed a good understanding of what to do should they have any concerns.

There were effective pre-employment checks in place to reduce the risk of employing unsuitable members of staff. People who used the service were involved in the interview and selection process.

There was prompt and regular liaison with GPs, nurses and specialists to ensure people received the treatment they needed.

Staff completed a range of training, such as safeguarding, health and safety and first aid. Staff had a good knowledge of people's likes, dislikes and life histories.

Staff had built positive, trusting relationships with the people they cared for. Staff were supported through regular supervision and appraisal. Staff told us the manger was supportive and willing to talk at any time.

People enjoyed the food they had and confirmed they had an input into the menus. People had access to the kitchen to make drinks, snacks throughout the day. However, staff observed to remind people washed their hands and to minimise the risk of infection.

People were supported to access activities of their choice. In house activities took place such as arts and crafts and cinema clubs.

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

The atmosphere at the home was relaxed, homely and welcoming. We saw numerous instances of caring and supportive interactions between staff and people during our inspection.

The manager completed a number of audits to ensure the quality of the service. The manager and senior support worker were devising a new medicine audit.

Staff, people who used the service, relatives and visitors we spoke with was positive about the registered manager's impact on the service. We found the culture to be one where people received a good standard of care in a setting they found homely, safe and secure and were happy to live in.

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 received their medicines as prescribed and now had PRN protocols in place.

Risks to people were in place and reflected current needs. However, needed further information to support staff.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

There were enough staff on duty and the registered provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led

Lenore Care Home

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.

We visited the service on 22 and 24 August 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the manager of the date of our second visit.

On the first day the inspection team consisted of one adult social care Inspector, one adult social care inspection manager and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service. On the second day the team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

We spoke with 14 people who used the service, two visiting relatives, one relative over the telephone and one visitor. We spoke with the provider, the manager, a senior support worker and three care workers.

During the inspection visit we looked at three people's care plans, risk assessments, staff training and recruitment files, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Good

Is the service safe?

Our findings

People we spoke with explained they felt safe at the service. One person said, "Staff are really nice, they are nice and try to help. I definitely feel safe in the surroundings and staff make me feel safe." Another person said, "Apart from the stairs I feel safe." The person stated they were 'bad on their legs' and their bedroom was on the first floor. We discussed the stairs with the manager and they said, "I have discussed the stairs with the owner who advised me to look at costs for a stair lift with a view to getting one, staff are supporting this person."

Relatives of people who used the service said, "I believe [relative] is safe, I have no reason to suspect otherwise," Another relative said, "Oh they are definitely safe."

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. However, we found risk assessments in one out of three files were not clear and did not fully describe the step by step guidance for staff on how to mitigate the risk. Risk assessments covered areas such as mobility, alcohol intake, personal hygiene and communication. Risk assessments had been reviewed and updated regularly. This enabled staff to have the guidance they needed to help people to keep safe. The staff knew people really well and understood how to support people to ensure their safety.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded. We saw documentation and certificates to show that relevant checks had been completed for fire extinguishers, gas safety and emergency lighting. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

With regard to potential emergencies, we saw there were personalised emergency evacuation plans (PEEPs), detailing people's communicative and mobility needs. These meant members of the emergency services would be better able to support people in the event of an emergency. We saw evidence of fire drills taking place at different times of the day to cover both day and night staff. People who used the service said, "We are told where all the fire exits are." Another person said, "They do set off the fire alarms and make sure everyone gets out, they have a role call."

There were sufficient staff on duty to meet people's needs. People were very independent and needed very little support. Two staff members worked 'sleep overs' where they were available if needed throughout the night. People who used the service said, "There are always staff around and if you wanted a chat then they would always find time to talk to you." Another person said, "Oh yes there are plenty of staff and I don't normally have to wait around for help." A relative we spoke with said, "Yes there are enough staff, I have never had a problem finding one."

We reviewed three staff records and saw pre-employment checks including Disclosure and Barring Service checks had been made. The Disclosure and Barring Service maintains records of people's criminal record and whether they are restricted from working with vulnerable groups. References had also been obtained from previous employers and proof of prospective staff member's identity was also on file. This meant that the service had in place a thorough approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people. People who used the service were also involved in the interview process and fed back their thoughts on each prospective new staff member. The manager said, "People's views are very important, if they don't feel comfortable with someone we will not employ them."

At the last inspection a recommendation was made about the lack of protocols for medicines to be taken when required. We had also found that handwritten medication administration records (MARs) did not always have two signatures in place. At this inspection we saw PRN protocols were now all in place. However, some handwritten MAR charts still had the second signature missing. The senior support worker rectified this straight away and discussed a system they were going to incorporate with the pharmacy to prevent as many handwritten MARs. It is important for a handwritten MAR to have two signatures, one from the staff member who writes the information and another staff member to verify the information correct.

We saw medicines were stored securely and kept in a locked cupboard. Temperatures were taken daily of the fridge that stored medicines, to ensure they were within an appropriate range. However, there was no record of temperatures being taken of the room where medicines were stored. This was put in place by the second day of inspection. We checked some records of medicines against the stocks held and found these balanced.

People we spoke with said they received their medicines as prescribed and on time. Comments included, "My medicines are given to me by the senior on duty and only the senior," and "Medicines are given at 8am and 8pm, although sometimes it might be 7:30." All staff confirmed and records evidenced that it was only senior staff, who had been trained in safe handling of medicines, who undertook medicine rounds.

Staff we spoke with had been trained in safeguarding and displayed a practical understanding of their safeguarding responsibilities. They described potential risks, types of abuse and what they would do should they have concerns. Staff were confident they could raise concerns with the manager and external professionals if need be. One staff member said, "I would go to the senior or [name] and I would go to CQC."

We saw incidents and accidents were acted on, documented and analysed to try and identify any trends and patterns. At the time of inspection the accidents and incidents were too few to identify any.

Good

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I have lived here for years and everything is spot on." Another person said, "Staff are very empathetic and staff have a lot of empathy and are very caring, they go out their way to meet your needs. They [staff] spend time with you and if they can't get something sorted they will get someone who can." And another person said, "Staff understand me."

We found people who used the service received effective care from staff that had sufficient knowledge and skills to perform their roles. Staff told us they received regular training

Records confirmed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, health and safety, food hygiene, first aid, infection control, moving and handling, medication and fire training.

Staff completed an induction programme that incorporated the Care Certificate and met the needs of the service user group. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The manager said, "The induction lasts for 12 weeks with a job opportunity at the end. This allows us and them to see if it is something they want to commit to, each new staff member is shadowed for the full 12 weeks." The manager went on to explain the people who used the service provided feedback, saying "Their [people who used the service] voice matters, it's their home and they need to feel comfortable."

We saw evidence and staff confirmed they received regular supervision and an annual appraisal meeting. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. One staff member said, "We get supervisions about every eight weeks and we discuss how we are and how the clients are." We saw from records that training, personal development, any issues relating to people who used the services or staff, workload and performance was discussed.

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. At the time of inspection no one had a

DoLS authorisation in place. We saw people were free to come and go as they pleased.

We asked people if they enjoyed the food provided. People said, "The food is nice and there is a big variety." Another person said, "Food is great, really enjoy it." We saw people were very involved in the deciding on the menus and food preparation. Menus were discussed and decided at 'resident' meetings. A monthly food menu was clearly displayed and if a person did not want what was on offer for the evening meal they would just need to tell a member of staff so an alternative could be prepared. Lunch consisted of light foods like sandwiches, beans on toast, soup or meatballs. We heard people being offered choice. Some people preferred to go out for their meals to local cafes. One person said, "I can choose what I want out of an assortment but I can't eat too much."

We saw evidence in care plans of regular input from external healthcare professionals such as GPs, occupational therapists, social workers and district nurses. Where people had a specific condition, for example diabetes, we saw they had a specific care plan in place which set out additional information for staff, such as how to meet their dietary needs, plus information on diabetic complications.

The service was in the middle of a full refurbishment programme. People had been included and had chosen colours.

Good

Is the service caring?

Our findings

People who used the service gave positive feedback about the caring attitudes of staff. One person told us, "I can talk to any of the staff and I feel comfortable with them." Another person said, "Staff are kind and considerate, they understand me as a person and what my needs are, they [staff] definitely listen." And another person said, "Staff talk to me and can see if anything is wrong, I have been here so many years." A relative we spoke with said, "Staff pick up on how [relative] is feeling."
Relatives we spoke with said, "I am very happy my relative is here, it is all I could wish for, they are happy and settled." And "This place has been more of a home to [relative] than anywhere else. The staff are fantastic; they respect my [relative] and me." And another relative said, "I like it here, you can't get more friendly or accommodating staff."

Throughout our inspection we observed staff taking time to support people and give reassurance when a person had concerns or became upset. One person was going through a difficult personal time and we saw staff providing support and encouraging the person to rest.

Staff we spoke with all enjoyed working at the service. One staff member said, "I love working here, it's the first time for me working in this type of service and I was unsure at first but now I love it, its amazing."

Staff promoted people's privacy and dignity. We saw that staff were courteous towards people who lived at the service and asked permission before entering a person's room. People who used the service said, "Staff always knock on bedroom doors and check you are okay." And "If a matter is private, staff make sure no-one is about and they [staff] don't talk about things when other people are around."

People who lived at the service were independent and staff encouraged people to maintain their independence. Where people's needs had increased and more support was needed, staff provided this. For example, doing their washing and cleaning their rooms. Where people were able to manage staff were there for support. One person said, "The staff let me clean my own room and keep my independence." And "Staff show you how to do things and encourage you to help to achieve whatever you want to achieve." Another person said, "You get prompted if there is something I should do, they [staff] remind me."

A relative we spoke with said, "Staff promote [relatives] independence, they [staff] let them do what they want to do."

Staff stated that they encourage people to maintain and improve their independence and we witnessed people being encouraged to wash their own dishes and make their own drinks.

One person was about to move into their own flat and staff had help them to develop skills such as cooking, washing and financial support to enable this. One visitor to the service said, "I lived here for five years, they kindly opened their doors to me, I was well looked after and with their support made progress, I now have my own place, which I keep very tidy. I come back to visit about twice a week but I was ready to move on. I would never turn my back on them, if they need me I would be there."

Throughout the inspection we observed staff interacting with people with care and kindness. Staff knew people well; there was also lots of fun, singing and banter. People were very relaxed and comfortable with staff and we could see that people felt happy to express their feelings. Staff were able to communicate in a way the person could understand such as British Sign Language.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

No-one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information was available to people if they needed this support.

At the time of inspection no one was receiving end of life care. The manager explained how they had supported family and other people who used the service when a person died one through a tragic situation. The manager said, "[Person's name] was diagnosed with terminal cancer but was estranged from their family. We spoke to the family and arranged for them to meet and rebuild their relationship in the short time they had, we were praised by the district nurses for the level of care and support we gave the client and his family member right up to the final hours." The manger also said, "We come together as a family at times like this and we support one another, both staff and clients through the grief and every anniversary of death."

Good

Is the service responsive?

Our findings

We found care files contained a good amount of information specific to individuals, including their likes, dislikes and personal histories. Pre-assessments were undertaken prior to people moving to the home and ensured there was information available to staff regarding, for example, people's medicinal, dietary and mental health needs. We saw that the personal details were very detailed and included family history, education, work and hobbies. Where people demonstrated certain anxieties or behaviours the care file documented how staff should support the person and reduce the anxiety or minimise the behaviours. Some of the care files were quite large with information going back to 2012. We recommended to the manager to archive old records and just keep up to date relevant information in the files.

We saw people had signed the care plans which showed their involvement and agreement to what the plan included.

Daily records and handover notes were very detailed and provided a full oversight on how people's day had been.

Relatives of people we spoke with were aware of the care plans. One relative said, "I know everything they are doing for my relative."

Staff we spoke with were extremely knowledgeable about the people who used the service. They could easily explain each person's background along with their wishes and preferences.

People who used the service accessed many activities independently. We saw people were in and out of the service all day and every person we spoke with confirmed they had the freedom to do what they wanted, they just needed to tell staff when they were going out and when they planned to return. One person said, "I am off to Newcastle for a coffee later on today, I either take the bus or the Metro." Another person liked to go clothes shopping in Whitley Bay and also said, "Sometimes I go to Costa and meet friends, we have cake."

We saw that people had been to Beamish, Blackpool and Centre Parcs this year. The manager had all the photos from each trip made into hard backed, bound photo albums. People could then pick up the books to remember the fun times. One person we spoke to said, "I like to watch television, and we went to Beamish at the beginning of the year and we are going to Flamingo Land soon." Another person said, "I don't do activities, I do my own thing, I watch television and I am going to see Bucks Fizz (pop group) in September."

We saw planned activities also took place such as arts and crafts or a movie group. The service also held coffee mornings to raise funds both for the service and other charities. We saw many thank you letters from charities thanking the people for their contributions.

There was a large notice board which had upcoming events in and around Lenore, such as save the date for the Halloween and bonfire celebrations. The notice board also showed past events of the year, the manager said, "I keep everything on there so when people look around they can see what has taken place as well as

what is about to take place." There were also notices highlighting different days, such as world food day or awareness days.

One visitor who used to live at the service said, "I still get invited to everything that goes on, Christmas parties, Easter meals, holidays, day trips the lot, or just for my tea or Sunday dinner, I will always be friends with them." A relative we spoke with said, "[Relative] has been to Spain for a holiday and they [staff] also bring them [relative] to Scotland to see me."

The manager said, "With the upcoming opening of our day services we plan to offer additional day services to the clients both in the home and outreach [a sister service] to give them both recreational, education and employment opportunities no matter their age, illness or physical disability."

The service had a clear complaints policy in place. People we spoke with and their relatives knew how to make a complaint and who to approach, as per the provider's policy. One person said, "We can go and see [staff name], there is always someone there, even commissioners." A relative we spoke with said, "I have made no complaints, I have never had to." We reviewed the one complaint they had received and found the manager had looked into the complaint and responded appropriately, to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the manager. One person said, "The manager's really good, they go out of their way to help. Visitors and relatives said, "[Manager's name] is a Godsend, they are brilliant." And "[Manager's name] is brilliant, the first thing they did was provide me with their phone number, they are accessible and always answer. Can't fault them."

Members of staff we spoke with consistently told us they had confidence in the manager that they were well supported. Staff we spoke with said, "[Manager] runs a tight ship, they are very organised." And "The manager is very approachable and I am confident in them."

When speaking with staff we found their goals to be in line with those shared with us by the manager, namely to ensure people were supported to maintain or improve their independence.

The manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits we looked at reviewed areas such as health and safety, finances, incidents and care plans. At the time of inspection a new medicine audit was being devised. The manager said, "As both a manger and a service we are continuing to develop and grow as a service always looking to learn and develop both from a caring and learning view."

During the inspection we asked for a variety of documents to be made accessible to us, including policy documentation and care records. These were promptly provided and we found the manager had ensured records regarding people's person care were accurate and up to date.

Staff meetings took place every two months and staff were encouraged and asked to share their views. Topics discussed at the meetings were cleaning, health and safety, safeguarding, case notes (daily records), holidays and training. Emergency meetings also took place following any incident, this enabled staff to learn from these and help prevent future incidents.

People who used the service had quarterly meetings and they confirmed they were asked and encouraged to say what would make the service better. Topics discussed were health and safety, leaving and entering the building, drugs, alcohol and smoking, privacy, keeping safe, trips and menus. We saw upcoming dates for meetings on the notice board. Emergency meetings were also held for people who used the service to discuss any specific incidents.

The manager also sent out annual surveys to people who used the service and staff. A survey which took place in March 2017 was sent to 22 people who used the service and 18 were returned. All comments were positive. The manger had made a summary of the findings and any next steps, for example if someone had asked for a specific meal to be added to the menu or a specific place they would like to visit. A staff survey had also taken place which also came back with positive responses.

We asked the manager what links they had with the local community, they said, "The Lenore care home has been going for 41 years next month. We have formed links over the years with Community Mental Teams, Learning disability teams, Probation, Personality disorder hubs, GP services, Diabetic services, Mental health and LD hospitals, day services to name." We also saw evidence of links to local churches.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.