

CLS Care Services Limited

Leycester House Residential Care Home

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	

Overall summary

We carried out an inspection over a period of two days 24 and 29 September 2015. The first day of the inspection was unannounced and the second day took place to gather additional information.

Leycester House Residential Care Home provides residential care and support for up to 40 people. The home is located in the town of Mobberley and is close to local amenities. Staff are on duty 24 hours a day to care for the people who live in the home.

The home had a manager in post who was registered with CQC. A registered manager is a person who has

Summary of findings

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.

The last inspection took place on 12 November 2013 when the home was found to be meeting all the regulatory requirements which were inspected at that time.

During our inspection we saw that the relationships between staff and people living at the home were warm and caring. We saw people were treated with respect and dignity and there were plenty of smiles and laughter and hugs. Everyone in the service looked relaxed and comfortable with all of the staff.

We found the staff had a good understanding of supporting people when they lacked capacity, including the requirements of the Deprivation of Liberty Safeguards. Staff took appropriate actions to fully support people who lacked capacity to make decisions for themselves.

We found life plans looked at were detailed and focused on the individual person. They contained guidance to enable staff to know how to support each person's needs and to care for people in the way that they wanted.

We saw that life plans and risk assessments were reviewed and people were referred to other services such as district nurses, tissue viability nurses and GPs in order to ensure people received the most appropriate care.

Staff spoken with had a good understanding and knowledge of each person's preferences and people's individual care needs.

We saw that the service had a complaints procedure and people and relatives we spoke with were confident that they could raise their opinions and discuss any issues with the registered manager or senior staff.

Leycester House had safe recruitment procedures in place which ensured that staff employed were suitable to work with people living at the home. Appropriate pre-employment checks were being carried out and application forms were robust to enable the registered manager of the home to have adequate information before employing staff.

Staff had received regular formal supervision, appraisals and training to assist them in their job roles and in their personal development. The training provided ensured staff fully understood the needs of the people living at the home.

Various audits were carried out on a regular basis by the manager to help ensure that appropriate standards were maintained throughout the home

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and staff we spoke with were happy with the staffing levels and the team.

A thorough recruitment procedure was in place and sufficiently well trained staff were available to keep people safe.

Life plans contained a variety of risk assessments so that risks to people were managed and risks reduced.

Medicines were well managed and appropriate policies were followed by staff to safely support people with their medications.

Good



Is the service effective?

The service was effective.

Staff felt supported and received regular formal supervision and training to assist them in their job roles and in their personal development.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and the correct processes had been followed regarding Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home.

Good



Is the service caring?

The service was caring.

People living at the home and their relatives were happy with the staff supporting them. People responded well to staff working at the home.

Staff were aware of individual's needs and how they liked to be cared for.

We saw that people were treated with respect and dignity by the staff.

Good



Is the service responsive?

The service was responsive

People received care and support which was personalised and responsive to their needs.

People and relatives knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

Referrals had been made to the relevant health professionals for advice and support when people needed it.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People spoken with said that they felt the registered manager did a good job and was approachable and provided a well-run home.

The procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found. This ensured that people lived in a home that was safe and well led.

Leycester House Residential 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.

This inspection took place on 24 September 2015 and a further visit was made on 29 September 2015 to gather more information. Both visits were undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included a review of any notifications sent to us about incidents in the home, which the service is required to send us by law.

We contacted Cheshire East Council who commission the service for some people living in the home. We used this information to plan what areas we were going to focus on during our inspection.

We also reviewed information from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 36 people resident at the home. During the inspection we spoke with twelve people who lived at Leycester House, six relatives, five care staff and the registered manager. We looked at all areas of the home, for example we viewed lounges, people's bedrooms and communal bathroom/shower rooms.

We also looked at a range of documentation which included five care records, three staff files, medication records and audits of people's life plans and risk assessments, audits of accidents and incidents in the home, environmental checks in relation to health and safety and audits and checks in relation to the staff team. Staff supervision, appraisal and training records were also looked at as were the complaints logged at the home. We spoke with people and relatives throughout the home and observed how support was provided to people during the two days of our inspection.

Is the service safe?

Our findings

People and visitors we spoke with all said that they felt safe and well-protected living at Leycester House. They said they would raise any concerns with the registered manager and were confident that they would be dealt with, but all said they had no problems at all. People we spoke with said they liked living at the home and felt it was a safe, warm place to live.

People living at the home and visitors said they were happy with the staffing numbers and the staff attitude towards them and their relative, they made comments saying: “I find the staff are very good here”, “Staff are lovely, I am treated with respect” and “I think the staff are marvellous”. We looked at the duty rotas and found that there were a mixture of senior staff, care staff, domestic staff, an administrator, catering staff and a handyman on duty. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care.

Staff spoken with were happy with the staffing levels available and told us: “This is a great place to work”, “Yes we have enough staff to look after people well, “The rotas are worked out but if we have someone who is poorly the registered manager makes sure we have more staff to care for them”. We found no issues affecting staffing levels and the care provided during our inspection.

We found that there was an adult protection procedure in place to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. We looked at the training records and these showed us that staff had received training in safeguarding. Staff we spoke with were aware of procedures to follow regarding any suspicion of abuse or if any mistreatment was suspected. All of the staff that we met told us they would not hesitate to report any concerns or any signs of abuse.

Staff were aware of their responsibilities to keep people safe and to identify and take any necessary actions to reduce risks to people living at Leycester House. The life

plans we looked at showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable. We saw in life plans that people had individual risk assessments for areas such as moving and handling; people being at risk of falls; nutritional risks and bed rail assessments. The assessments we looked at were clear and up to date so that the risks to people living at Leycester House were minimised.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

We also saw that individual personal emergency evacuation plans were in place for people who used the service. This provided staff with information about how they could ensure an individual’s safe evacuation from the premises in the event of an emergency. Copies of these were in a kardex system which were kept on each floor of the home. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at a sample of staff files including a newly recruited member of staff, to see what checks were carried out before staff were employed to work at Leycester House. Personnel files were organised and included appropriate checks to show safe recruitment and management of staff so that the registered provider could be assured they were safe to work with people living at the home.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications. Medicines were stored safely and managed appropriately to ensure that people living at Leycester House received their medications in a safe and effective manner. Clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. We saw in training records that staff had been trained in the safe handling, administration and disposal of medicines.

Is the service effective?

Our findings

We spoke with people living at Leycester House and they told us they were very happy with the way the staff cared for them and felt their needs were being met. Relatives spoken with said they were happy with the way their relative was cared for. People said “It is a lovely place to live, staff are really good”, “I couldn’t fault it here, marvellous place” and “I love it here, it is a home from home”.

We spoke with people at the home about the food and menu choices. We were told by the people who live at Leycester House that “The food is very good with choices every day”, “Food is good”, “I love the food it is really appetising and well presented”, “That’s another thing I can’t fault, the food we have is excellent,” and “All the food is homemade, even the soups which are lovely”. Relatives said they were invited to share meals with their family member and the food was “of a very good standard”.

There was a calm and relaxed atmosphere during lunch and people appeared to enjoy their meal. Staff were chatting with people, the mealtime was friendly and inclusive and the food had an appetising smell and looked attractive. Lunch could be taken in the dining rooms, lounges or in people’s own bedrooms according to people’s preferences. People were asked if they had enjoyed their meal and if they wanted any more to eat or drink.

We looked at life plans and found that they contained information about people’s dietary needs and malnutrition risk assessments to inform staff on how to support people with good nutrition and hydration. People’s weight was recorded to monitor whether people maintained a healthy weight. We saw that people’s known preferences were detailed in their records. Staff knew people’s preferences and told us that if people were unhappy with what was on offer that alternatives would be cooked. We saw in life plans that advice was sought from professionals in relation to nutrition and swallowing risk and the advice was used to ensure people ate and drank in sufficient amounts and in line with their needs. We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. This meant people were supported to maintain their hydration.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and ensures that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We looked at policies that were in place for staff to follow in relation to the MCA, DoLS and consent to care and treatment. The MCA says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person’s best interests. These policies provided information to support staff about the procedures they should follow when a person was unable to make certain decisions for themselves. Staff had received training in this and people assessed as needing to be deprived of their liberty had been referred to the relevant authorities following Best Interest meetings. We saw records of ‘Best Interest’ meetings’ and it was clear that the involvement of people’s next of kin had been sought to contribute to the decisions being made. Staff spoken with were knowledgeable about these procedures and were able to recognise when a DoLS authorisation was necessary to safeguard people’s rights. We found staff had acted in accordance with the requirements of the Mental Capacity Act 2005 in order to ensure each person’s rights were protected and that they received appropriate care and support to meet their needs.

Staff completed a nationally recognised standard of training called the Care Certificate. (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life), which covered key topics that staff working in adult social care need to know before they can safely work unsupervised. They also received additional training specific to the needs of the service for example dementia care and behaviour that challenges. Staff told us that they were up to date with their training and one said “There is always some training, the manager is very hot on it, it is very good”.

Is the service effective?

The activities co-ordinator was to attend “OOPH “(Our Organisation makes People Happy) training which is a social enterprise that exists to transform the quality of life of older people through fun and inclusive health and wellbeing.

We saw appraisal and supervision records for staff working at the home and staff spoken with confirmed that supervisions took place on a regular basis. Staff spoken with told us they received regular formal supervision by meeting with the manager and discussing their performance. (Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member. This would include a discussion of training needs). Staff spoken with said they felt very supported at the home. Comments made were “I have worked here for a long time and we don’t have a high

turnover of staff which I think speaks for itself”, “It’s a good place to work and we are well supported”, “This is a really good home and a good place to work” and “Yes I love coming to work here, manager is fabulous and we get good training”. This support and supervision contributed to staff understanding their roles and providing effective care to people.

There were systems in place to prevent the spread of infection. We found that the home was clean and fresh and audits were undertaken with regard to infection control. We saw that the home had been awarded a five star hygiene rating by officers from the local authority’s environmental health services who are responsible for rating catering facilities in homes such as Leicester House ; this is the highest rating available. We saw that the kitchen area was clean, tidy and well organised.

Is the service caring?

Our findings

People looked well cared for and those we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. We asked people how they liked living in the home and they told us “It is a lovely place to live and we are very well looked after”, “I find the staff are lovely and can’t do enough for you”, “The staff are very nice people and they treat me very respectfully” “This place is not home but the next best thing” and “On the whole this is a really nice place and I would recommend it to anyone”. Relatives spoken with told us that they were very happy and that the staff were extremely caring. One said “They go the extra mile and look after my relative very well”. Another said “We are always made to feel welcome and I know my relative is happy and cared for”.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people’s appearance and their personal hygiene needs had been supported. Some people were seen wearing colour co-ordinated outfits and non-slip footwear. Several people were wearing clean reading glasses and many ladies had their nails painted.

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a warm and pleasant atmosphere. We saw people were given lots of reassurance and staff took time to talk and listen to people. Throughout the day we saw staff interacting with people in a caring and friendly way and we saw lots of laughter and lots of smiles. We saw that staff treated people with dignity and respect and they were attentive, were patient and interacted well with people. Where staff were offering assistance they worked at the person’s own pace and did not rush them. This showed that staff were caring and knew the people they cared for very well. As staff walked around the home they stopped and spoke with people and gave small reassuring touches to them.

We saw that people were able to go to their rooms at any time during the day to spend time on their own. People were able to walk around freely and people could choose where to sit and spend their time. Throughout our inspection we saw staff approached people and asked if they needed or wanted anything. This helped to ensure that people received care and support in the way that they wanted to.

Staff we spoke with told us they enjoyed working at Leycester House. Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. This demonstrated freedom of choice. Staff appeared very committed and the overall impression was of a warm, friendly, safe and relaxed environment where people were happy and engaged in their own individual interests as well as being supported when needed.

People living in the home had an end of life care plan. This recorded how people wished to be cared for in the end stages of their life. For example, it recorded if they wished to stay in the home or be transferred to hospital. This meant that staff and their GPs were fully aware of how the person wanted to be treated and supported at the end of their life. Pain and symptom control were fully recorded together with any nursing or caring interventions so all staff were kept up to date with any changing needs.

We saw that personal information about people who lived at Leycester House was stored securely which meant that people could be sure that information about them was kept confidentially.

Information was given to people before they moved into the home in the form of a service user guide. This gave people adequate information for them to decide whether the home would be able to meet their needs. We saw that leaflets were available in the main entrance hall with regard to advocacy services.

Is the service responsive?

Our findings

Everyone had a life plan that was personal and individual to them. During our visit we reviewed the life plans of five people living at Leycester House. We saw people's needs had been individually assessed before they moved into the home and plan of care drawn up. The life plans were detailed reflected the person as an individual and included people's personal preferences likes and dislikes. These plans were used to guide staff on how to provide people with the care and support they needed and requested. The plans were reviewed regularly so staff knew what changes, if any, had been made. This meant that staff had up to date information that helped ensure people received care that reflected their current needs. We saw that people and their families were involved in discussions about their care and the associated risk factors.

Records looked at and discussions with staff demonstrated that people who used the service had access to a variety of health services such as local GPs, dieticians and speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists. We saw visits from professionals were recorded so staff would know who had visited and why and what advice they had given.

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family members progress by telephone and they were welcomed in the home when they visited. Comments included "It is lovely visiting my relative, you are made so welcome by all staff and offered cups of tea or coffee," and "It is a very good home and you always feel welcome whatever time you visit."

We looked to see what activities were provided for people and we were shown a weekly activities plan which was also displayed around the home. The home had an activity

coordinator whose role it was to organise and plan any activities within the home. People's life plans contained an individual daily activity record. We saw that activities included daily newspapers, sing-a-longs, musical bingo and bingo, gentle exercises to music, quizzes, church services, manicures, reminiscence, knitting and embroidery club, Italian evenings and entertainers visiting the home. One person said "I like the sing-a-longs and bingo best", and another said "The exercises are good but there is always something happening."

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them on a hospital transfer form.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate to speak with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with said, "If I had a problem I would speak to the manager, but to be honest I don't have any concerns at all, I am confident that my relative is very well looked after."

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that there had been two complaints made in the last 12 months. Records indicated that complaints had been dealt with promptly and appropriately.

Is the service well-led?

Our findings

Most people and relatives spoken with said they had no concerns at all and felt that the home was lovely and very well run. People who used the service spoke positively of the registered manager. One person said, “The manager is great you can speak to her anytime, her door is always open”, another said “The manager is a people person you can tell and she runs a good ship”, and “Yes the home is well run and the staff don’t leave so that tells you something”.

The registered manager was very visible throughout the home and we observed people approaching her and chatting and enjoying banter. It was apparent that people felt relaxed in the manager’s company and were used to spending time with her.

Relatives/resident meetings were held every two months and these were minuted. The registered manager had an open door policy and people, staff and visitors to the home said they could speak with her anytime and she was always available. The registered manager ‘walked the

floor’ regularly in order to check that the home was running smoothly and that people were being cared for properly.

We spoke with staff who said they felt the registered manager was supportive and approachable, and that they were confident about discussing anything with her. Staff told us the morale was good and that they were kept informed about matters that affected the service. Staff told us that team meetings took place regularly and that they were encouraged to share their views. Minutes were taken and circulated so staff unable to attend had an opportunity to see what had been discussed.

Staff confirmed that they received supervision. We saw that there was a supervision policy for the home and that this provided for supervision every six months. Staff members we spoke with had a good understanding of their roles and responsibilities and were generally positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns they had. They all said they could raise any issues and discuss them openly with the registered manager.

We looked at the arrangements in place for quality assurance. Quality assurance systems 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. The provider had a quality assurance system in place to monitor the quality of care being provided in its homes.

The most recent survey of the home had been completed in September and October 2014. We looked at a copy and could see that it covered a variety of areas including, staff and care, home comforts, choice and having a say and quality of life. Leycester House scored highly in all areas which meant that people were happy with the service provided.

We saw that CLS had a corporate monitoring system called ‘Driving success in our homes’ throughout its homes [staff members referred to this as the ‘Steering Wheel’]. Managers were required to complete reports on a variety of areas; these were grouped into four titles called people, customers, finance and operations. These titles were then sub-divided into more specific topics such as whether audits were up to date and the current training position for staff. This

system allowed the provider to monitor each home’s performance and address any shortfalls quickly.

We saw copies of the monthly audits completed by the registered manager, for example audits of life plans, falls, medication and mealtimes. If there were any issues identified following an audit, for example if a care plan required updating then these would then be dealt with. This was also monitored by the company’s head office.

We saw copies of visits that senior managers from the company undertook. These visits were both announced and unannounced and they spoke with the people living there on a regular basis.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately and quickly.

We looked at a sample of records called ‘notifications’. A notification is information about important events which the service is required to send to the Care Quality Commission (CQC) by law in a timely way. These records

Is the service well-led?

showed that the manager was knowledgeable of these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.