

Leeming Bar Limited

Leeming Bar Grange Care Home

Inspection report

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Ratings

Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection on 03 and 05 March 2015. At that inspection we gave the service an overall rating of 'Good', but identified a breach of Regulation 23: of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [This corresponds to regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. The provider had failed to ensure that adequate systems were in place to support workers, through the provision of training and supervision. After the comprehensive inspection in March 2015, the provider wrote to us with an action plan to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection on 02 September 2015, to check that the provider had followed their plan and to confirm that they now met with the legal requirements. This report only covers our findings in

relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leeming Bar Grange on our website at www.cqc.org.uk.

Leeming Bar Grange provides residential care for up to 60 people who are living with a dementia. The service is provided in a purpose built building located in Leeming Bar, with open countryside views, secure private gardens and a large car park. The registered provider of the service is Leeming Bar Limited, part of the Brighterkind group of care homes.

The manager of the service had changed since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this focused visit the new manager had been in post for just over a month and had

Summary of findings

not yet registered with us. We discussed the registration requirements with the new manager, who reassured us that they were in the process of applying to register as manager of the service.

Overall we found that the registered provider had taken action to meet the requirements of the regulations by providing training, supervision and appraisals for staff

since our last visit. However, there remained areas for further improvement, which were discussed and agreed with the new manager at the time of our visit. The manager was able to tell us what they were doing to make further improvements, such as undertaking a full training audit and review of the arrangements for staff supervision. We will assess this at our next inspection.

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 effective?

The service was still not always effective.

Although action had been taken to meet legal requirements we found that there were still improvements needed.

The majority of staff had received appropriate training and there were plans in place to provide additional training that was needed. The registered provider should continue to take action to monitor training provision and ensure that all staff receive the training that is relevant to their roles.

Staff felt adequately supported and had received appraisal and supervision, but these processes had not always been regular or effective. The registered provider should continue to take action to improve the frequency and quality of appraisal and supervision processes.

Requires improvement



Leeming Bar Grange 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 a focused visit, carried out to check whether the registered provider had taken action to rectify a breach of regulation associated with the Health and Social Care Act 2008, which we identified during our last inspection in March 2015.

This inspection took place on 02 September 2015 and was unannounced. The inspection team consisted of one social care inspector. We inspected the service against one of the five questions we ask about services: Is the service effective? This was because the service was not meeting one legal requirement during our last inspection in March 2015.

The provider was not asked to complete a provider information return (PIR) before our inspection, because this was a focused follow up visit, rather than a full comprehensive inspection.

Before the inspection we reviewed the information we held about the service. This included looking at the information relating to our last inspection of the service in March 2015, including the published inspection report and the action plan sent to us by the registered provider. The action plan told us what the registered provider planned to do to make the required improvements.

We also looked for any notifications and other information we had received about the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During this visit we spoke with the new manager, the deputy manager and two members of care staff. We also looked at the service's training, support, supervision and appraisal records.

Is the service effective?

Our findings

During our last comprehensive inspection in March 2015 we identified a breach of Regulation and required the registered provider to make improvements. There was a breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Supporting workers [This corresponds to regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing]. We found that the service had not ensured that staff received the training, supervision or appraisals they needed to do their jobs effectively. We identified training gaps for staff including dementia care and end of life care. After our inspection the registered provider sent us an action plan, telling us what they were going to do to meet legal requirements.

During this focused visit we followed up only on the identified breach of Regulation and the improvements the registered provider had made since our last visit.

The manager of the service had changed since our last inspection. At the time of this focused visit the new manager had been in post for just over a month and had not yet registered with the CQC. We discussed the registration requirements with the new manager, who assured us that they were in the process of applying to register as manager of the service.

We looked to see if appropriate arrangements were now in place to ensure that staff had received the training relevant to their duties. We spoke with the new manager, who told us that work had been carried out to improve training at the service. However, they told us that with the changes in management and changes in the staff team there remained some work to do to ensure that everything was up to date. They described the support they were receiving from the company's training manager to help them do this, including a full training audit that was scheduled for 22 September 2015. They told us that this audit would be used to plan the next years training priorities and ensure that the service continued to provide the training staff required.

The care staff we spoke with told us that a variety of training had been provided since our last visit in March 2015. This training included manual handling, safeguarding adults, fire safety, end of life care, dementia awareness and managing behaviour that challenges. The deputy manager confirmed that six staff had been signed up for care

diploma qualifications, since our last visit, to help ensure that staff were appropriately qualified. The deputy manager also provided confirmation that 8 staff were in the process of completing distance learning courses in end of life care and dementia. The new manager provided us with information on the training that was planned to take place over coming months. This included further dates for training on the principles of dementia, end of life care and deprivation of liberty safeguards.

We were provided with a copy of the service's up to date training record. This showed all of the services staff and the training they had completed, including dates. The training record confirmed what the new manager had told us and confirmed that training had been provided in a range of relevant topics since our last visit. For example, 17 staff had completed safeguarding training, 13 staff had completed dementia awareness training and 15 staff had completed moving and handling training since our last visit.

However, the training statistics showed that there were still staff who required training that was relevant to their roles. For example, two care staff still required manual handling training and eight staff still required dementia awareness training, although the new manager was able to demonstrate that further training on these topics was already planned or being delivered. We also saw that very few care staff had received training on the Mental Capacity Act date and deprivation of liberty safeguards, which is relevant to the provision of specialist care for people living with a dementia. However, again the new manager was able to demonstrate that further training in these topics was planned.

Overall, we saw evidence that training had been provided since our last inspection and that legal requirements were met. However, further improvements still needed to be made. The registered provider should continue to review training provision at the service and plan appropriate training on an on going basis, to ensure that all staff have completed the training that is relevant to their roles. We will assess this at our next inspection.

We looked to see if appropriate arrangements were now in place to ensure that staff had received the supervision and appraisal necessary to enable them to carry out their duties. We spoke with the new manager, who told us that work had been carried out to improve staff supervision and appraisal at the service. For example, they confirmed that since our last visit all staff had completed an appraisal with

Is the service effective?

the previous registered manager. They also told us how they were in the process of carrying out supervisions for staff and developing a supervision plan to ensure that supervisions were carried out on a regular basis.

Staff we spoke with told us that the new manager was approachable and supportive. Staff said that they could get help and support when they needed it and felt adequately supported in their roles. The staff we spoke with confirmed that they had received an annual appraisal and received individual and group supervision, although the frequency of this varied.

We looked at a selection of appraisal records for staff. This included individual supervision and appraisal records for four individual staff and group supervision records for all staff. The records confirmed what the manager and staff had told us. For example, we saw that staff had received an appraisal since our last visit. We also saw that staff had received individual and group supervision sessions, although the frequency of these varied.

However, we found that appraisal and supervision records did not always evidence an effective appraisal and supervision process. For example, only two of the appraisal records we looked at included a detailed record of management discussions during the appraisal process. We also looked at the appraisal and supervision records for one staff member, who was subject to disciplinary action. We found that neither their supervision or appraisal records included any management discussions or recordings related to problems with the staff members performance or the on going disciplinary process.

Overall, we saw evidence that staff appraisal and supervision had been provided since our last inspection and that legal requirements were met. However, further improvements still needed to be made. The registered provider should ensure that supervisions and appraisals take place regularly and adequately address staff management and performance issues. We will assess this at our next inspection.