

Mr & Mrs A Cousins

Levanto 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 ●

Summary of findings

Overall summary

About the service:

Levanto Residential Care Home is a care home for older people. The care home accommodates 20 people in one adapted building. The service was providing personal care to 17 people aged 65 and over at the time of the inspection. Most people were living with dementia.

People's experience of using this service:

People told us they felt safe living at Levanto Residential Care Home. There was a relaxed atmosphere between people and staff. Staff knew people well and were kind, caring and attentive.

Care and support was personalised to each person to ensure this was carried out to meet their needs and preferences.

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.

People were protected from the risk of harm. Risks were managed safely and safe processes were in place.

Staff had enough time to meet people's needs and spend time with them in conversation. Staff had completed training to ensure they had the knowledge they needed to meet people's needs effectively.

The environment was well maintained and equipment was regularly serviced. Signage helped people living with dementia to identify rooms. Some carpets had been replaced and were matt and even coloured. However, there were still some highly patterned carpets in communal areas. These are not suited to the needs of people living with dementia. The assistant manager told us there were plans to replace these.

Quality assurance processes ensured people received high quality care.

More information is in the full report.

Rating at last inspection:

Good (The comprehensive report was published on 17 August 2016); Good (The focused report was published on 15 March 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, 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.

Levanto Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

Levanto Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave on the day of our inspection.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. Prior to the inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information

about the service including what the service does well, and any improvements they plan to make in the future. We also gathered information from the local authority's quality assurance improvement team.

We spoke with four people and one relative.

We spoke with the assistant manager, deputy manager, four staff members, and two healthcare professionals.

We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and appeared comfortable when staff were present.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.

Assessing risk, safety monitoring and management:

- People were protected from the risk of harm. Risks had been assessed and were being managed safely. For example, assessments relating to mobility, skin care and nutrition had been carried out. Staff knew how to support people in a way that reduced risks. Specialist advice from healthcare professionals had been sought, where necessary.
- The premises and equipment were well maintained. Regular environmental checks were carried out. Where issues were identified, action was taken to make the environment safe.

Staffing and recruitment:

- There were enough staff available to support people with their personal care needs and to spend time with people in conversation and activities.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely:

- People received their medicines when they should.
- Systems in place ensured medicines were received, administered, stored and returned safely.
- Only senior staff who were trained and assessed as competent, administered medicines.
- Regular observation of staff's practice, when administering medicines, was carried out.

Preventing and controlling infection:

- The service was clean and smelt fresh throughout.
- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The registered manager used people's feedback and the service's monitoring systems to make improvements.
- Accidents and incidents were reviewed monthly to identify themes or increased risks.

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.

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:

- Care assessments identified people's needs. Staff received information on how best to meet these needs in line with best practice guidance and people's preferences.
- Regular care reviews ensured people's changing needs were quickly identified.

Staff support: induction, training, skills and experience:

- Staff had completed training to ensure they had the knowledge they needed to meet people's needs effectively.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role.

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

- People told us they enjoyed the food. Comments included, "The food is good" and "You can always ask for an alternative." We received some feedback that the choice at teatime was not always suitable. Staff told us they had recently reviewed the teatime menu to offer more variety.
- Where people required food to be prepared to meet their medical or cultural needs, this was catered for.
- Staff supported people who needed assistance to eat their meals. Staff showed patience and encouraged people to eat a suitable amount of food.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Staff were able to quickly identify when people were unwell.
- People were supported to see health care professionals to ensure their healthcare needs were met. During the inspection, a GP, district nurse and physiotherapist visited people at the service.
- A healthcare professional told us staff were skilled and competent. They had trained and assessed the service's staff so they could carry out a daily medical procedure.

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

- The service was well maintained. There were two lounges and a dining room on the ground floor. Signage was used to help people identify rooms. Stairlifts provided access to the upper floors.
- Some carpets had been replaced and were matt and even coloured. However, there were still some highly patterned carpets in communal areas. These are not suited to the needs of people living with dementia. The

assistant manager told us there were plans to replace these.

- People's bedrooms were personalised and people had items that were important to them.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff gained people's consent to receive care and support at each interaction.
- Where people were unable to consent to receive care and support, capacity assessments had been carried out and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions were being met.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and a relative told us staff were kind and caring. Comments about staff included, "They're all very good" and "They're very caring."
- Observations showed people were treated with kindness and respect. There was a relaxed atmosphere between people and staff. Staff showed an interest in what people were doing and there was friendly conversation. When people showed any signs of distress, staff spoke with them and gave them reassurance.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs. One staff member commented, "It's their home, it's about the personal things."

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

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives, where appropriate were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence:

- Observations showed people's privacy and dignity was respected. Staff knocked on doors and waited for a response before entering.
- People were encouraged to be independent and do as much as they could for themselves.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome.
- Important information about people was stored securely and confidential.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support that was flexible and responsive to their needs. Staff knew people really well and were able to tell us about their preferences.
- Staff knew what each person had done in their past and used this information to support and interact with people.
- Care plans gave staff information on how they should provide care and support in line with people's preferences. Care plans were regularly reviewed and updated.
- The service was meeting people's communication needs. Where people were unable to communicate verbally, staff knew how to meet communication needs through movement and facial expressions.
- People were encouraged to take part in social activities. Arranged activities included musical entertainment, animal therapy, arts and crafts, poetry. On the day of the inspection, people enjoyed a film afternoon. Staff told us they had recently introduced the use of old films and musicals which people really enjoyed.
- Some people liked to spend time in their bedroom. During our inspection, people were watching television, reading, and knitting.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns.
- Where people would not be able to make a verbal or written complaint due to their medical condition, staff were able to identify if they were unhappy.
- The complaints procedure was available to people and displayed in the entrance hall.
- The service had not received any complaints in the past year.

End of life care and support:

- No one at the service was receiving end of life care at the time of our inspection. Where people's wishes were known, these were recorded. The assistant manager told us they planned to develop their end of life care plans so people's wishes were better recorded.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to providing high quality care for people in an environment where people could feel at home. People, staff and healthcare professionals told us the service was well managed. One person said, "They're very helpful". Healthcare professionals told us there was always someone available if they wanted to discuss anything and they had no concerns. Staff told us they felt listened to and enjoyed working at the service. Comments from staff included, "I absolutely love it here" and "It's like family."
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- The registered manager was supported by an assistant manager, a deputy manager and a team of senior care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service.

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

- People were encouraged to share their views. Questionnaires were used to gain feedback from people and their relatives. Recent questionnaires showed a positive response. For example, one said, "The staff are friendly and welcoming. Anything we have asked has always been answered and things sorted out quickly." Recently received 'thank you' cards recognised the high quality care and support.
- Staff had good working relationships with partner agencies to ensure good outcomes for people. For example commissioners and a range of health and social care professionals.

Continuous learning and improving care:

- The management team kept up to date with best practice by subscribing to professional newsletters. The assistant manager was working towards a diploma in leadership and management. They planned to attend local forums with other care professionals to improve information sharing and knowledge.
- Learning was shared with the staff team during meetings.

