Nottinghamshire County Council

Leivers Court Residential Care Home for Older People

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

This inspection took place on 11 February 2016 and was unannounced.

Accommodation for up to 38 people is provided in the home on one floor. The service is designed to meet the needs of older people. There were 36 people using the service at the time of our inspection.

There is a registered manager and she was available during the 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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action. There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

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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 11 February 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with six people who used the service, four relatives, three visiting healthcare professionals, cleaning and laundry staff, three care staff and the registered manager. We looked at the relevant parts of the care records of four people, three staff files and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Most people told us they felt safe at the home. One person said, "Definitely. Staff come round regularly at night and check on me. They also come and check the windows are locked." Another person said, "Very safe. There's always someone here when you need them." However another person said, "No I didn't feel particularly safe at night as [a person who used the service] came into my room and looked though my drawer. I now lock the bedroom door at night." Relatives were positive about the service and felt their family members were safe at the home. One relative said they felt their family member was, "Totally safe."

Staff were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities with regard to protecting the people in their care. A staff member told us they had not observed anything which would give them cause for concern but said, "If I did I would report it straight away." They said they would initially report it to the team leader or the registered manager if necessary." Another staff member told us they would be able refer to the local authority's safeguarding team and had done this in the past.

Staff said they would not use restraint. They said they would use different approaches to gain a person's cooperation, ask another member of staff to try or come back later.

Appropriate safeguarding records were kept. A safeguarding policy was in place and some staff received safeguarding adults training. However, the majority of staff required an update of their safeguarding adults training and the registered manager had plans in place to ensure that happened.

Risks were managed so that people were protected and their freedom supported. People told us they could get up and go to bed when they wanted to and were not restricted by staff. A person said, "I can choose what I want to do." We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People's care records contained risk assessments for the use of mobility aids, a sensor mat, pressure ulcers, and activities such as bathing and showering. Actions to manage the risks were identified. However, a person at high risk of developing a pressure ulcer had only had the risk assessment reviewed on a six monthly basis, the level of risk suggested that it should be reviewed more frequently than this.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. An emergency contingency procedure was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

We saw that the premises were well maintained and generally safe. However, we saw that some potentially harmful liquids had not been stored securely. We brought this to the attention of a staff member who removed them.

Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. Staff told us they felt they had enough equipment to meet the needs of people using the service. They said, "We always have a back-up and equipment is repaired quickly."

We received mixed feedback regarding staffing levels. Three people told us that there were enough staff on duty to keep them safe and meet their needs. However, three people told us that there were not always enough staff on duty. A person said, "Sometimes there are not enough staff. When I am having a bath they sometimes have to go away and come back, they can't do a job completely." One relative said, "Broadly yes, enough staff." Another relative said, "During the week there are enough staff but not at weekends." A visiting professional said, "Staffing levels are generally very good."

A member of staff said they felt there were enough staff on duty most of the time, but occasionally if someone was absent due to sickness they would be stretched. They said that other staff would often come in at short notice or agency staff might be used when sickness affected staffing levels. The registered manager told us that a change in staffing levels was being considered.

We observed that people generally received care promptly when requesting assistance in the communal areas and in bedrooms. Staff were visible in communal areas and spent time chatting and interacting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. The registered manager told us that they would quickly receive feedback from staff if they had any concerns regarding staffing levels.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. A staff member told us if issues were identified with a member of staff, "They do get managed."

Medicines were safely managed. People told us they got their medicines when they needed them. One person told us they did not know what some of their medicines were when they came out of hospital and staff explained them to them. Relatives also confirmed that medicines were safely administered.

Staff told us they had completed on line training for medicines administration and they were about to undertake training provided by the pharmacy supplier. We saw evidence that the staff administering medicines had had their competency checked within the previous year.

We observed the administration of medicines and saw medicines were checked by two staff and tabards were worn to alert others that these staff should not be interrupted. We saw the trolleys were generally locked when left, but we observed one occasion when a medicines trolley was left unlocked and unattended when the staff member went to help a person and another occasion when a trolley was left with the keys in the lock. On both occasions, the trolley was within eyesight of the staff but they may not have been able to prevent someone accessing the medicines.

Medicine Administration Records (MAR) contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. MARs confirmed people received their medicines as prescribed. When there were specific requirements for administration, risk assessments had been completed. This included medicines which were prescribed to be administered only as required (PRN).When health checks were required in relation to the administration of medicines these had been completed and the results were kept with the MARs.

Medicines were stored safely in line with requirements in locked trolleys or cupboards. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits.

People and their relatives felt that the home was clean. One person told us that their clothes came back from the laundry fine.

During our inspection we looked at some bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed staff followed safe infection control practices.

Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection. Laundry and cleaning staff confirmed that they had the time and equipment to carry out their roles effectively to minimise the risk of infection.

Good

Is the service effective?

Our findings

Most people told us that staff were sufficiently skilled and experienced to support them to have a good quality of life. One person said, "They look after you really well." One person disagreed and told us they didn't feel staff always had enough training when they first came to the home. A relative said, "Staff are predominantly excellent and all are least good." Another relative said, "Staff undoubtedly have the skills to do the job." We observed that staff competently supported people.

Staff told us they had completed an induction that gave them the skills they needed when they first started their role. This enabled them to provide care and support for people in an effective way. The registered manager told us staff completed the newly formed 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt they had enough training for their role. Training records showed that staff attended a wide range of training. However, not all staff had attended refresher training in line with the frequency identified by the provider. A plan was in place to ensure that staff remained up to date with their training.

Staff told us they received supervision monthly and had an annual appraisal. Supervision records contained appropriate detail. Appraisals had been completed for a number of staff and contained appropriate detail.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

The requirements of the MCA were being followed. When people were unable to make decisions for themselves, mental capacity assessments had been completed for each decision and the best interest decision making process was well documented. The involvement of other professionals within the decision making process was recorded, for example, a speech and language therapist had been involved in a decision to sit a person upright for their meals.

We saw another person had a mental capacity assessment to assess their capacity to leave the home independently and unsupervised. The decision indicated the person did not have the capacity to make the

decision for themselves and a DoLS application had been submitted. The person's whereabouts was being checked hourly and a sensor mat had been put into place for when they were in bed and mental capacity assessments and best interest decision making had been completed for their use.

People told us that staff explained what they were going to do and checked that they were happy before they did it. Relatives told us that staff asked for consent and respected their family member's choices. A visiting professional said, "Staff always respect people's choices." We saw that staff talked to people before providing support and where people expressed a preference staff respected them.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. DoLS applications had been made appropriately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. The information in their care plan described the type of behaviour, when it was likely to happen and the actions staff should take when it occurred.

One person said, "The food is very good. There's always an alternative too." Another person said, "The food could be better, the same things are repeated so often." They told us there was plenty to drink and staff offered them a range of hot and cold drinks and they were offered wine for Sunday lunch. They said, "We have loads of tea." They said their evening meal was nicely presented and there was a good choice of sandwiches. Another person said, "The food is pretty good." They told us staff knew their preferences and there was always something on the menu that they liked. A relative said, "The kitchen does a phenomenal job. People can have whatever they want."

We saw that people were offered drinks throughout the inspection. We observed the lunchtime meal. People received their meals promptly and when people needed assistance staff sat with them and helped them without hurrying the person.

Risk assessments had been completed to assess people who were at risk of choking and a swallowing assessment was recorded for a person with swallowing difficulties. Nutritional care plans were in place which provided clear details of the support each person needed, their preferences and needs for specialised cutlery and crockery, and their food preferences.

Food and fluid charts had been completed to record people's intake when they had lost weight and people were weighed monthly. However, we noted a person had been weighed twice a month and had lost 2kg between December 2015 and January 2016 but no comment was made in relation to this and no action was identified. Previous weight losses had been identified and the speech and language therapist had been involved a few months earlier, but there was no documentation regarding the use of supplements or a dietician referral. We raised this with the registered manager who agreed to review the matter.

People told us that they saw external professionals when they needed to. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

Staff told us they did not have any issues in accessing people's family doctors and they said the community nurses were, "Fantastic." On the day of the inspection we saw a number of professionals visiting people

including staff from the community nursing team.

A visiting professional told us staff were good at highlighting any concerns, had a good knowledge of the people they cared for and followed their advice. They said, "If we mention something they are always on to it and chase it, they won't leave it." They said staff were obliging and pleasant and always made them welcome. Another visiting professional said, "Staff always follow through. Most of the time they have a good knowledge of people but there is a high turnover of residents and if someone has come in when they have been off duty they will find another member of staff who knows about the person."

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a community psychiatric nurse and an occupational therapist. Clear guidance was also available for staff on meeting people's physical health needs.

Where people required pressure-relieving equipment and assistance with changing their position, the equipment was in place and at the correct setting. Records to indicate their position had been changed in line with their care plans were fully completed.

Adaptations had been made to the design of the home to support people living with dementia. A relative said, "It's a brilliant home. The design is great and all on one level." The home was on one floor and people were able to walk freely around the home. The home was bright and colourful. Bathrooms, toilets and communal areas were clearly identified, people's individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home.

Good

Is the service caring?

Our findings

Almost all people told us that all staff were caring. A person said, "Staff are wonderful. They can't be improved." Another person using the service said, "Staff are very helpful. They are very patient." However one person said they had observed one member of staff assisting a person with their meal in an uncaring way. They said, "The [person who uses the service] can't do anything for themselves and [the staff member] comes and just shovels the food in. They don't explain what they are doing or say things like, I have some nice carrots here or similar, they just say, Open your mouth wider." We talked to the registered manager about this and they wanted to take action but the person who told us, did not want to be identified, so we agreed the team leader and registered manager would observe the member of staff concerned to monitor them and address any issues.

A relative said, "Staff are very caring." Another relative said, "Staff are very caring and they also care as much about the family too." A visiting professional said, "There is a very caring ethos here. Staff all have a very nice attitude. They want to do their best for the residents. Staff are very kind." Another visiting professional said, "The staff genuinely care."

People told us that staff knew them well. Staff were knowledgeable about the care people needed and their personal preferences. We asked a member of staff about the care of a specific person and they told us the previous day they had noticed the person seemed to respond better to a male carer and they had handed this over to the team leader to ensure this could be accommodated in the future.

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. Most staff engaged well with people using the service and provided reassurance to those people who were confused. However, we were in a small lounge and dining area for over half an hour and observed an agency carer had very limited engagement with people in the area. One person was sat at a dining table with a teddy. She tried to engage with people entering the area, but this staff member did not interact with her despite the person saying such things as, "What am I supposed to do? Is anybody coming?" When the person directly spoke to the carer saying, "Can I move?" the staff member said, "You can go anywhere you like [name of person who used the service]." However they did not suggest anywhere they might like to go or any activity they might like to undertake or start a conversation with the person. We raised this with the registered manager who agreed to immediately address this issue.

Some people told us that they had seen their care plans. Relatives told us that they were involved in care planning. A relative said, "You can always put your view across." We saw people or their close relatives had signed their care plans to demonstrate their involvement.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained information regarding people's life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person.

People told us that they were treated with dignity and respect and staff maintained their privacy. One person said, "They treat me like a queen." A relative said, "[My family member] is treated with great respect."

We saw staff take people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to explain how they maintained people's dignity and privacy. They told us they would close the curtains, cover people with towels during personal care and talked about offering them choices and talking to them to put them at their ease. They said little things such as ensuring people were able to apply perfume or make up was important. We saw that staff treated information confidentially and care records were stored securely. A relative said, "They are very careful about confidentiality here." However, we saw one room contained records and it was not locked and the door would not close properly. We raised this with the registered manager who agreed to address the issue immediately.

People told us that staff supported them to be independent. One person said, "Yes, they let you do things."

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. A relative said, "Staff are very responsive. When [my family member] became seriously ill, staff were there and resources were put in place very quickly." We also observed that staff responded quickly to people when they requested support.

A person using the service said, "There are always things going on. There's Bingo twice a week and a quiz every week." They also mentioned dominoes, painting for Chinese New Year and a film. Another person said, "I am never bored." A visiting professional said, "There are always activities going on." A relative said, "activities are very good." We saw activities taking place throughout our inspection.

People told us they could receive visitors at any time. One person said, "They can come when they want to." Relatives told us they could visit whenever they wanted to. We observed that there were visitors in the home throughout our inspection. Visiting arrangements were set out in the guide for people who used the service.

The care records for people staying at the service for the long term had a full range of care plans which were written from the person's perspective and contained a good level of detail about their individual needs and preferences. Care plans were in place for people's health needs and long term health conditions such as diabetes. There was evidence the care plans had been reviewed monthly, but this was generally a signature and very little information on updates was included. However, we did not find any evidence that they were not reflective of people's current needs.

Each person receiving long term care had a separate folder entitled 'All about me'. These gave detailed information about the person, the activities they enjoyed, their life history, and important relationships. They also included lots of pictures of things which would were meaningful/important to them and photographs. We also saw that some of this information was on people's bedroom doors to provide staff with further guidance on how to meet people's individual needs.

People who had come to the service for a shorter period of time following discharge from hospital had a less detailed assessment and care plan but these contained enough information to enable staff to provide the care people needed. Frequent assessments were completed to assess the person's progress. One person had a wound to their leg which was being dressed by the community nurse. However, there was no information in the care plan about it and the care required between community nurse visits. The registered manager agreed to put this in place.

When asked if they knew what to do if they had a complaint or were unhappy with the service provided, a person said, "I would go to the office and talk to the boss." They said they had had no reason to raise anything but were confident their concerns would be addressed if they did. A relative told us that they had raised concerns and were happy with the response. Staff were clear about how they would manage concerns or complaints. A staff member said, "I would see if they were happy to speak to me or if they wanted me to pass it on to the [registered] manager." They said they would try and address the issue and report it to the team leader or registered manager.

Complaints had been handled appropriately. Guidance on how to make a complaint was displayed throughout the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

Some people told us that they had been to a meeting for people who used the service to discuss their views of the service. Relatives told us that meetings took place. We saw notes taken at the meetings for people who used the service and their relatives and actions had been taken to address any comments made.

Some people told us they had completed a survey asking for their views on the quality of service provided at the home. Relatives told us they had completed questionnaires and knew how to provide their views to the service. We saw that surveys had been completed by people who used the service and their families. Responses were positive and actions had been taken in response to any identified concerns.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy.

A person said, "You would have to go a long, long way to find a place as good as this. The Council do us proud here." A relative said, "It's a really positive home to come to. A cracking home with cracking staff." Another relative said, "It's an excellent, fantastic place." Another relative said, "The care here is outstanding. We can't praise them enough."

A member of staff said the aim of the service was to provide high quality care and to create a community. They told us the main challenge was the change to providing assessment beds, as people were at the home for a much shorter period of time and the turnover was high. They said they felt they created a, "Really good caring family environment which was person centred." They said they felt they were proactive and were always looking at improvements. The provider had values in place and we saw that staff acted in line with those values.

One person said the registered manager was, "An incredible lady." A relative said, "The [registered manager] is very responsive, a good manager, strict with high expectations." A staff member said, "When we have a team meeting we openly speak about things and we get feedback about how we are doing." A staff member told us they saw the registered manager regularly. If they had an issue they would tend to speak to their own supervisor first but said, "I feel I could speak to almost anybody here."

A registered manager was in post and she was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt very well supported by the provider and told us that sufficient resources were available to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met and notifications had been sent to the CQC when required.

We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way. They told us that staff worked as a team. A staff member said, "We all pull together."

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and other staff. Audits were carried out in the areas of infection control, care records, medication, health and safety and catering. Action plans were in place where required to address any identified issues.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to the CQC as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.