Leabrook House Limited

Leabrook House Nursing 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

This unannounced inspection took place on 29 March 2017.

The home is registered to provide accommodation, nursing or personal care to a maximum of 41 people. People also access the service for short term respite care. On the day of our inspection 39 people were using the service. A high number of people who live there have needs associated with brain injury, illness or disability.
The previous ratings inspection of the service took place on16 and 20 March 2015 and at that inspection we found the service to require improvement in the area of Safe. This was because we found issues with the management of some medicines, which required improvement to prevent people being placed at risk of possible ill health. At this inspection we found that some improvements had been made to ensure the safe management of medicines.

The service had a registered manager. 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. The registered manager was available on the day of the inspection.

People living in the home felt safe. Staff were aware of the processes they should follow to minimise risk to people. Systems were in place to protect people from the risk of harm and abuse. Staffing levels and skill mix ensured that people's needs would be met. Staff had been trained to manage medicines safely and people received their medicines as and when they should.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act 2005 and gained their consent before assisting or supporting them. Staff assisted people to access food and drink.

Where possible people were involved in making their own decisions about their care and their specific needs. Staff provided dignified care and showed respect to people. People were encouraged to retain their independence with staff there ready to support them if they needed help.

Staff understood people's needs and provided specific care. People's preferences had been noted and acted upon where possible. People were given the opportunity to become involved in activities. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led in an appropriate way. Staff

were supported in their roles. Quality assurance audits were carried out, so that it was clear to see if any patterns or trends were developing which may impact upon the service provided to people. We received notifications of accidents or incidents that had occurred, which the provider is required to do so by law.

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 and staff had been trained to recognise and report abuse or harm.

Medicines were administered and stored appropriately.

Staff recruitment was carried out appropriately.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before supporting them.

Staff assisted people to access food and drink where appropriate.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were given choices and encouraged to make decisions where possible.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Activities were available to people within the home.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good

The service was well-led.

In order to identify any trends or patterns quality assurance audits were carried out.

The provider ensured they notified us about incidents/accidents as they are required to.

People were happy with the service they received and felt the service was well led.

Leabrook House Nursing 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 checked 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.

Our inspection was unannounced and took place on 29 March 2017. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used this information to plan what areas we were going to focus on during our inspection.
We asked the provider to complete 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.

We spoke with five people, four relatives, two members of staff, a nurse, the chef, the registered manager and the provider. We viewed care files for four people and the recruitment and training records for three members of staff. We looked at four people's medicine records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to monitor the quality of the service.

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

At our last inspection of 16 and 20 March 2015 we found that medicine management was not robust and that some medicines had not been signed for appropriately to show that people had been administered their medicines. Where medicines were given, 'as and when required' a protocol for this was not in place to ensure these medicines were administered consistently by staff. Some medicines had not been dated and some had not been destroyed when expired. Checks on medicines did not always identify specific problems. At this inspection we found that some improvements had been made to ensure the safe management of medicines. Medicines were dated and destroyed appropriately when no longer in use. Protocols were available when medicines were taken, 'as and when required'. We saw that some gaps were in place on the Medicine Administration Record (MAR) sheets, where staff had not signed to say that they had given a person their medicine, this meant that it was unclear whether a person had received their medicine or not. This had been flagged up in audits completed by the registered manager and we saw that they had highlighted the omissions and had spoken with staff members involved. Most of the staff involved had gone back to the record and ensured that it was signed, however some gaps in recording were still awaiting the attention of staff member for them to check that the medicine had been given and to sign to say that it had been administered by them. Information from the Provider Information Return [PIR] told us that a computerised system was planned within the next 12 months and the provider felt that this would be beneficial.

People we spoke with told us that they received their medicines when they should and that they were given appropriately. Staff were able to tell us about people's medicines and how medicines given, 'as and when required' should be administered. During our audit of the medicines the emergency buzzer sounded, which the staff member had to attend to immediately, however they made sure that the medicines trolley was quickly locked away before leaving.

People told us that they felt safe with one person saying, "I feel safe, there's always someone [staff] around". A second person said, "I used to have a stick, but I kept bumping into things so the staff said you're not safe now, so we'll give you a frame, now I can walk around the room safely". A relative told us, "I've been happy enough with [person's name's] care". A staff member shared with us, "People are kept 100% safe here, we [staff] all put our heart and soul into making sure of it".

We found that risk assessments had been completed to minimise potential risk to people and we saw that these covered moving and handling, mobility, personal care, skin viability and equipment amongst others. We saw that risk assessments looked at how any risk could be reduced such as the use of on-going monitoring, additional staff to assist or a referral to professionals, such as the Speech and Language Therapy team. Each person had their own specific personal evacuation plan in place, detailing how their safety would be maintained in the event of an emergency and staff were able to tell us about these. Where there were concerns regarding people's skin viability this was addressed as a matter of urgency and we found that specific care was taken to alleviate people's discomfort and advice was taken from professionals regarding dressings and on-going care.

Staff we spoke with understood how to report any concerns regarding people's safety and one staff member gave us an example of how a concern had previously been reported to the relevant external agency. Staff were able to tell us how they would be able to spot abuse and spoke of physical abuse and bruises on people, financial abuse, emotional abuse and the person's demeanour, when thinking of what they would look out for. We saw that staff had received safeguarding training and this was updated as required. We saw that accidents and incidents had been reported as required and logged appropriately. Any trends were monitored within on-going audits and action taken as required.

We found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they started work. We looked at three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We saw that staff members had provided a full work history. We found that appropriate processes were in place where disciplinary procedures needed to be adopted.

One person told us, "There are lots of staff". A relative said, "We're very satisfied, I can't fault them [staff], they keep [person's name] clean and tidy". A staff member told us, "The staffing has recently increased by a couple [of staff members] per shift, this has made a difference". A second member of staff said, "It would be nice to have more staff to enable us to spend quality time with people, but the level we have is enough to keep people safe". We saw that staff were easily accessible to people and that when alarm buzzers rang staff answered the call in a timely manner.

Good

Is the service effective?

Our findings

People we spoke with told us that they thought that staff were knowledgeable. A member of staff told us, "My induction was thorough and prepared me for the job". We saw that new employees were provided with an induction which included training, getting to know the policies in place and shadowing senior members of staff before taking on their role fully. We saw that new employees completed The Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

We found that the training matrix identified planned training as well as training already completed by staff. A staff member told us, "Training is always available, I recently did moving and handling and training on how to assist people who use catheters, there are a lot of courses". We saw staff using the skills that they had gained from training, for example moving people in a safe manner.

Staff told us that they received regular supervisions and records reinforced this. Staff said they felt able to speak with the registered manager, provider or senior managers at any time and that there was an "open door" culture in place. One staff member told us, "I have supervision regularly, but the staff team also support each other and we appraise each others performance continually in a supportive way". We saw that appraisals were carried out when required and were used as an opportunity to look at previous practice and set goals for the coming year.

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 found that DoLs applications had been submitted appropriately to the supervisory body and were awaiting further assessment and mental capacity assessments were in place. Staff told us that people were cared for in the least restrictive way, wherever possible. Where a relative had Power of Attorney in order to make decisions on the person's behalf we saw that they had been involved in any decisions.

People told us that staff asked their consent before carrying out care, with one person saying, "They [staff] ask before they do anything". A staff member told us, "Just because people are non-verbal it doesn't mean that they lack capacity. We have to get consent because people have rights". We saw examples of staff getting people's consent, such as asking if they could assist people from room to room, asking if people wanted to engage in activities and asking if medicines could be administered.

People told us that they enjoyed the food, with one person saying, "Yes it's good, you get a choice of food, you please yourself what you want, they come around with a menu in the morning". A relative told us, "It [meal] always looks nice". We saw that people enjoyed lunch and were assisted where required. People

eating in their rooms received a covered hot meal and drink prior to the dining room meals being served. Information on people's eating and drinking needs were recorded and covered likes and dislikes, allergies, specialist diet and if adapted cutlery was needed. A staff member told us, "Our people here do really well with their nutrition, if we have any problems we speak instantly to the dietician" records we saw reinforced this.

People's cultural and religious preferences were taken into account through the food they ate, for example halal meat was provided where required. We found that theme nights incorporated festivals such as Easter and residents birthdays, where they were able to choose the menu. We saw for an upcoming birthday somebody had chosen Pizza. The catering manager showed us a copy of a questionnaire that was completed by people using the service and this incorporated such questions as, 'What foods did you have growing up which were your favourites and what foods from other cultures do you like?'

People received regular drinks. One person told us, "I can ask for a drink whenever I want and I've got my own bottles here by me". We saw that drinks were readily available to people and that they were placed where people could reach. If people required assistance to drink, this was given.

We saw that where people were at risk of dehydration and malnutrition this was monitored, with recordings taken of food and fluid intake and output noted. Some people were fed via Percutaneous Endoscopic Gastrostomy (PEG) where they were unable to take nutrition orally. This was carried out appropriately. We saw that where PEG feeding was used to administer nutrition or medicine this was monitored regularly and reviewed on a monthly basis.

People told us that their on-going health needs were met, with one person saying, "The staff look after me, they check my blood sugar levels, at dinner time it was low enough that I could have a desert". A second person said, "The staff have cared for me very well. When I first came here I was very poorly after leaving hospital, I had to have pureed food, I was in a bit of a state. [Nurse's name] and the staff are all very good, I am much better now". People told us that if they needed to see a doctor this was arranged without delay. A relative told us, "If anything is wrong they fetch the doctor. A few months ago [person's name] was taken to hospital and one of the staff came with them and then stayed with us for support".

We saw that visits from health professionals were recorded and that on-going care in relation to invasive care was carried out in conjunction with advice from professionals. A full medical history of each person was given and medical letters related to appointments and on-going care was kept. We saw that people attended check-ups with the dentist and opticians as required.

Good

Is the service caring?

Our findings

People told us that the staff were kind and cared for them well. One person said, "The staff are alright, they're caring staff they could be worse". A relative told us, "The staff really care. I ring twice a day and they always speak to me, it's never a bother to them. If they don't know the answer they'll go and get someone". A staff member told us, "I am in this job because I care". We saw positive relationships between people and staff members.

We saw people encouraged to make their own decisions, such as being asked what they wanted to eat, or where they wanted to sit. One person told us, "I decide what to eat and what to wear and I can go wherever I want to in here". A relative told us, "If [person's name] wants to go to the lounge then they [staff] put them in their chair and wheel them into the lounge. It is [person's name's] choice and staff do as they ask". A staff member told us, "The staff here give amazing care to people, the care is unsurpassed in my opinion".

We saw staff had a good rapport with people, with lots of laughing, singing and joking. Staff knew people well and had taken time to discover what they liked. We saw one staff member talking to a person about a particular football team they liked and the staff member told us that this really raised the person's spirits.

People told us that staff treated them with respect and dignity. One person said, "Staff respect me and treat me as a person". A relative told us, "[Person's name] is always clean and shaved. It is important for them as well as me and staff understand". We saw that people were assisted to the toilet when they needed to go and were not made to wait. People were dressed smartly and in clothing that reflected their age and preference.

Where possible people were encouraged to be independent. Due to people's ability this was often limited, but we saw that staff encouraged people where they were able to do things for themselves, like open jigsaw boxes to retrieve the puzzle inside. One person told us, I am encouraged to do things for myself, but if I can't reach the staff will always help me". A staff member told us, "Lots of people have lost skills and it is fantastic if we can help them to redevelop them".

One person told us, "My family come and take me out and they are free to visit anytime". A relative told us, "We get invited for Christmas dinner with our relative, it's lovely". We saw lots of visitors who were welcomed into the home. Some joined in activities such as bingo and it was clear that they were encouraged to become a part of the service.

The registered manager told us that nobody was currently using the services of an advocate, however where people required assistance to contact one staff would help them to do so. Staff were able to speak with us about contacting a advocate. We saw that leaflets were available for people and visitors in the reception area. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Good

Is the service responsive?

Our findings

People we spoke with told us that they had been part of developing their care plan. One person said, "I was asked about my needs and what care I required". A relative told us, "I have been involved in care plans and reviews". We saw that care plans included information on people's needs including, mobility and manual handling, personal care, medical and equipment needs, social needs, likes and dislikes and a history of the person was provided. Pre-admission information was given alongside a list of medicines the person was taking and a medical history. People's preferences were recorded and this was reflected in the care provided. For instance where the care plan stated that the person liked to be clean shaven, we saw that they were. Where the care plan stated that a person required to be turned three hourly, records showed that this had been done.

People's relationships with loved ones was promoted and we saw lots of photographs and personal belongings in people's rooms. One person's room had been replicated to look as much like their bedroom at home as possible. Important dates such as children's and spouses birthdays had been recorded and we heard a staff member speaking with one person about upcoming family birthdays.

People told us that they enjoyed the activities. One person said, "I get involved in activities". We saw that activities were carried out and that some people chose to get involved, whilst others were more happy to sit and watch. There was lots of opportunity for residents to have choice in the activity sessions, they were asked what game they would like to play and the activities co-ordinator showed each person a choice between a skittle or a dart. We saw relatives welcomed to join in and families enjoying the time spent together. We saw that people had a good relationship with the activities co-ordinator and that there were lots of big smiles whilst interacting. A staff member told us that they felt that there could possibly be more age related activities, as they felt that young men may not normally chose to play bingo. We spoke with the registered manager who told us that the activities co-ordinator would be attending a course at a local college and that they were investing heavily in activities, including interviewing for a driver so that people could be taken out on trips.

We saw that there was a complaints policy in place and where possible people told us that they would use this if needed. One relative told us, "I did have to complain a couple of years ago and yes it was sorted. I think someone might have got told off". A staff member told us that if a complaint was raised with them, they would take it immediately to the registered manager. We saw that where complaints had been received these had been handled appropriately, with an investigation and on-going communication with the complainant.

Good

Is the service well-led?

Our findings

People we spoke with were positive regarding their experience of living in the home and one person said, "I'm quite happy where I am, I've never regretted coming here anyway". A relative told us, "We made a good decision when we came here". We found that the atmosphere within the home was warm and friendly.

People were complimentary about the registered manager and one person said, "[Registered manager's name] is a good manager". A relative told us, "[Registered manager's name] always gets things done". A staff member told us, "The manager always listens". A second staff member said, "The manager runs this place in a way that everybody knows their role. If she is absent it still runs smoothly".

Staff told us that they attended staff meetings and we saw minutes that recorded what had been discussed. A staff member told us that they were encouraged to speak up at meetings if they had any issues to raise. Where staff did not attend the meeting, we saw that minutes were available for them to see afterwards and were accessible.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of staff told us, "I would always whistle-blow, we have been told how important it is". We saw that a whistle blowing procedure was in place for staff to follow.

We saw that quality assurance was in place and that audits had been carried out, in particular around care plans, medicine, health and safety, infection control, equipment, fire safety and staffing and training. The registered manager told us that any actions that were required from staff as part of the audit was shared with them at meetings and we saw that any actions were recorded.

We saw that feedback was obtained by use of surveys. 40 questionnaires had been sent out and five returned. The questions looked at whether people were happy with the food, staff levels and the activities in place. We saw that feedback given was positive, with one quote being, "We are always happy with [person's name] care". The registered manager told us that feedback was given to people at next residents/relatives meeting. People we spoke with reinforced this. Staff were also asked for their feedback and one staff member told us that ideas they had raised had been implemented, such as swopping the lounges used for activities alternately, so that people had a change of scenery.

We checked that ratings from the previous inspection were displayed in the home and that the website gave the CQC rating previously awarded. The ratings were displayed within the premises, but the website did not have the details required. We raised this with the registered manager who told us that this would be completed as soon as possible, but we received no update and upon checking on-line this has still yet to be rectified.

We met with the provider during our visit and the registered manager and staff told us of how supportive the provider was. We saw that the provider was very visible in the home and that people knew them.

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We found that we received notifications of incidents or accidents as required by law.