Libury Hall

Libury Hall

Inspection report

Libury Hall
Great Munden
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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?	Requires Improvement

Summary of findings

Overall summary

Libury Hall is registered to provide residential care for up 37 older people living with mental health needs. At the time of our inspection 32 people were living at Libury Hall.

The inspection took place on 22 November and 07 December 2016 and was unannounced. At our previous inspection on 08 November 2015 we found breaches of regulations 09, 12, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments had not been completed to safely manage identified risks of harm to people or others.

The registered manager had not sufficiently investigated and reviewed incidents to ensure people were kept safe. People's medicines had not been safely managed. People were not always able to influence or contribute to their care, and people's social needs were not consistently met.
Management systems and processes were not effectively established or operated to ensure people received a safe and high quality service, and records of care did not detail how people needed to be supported.

At this inspection we found significant improvements had been made in areas relating to managing risk, administering and management of medicines, supporting and developing staff, meeting people's individual needs, and some improvements relating to the management of the service were found. However we also found improvements were still required in governance systems to ensure the service was well led and records relating to people's care were accurate.

Staff we spoke with were knowledgeable in relation to keeping people safe from harm and reporting incidents to the management. Risks to people's well-being were managed positively by staff in a manner that promoted people's choice and independence. People were supported by sufficient numbers of staff who responded promptly when they required assistance. People were supported by staff that had undergone a robust recruitment process to ensure they were of good character. People's medicines were managed safely as intended by the prescriber and staff had received appropriate training to do so.

Staff felt supported by the registered manager and management team who enabled them to carry out their role effectively. Staff had received training relevant to their role and further training for specialist areas had been identified and organised. People's consent had been sought prior to care being carried out and staff took time to talk to people to gain that consent. People's nutritional needs were met and their food and fluid intake and weight were monitored and people were able to choose what they ate from a varied menu. People`s health needs were met when needed with access to a range of health professionals when needed.

Staff spoke with people in a kind, patient and friendly way and respected people's dignity. People felt listened to and told us they felt they could shape their own care to reflect their own personalised choices. Staff were aware of people's needs, choices and we saw that a friendly rapport had developed between people and staff who cared for them.

People received care that responded to their needs. People were supported to remain independent and pursue individual hobbies and pursuits. People and relatives felt able to raise complaint or concerns with management, and regular forums were held for people to do so. The Registered Manager operated a robust complaints process that when required reviewed and responded to complaints appropriately.

Governance systems and updates in people`s care records continued to be an area that was under development, however the registered manager was able to demonstrate to us how they were addressing these issues. People were positive about the management team and told us that significant improvements had been made across the home by the management team and the provider.

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 were supported by enough staff to meet their needs in a timely manner.

People felt safe and staff were aware of how to identify and respond to any suspicion of abuse or harm to a person.

Risks to people's health and well-being were identified and people felt they had choice and control over how these risks were managed.

People's medicines were managed safely and administered as the prescribed intended.

Is the service effective?

Good

The service was effective.

Staff felt supported by the management team, training had been provided where required and a development plan was in place for future staff development.

Staff were observed to seek people's consent for day to day tasks, and where people lacked capacity to make their own decisions staff acted in accordance with the Mental Capacity Act 2005.

People's nutritional needs were met. There were sufficient choices of appropriate foods and drinks for people.

People were supported by a range of healthcare professionals.

Is the service caring?

Good

The service was caring

People were treated with kindness and respect by staff who preserved their dignity when assisting them.

People and staff had formed strong positive relationships

allowing staff to get to know each person's particular needs.

People were supported to access a range of advocacy services when required.

Is the service responsive?

Good

The service was responsive.

People we spoke with told us they felt staff listened to them and their views about their care mattered.

Care was provided to people in a manner that met their individual needs and preferences.

People were supported to pursue interests and engage in social events and activities both in and out of the home.

People we spoke with were aware of how to raise any concerns they had.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's care records were not consistently completed when required.

Governance in the home had improved however the registered managers service improvement plan did not encapsulate all areas that required addressing.

People's views and opinions about the management of the home had been sought.

People and relatives felt the management team were open, honest and transparent.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, following our previous inspection on 08 November 2015 and 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 22 November 2016 and was unannounced. Due to personal circumstances the registered manager was unavailable for the inspection so we met them on 07 December 2016 to discuss our findings. The inspection team consisted of one inspector, one specialist advisor whose area of expertise was as a nurse advisor in psychiatric care, and an expert by experience. An expert by experience is a person who has experience in this type of service. This was to help facilitate the inspection and make sure that people who used the service and staff members were able to talk with us

Prior to the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed a copy of the action plan the provider submitted to us, which documented how the provider would meet the minimum legal requirements. We sought feedback from the local authorities commissioning team, and relevant healthcare professionals also.

During the inspection we observed staff support people who used the service, we spoke with 12 people who used the service, two people's relatives, four members of staff, the provider and deputy manager and two health professionals to obtain their feedback on how people were supported to live their lives.
We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

When we previously inspected the service we found that staff had not always identified and effectively managed risks to people's health and well-being. We found at this inspection that substantial work had been undertaken to develop both people's risk assessments and care plans, and also the approach taken by staff to promote people's independence.

People told us they felt supported by the staff team to make their own decisions and that the service was having a positive impact on their mental health. Care records we looked at demonstrated that staff identified and responded to risk positively, and that they encouraged people to manage and mitigate the risks for themselves. For example one person was seen to be agitated and was liable to significant outbursts, where they may become challenging towards others. Over a period of time, staff had developed an understanding with this person, about their behaviour and triggers and had eventually moved them to their own self-contained bungalow. This person told us that they felt where staff promoted their independence and gave them responsibility for their affairs, this had positively reduced the likelihood of conflict occurring and they felt more in control of their behaviour. Where staff identified risks to people's health and well - being they ensured the concerns were reviewed and measures were put in place to mitigate the risks. For example, where people had been assessed at risk of developing pressure sores they had the appropriate pressure relieving equipment in place, and where people were at risk of falls they had appropriate walking aids in place and staff were aware of the need to monitor them regularly and report any changes to either the team leaders or management.

Previously we found that incidents and accidents that took place were not consistently managed. For example some incidents had not been reported to the registered manager. At this inspection we found improvements had been made and staff now reported incidents when they occurred and these were then reviewed by either the deputy or registered manager.

People we spoke with told us they felt safe living at Libury Hall, and a number of these people had lived there for a significant period of time. One person said, "I feel safe here, I have been here a long time and I know everybody now. I have never felt in danger here." A second person confirmed this by telling us, "I do feel safe here, the staff and other people being around are the main reason why I do feel safe."

Staff we spoke with were aware on how to identify when a person may be at risk of harm or abuse. Staff had received training in safeguarding adults, and were aware of how to report their concerns both within the home, or to external agencies where required. All staff were very clear about the actions they would take, with one staff member confidently telling us, "If I saw or thought anything that wasn't right, I'd speak to [registered manager] or [provider] if they didn't act quick, and then I'd be on the phone to you [CQC] and the council in a heartbeat."

Where concerns were identified we saw these were investigated and followed up promptly. For example, one person who had a bruise that could not be explained was referred to the GP for review, and monitored by the senior team. Where there were concerns regarding financial mismanagement, aggressive or

challenging behaviour, the registered manager and provider took appropriate action to investigate and mitigate the risks of harm to people.

People we spoke with told us they felt there were sufficient numbers of staff to support them. One person told us, "I do think there is enough staff here. There could always be more but I feel okay with what is available at the moment because of the good quality of the current staff."

We saw that the registered manager monitored the staffing levels in the home, and where there were significant changes to people's health needs they increased the numbers of staff to accommodate these changes. The registered manager was also in the process of developing a formal dependency assessment tool based upon established good practise models within the care sector.

People's medicines were managed safely. We saw that medicines were booked into stock by two members of staff, which helped ensure any errors were identified at the earliest possible stage. Medication administration records (MAR) checked we complete and accurate and demonstrated that people had their medicines as the prescribed intended. People's medicines were reviewed regularly by either a GP or specialist mental health professional, and adjusted accordingly, and staff monitored side effects reporting any ill effects if noted. Regular audits of medicines were carried out, both by the management team, and also by a local pharmacy, and a range of daily and weekly compliance checks were completed, such as temperature checks of the fridges and cabinets and stock counts.

Good

Is the service effective?

Our findings

At our previous inspection we found that newly recruited staff did not always receive a sufficient induction, and that training provided to staff was at times basic and did not meet the needs of the people who used the service. We found significant improvements had been made at this inspection.

People told us they felt the staff were adequately skilled and knowledgeable to perform their role. One person said, "I think they are all well trained, well definitely enough to look after me." One health professional commented, "In my view, the staff provide very good levels of support to ours and all placements and seem equipped to carry out their role effectively."

The management team had linked in with local training providers and developed the training package further since our last inspection. All staff were undertaking the Care Certificate, which is a nationally recognised qualification used to induct staff into care work. The training package had been reviewed and staff were being supported to undertake courses in areas such as challenging behaviour and end of life care to develop their skills further. Where people required bespoke training this was sourced and provided, for example where one person was using a tube for feeding, then staff were trained in how to manage the site for infection, and also how to administer foods and medicines through this. There were plans to further develop and improve the training staff received, for example with specific training in mental health and care planning and development, in addition to the mandatory basic awareness training offered. When staff returned to work from a training event, members of management assessed them to ensure they had fully understood the content of the course. This ensured that staff continued to develop and improve their skills and knowledge to carry out their role.

Staff we spoke with told us they felt supported and were able to discuss their performance and development in supervision meetings with their line manager. Supervision meetings were regularly held, along with annual appraisals of staff performance. However, observations by management of staff who provided care or support had not been formally conducted. One member of the management team told us, "There is a walk around [Visual observation of practise] in place by the team leaders but we need to formalise this to feed into the supervision meetings." When we spoke with the management team they acknowledged that a formal observation of staff practise would be beneficial to identifying areas for improving staff practise. As the registered manager continued to develop the key worker role, this was an area they would formalise.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA. At the time of our inspection, people living at Libury Hall who were considered to lack capacity had an appropriate assessment carried out Staff we spoke with were aware of their responsibilities towards assessing and supporting people who may lack capacity and had received training to support this. We saw that where an application to deprive a person of their liberty had been made, the appropriate process had been followed. For example, we saw one person who was at risk of wandering away from the home. An application had been made, and although the deprivation was agreed, conditions were put in place, such as use of a GPS watch to alert staff when they strayed further than a certain distance from the home. The conditions of the DoLS were regularly reviewed by an advocate which ensured people were free to come and go as they pleased, and staff understood their responsibilities with regard to restraint or depriving people of their liberty.

People told us they enjoyed the food at Libury Hall. They told us they had choice about what they ate, and were able to request alternatives from the menu and had sufficient food provided for them. One person said, "The food here is nice and tasty. It's nice and hot and you can have second helpings if you really want to." A second person said, "Its cooked fresh here every day and is lovely, with lots of things to choose and I can have a snack whenever I want to."

The environment at lunch time, although the dining room was in need of repair and redecoration was lively, upbeat and sociable. People were seen to be enjoying their meal and staff sat sensitively next to those people who required support and did so in a dignified manner. Staff sat at the lunch table and were then able to engage meaningfully with people and encourage them to eat. For example, one person was seen to refuse their meal and appeared agitated and upset, however staff calmed them enough which enabled them to finish their meal and dessert.

Kitchen staff were aware of people's individual needs and preferences and catered for specific food requirements such as diabetes, allergies and specific consistency. For example, where people had difficulties with swallowing, staff followed appropriate guidance and prepared meals according to the dieticians instructions.

People who were at risk of weight loss were regularly monitored, and where necessary staff referred them to the appropriate healthcare professional. People's food and fluid intake was monitored and documented for review, and the recommendations from either GP's or speech and language therapists or dieticians were followed.

At our last inspection one GP told us they enjoyed visiting Libury Hall but that staff lacked confidence and erred on the side of caution when asking for the GP to see residents and only reported basic information. However at this inspection feedback from healthcare professionals was overwhelmingly positive, with one visiting professional saying they felt in their experience of staff had been proactive and effective in raising concerns supporting people. Also that their observation of staff was that they provided very good support to residents with complex needs. People confirmed this view and told us that when they needed to see a health professional then they were referred quickly for support. Records we looked at demonstrated that a range of health professionals were involved in people's care including GP's, district nurses, community psychiatric nurses, mental health crisis teams, dentists, opticians and dieticians where needed.

Good

Is the service caring?

Our findings

At our previous inspection people told us they did not feel able to sit and talk with their key worker about their care. However at this inspection people told us this had improved, one person for example told us, "The staff are very friendly, they always have time to sit and have a chat with me, I do have a care plan, it says what my goals and stuff are. I think this place has helped me a lot. Both in terms of my physical and mental health. I am fragile and it can be difficult but they keep me active and have helped me on my journey to recovery.''

Staff had clearly developed long standing relationships with people and knew each of their needs and preferences about their care well. We saw through our inspection that staff and people shared smiles, jokes and conversation. People looked to be comfortable and at ease with the staff which promoted a relaxed and comfortable atmosphere within the home. We observed throughout the inspection that staff spoke to people in a respectful and friendly manner and treated people in a dignified manner. When staff entered peoples' rooms they knocked and ensured people remained clean and presentable throughout the inspection. For example, where one person had spilled food on their jumper, and when a person's trousers were slightly low, staff quickly intervened with little fuss and remedied the issue. One person we observed supported by staff said, "The staff here are very good at what they do. They are always polite and speak to you with respect. They do respect privacy and always have knocked on my door before coming into my room and if they need to clean my room or something they always ask for permission first which I always find very respectful."

People and their relatives had been fully involved in the planning and reviews of the care they received. Staff had listened to people's views and sought solutions to find ways to meet their particular preferences. For example, one person had been moved into the home for closer monitoring due to their risk of falls. However, this person subsequently spoke with staff and reviewed their options, stating they wished to move into one of the cottages as this gave them independence and choice. Staff acknowledged this request and referred this to the management team, who were in the process of meeting this person's preference, whilst maintaining their safety with items such as pedant alarms for if the person needs to summon assistance.

The registered manager told us people were able to be supported with an advocacy service with help when reviewing their care. We saw examples of where an advocate had been which ensured the rights of the person were heard and responded to. In addition we were able to see how an advocate, the person, staff, and the Court of Protection had worked collaboratively to represent the views of one person in relation to their care plan which demonstrated choice and influence over a care decision that others disagreed with. Whereas the outcome of this decision was contentious, the appropriate resources had been utilised which ensured this person was supported to make the decision undeterred.

Good

Is the service responsive?

Our findings

At our previous inspection we found that care plans were not person centred and did not address people's specific needs. These care plans relating to physical and mental health matters were basic with no substantial information on mental and physical health problems, medical history, and diagnosis, medication management, or evidence of interventions. At this inspection we found significant improvements had been made. People we spoke with told us they now felt involved in planning their care and that the care plans reflected them individually. One person said, "I have been asked a lot about what I need from staff lately, and I am happy that they are now thinking about me as me, instead of as one of the group."

People had individual and detailed care plans that reflected a holistic approach noting interests, educational and social aspirations as well as health information. These were reviewed regularly and contained a wealth of information about how to support people, that staff were concisely able to describe to us. For example, the assessment of one person with complex mental health and physical needs bore out this approach with careful assessment and contingency plans alongside correspondence from managers to associated health professionals to see that information, equipment and training was in place before the move. The views of the person and relatives were central to this assessment, however the registered manager and provider were clear that the person would be unable to move into the home until they were sure they could respond to the changing needs. Staff we spoke with were clear on how to support this person, however an agency staff member who had worked at the home for two days was equally clear, demonstrating that people were treated in a caring manner by staff who knew their individual needs well following a robust assessment of their needs.

The provider had recently completed the development and relocation of the day centre at the home this was a purpose built building that encouraged people to engage in activities, and develop their social skills to avoid social exclusion and have the opportunity to follow individual interests. People were very positive about this area and since the recent relocation closer to the home, people told us they felt it was a positive step for them to engage with the wider community. One person told us, "I do not get bored much as when I am not out, I am in the day centre playing games or catching up with the news and a brew." A second person said, "There are activities here, they have got more boring more recently but that's because a member of staff has been off sick or something. I have been able to have visits in privacy here though." People told us that a variety of trips and activity had previously occurred in the home, however in recent weeks these had slowed due to the absence of a member of activity staff. It was difficult to determine whether this was a reflection of the residents' willingness or ability to engage or the fact that one of the members of staff who carry out activities had been of for a number of weeks.

We observed throughout the inspection that groups of people were supported with watching television, listening to music, discussion, playing games and drawing, and with group activity such as visiting local towns and attractions and shopping. Particularly where people required one to one support with individual activity, we saw this was supported. For example one person continued to visit their family at weekends supported by staff.

People's cultural and spiritual beliefs continued to be met with the service both hosting religious services for people, and also with staff supporting people to explore differing faiths. For example one person was being supported to explore further various religions and faiths by visiting a temple in a local town.
People we spoke with were aware they could approach the Registered Manager or staff to raise a concern or complaint and were provided with the provider's policy in doing so should they wished to. People's relatives knew who to contact and we saw the registered manager had recently concluded a concern and had written to the person with an outcome following their investigation.

The Registered Manager used the opportunity when concerns or complaints were raised to discuss these and look for areas that they could improve upon or learn from. Information about external organisations including advocacy were provided to people and relatives, to support them in either raising or progressing their concerns if not happy with the initial findings.

We saw from the minutes of resident and relative meetings that the management team openly discussed matters relating to the home. They gave people the opportunity to raise concerns and took away actions from the meeting to make improvements.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found that systems were not effective in identifying areas that required development, and did not seek to improve the quality of care people received. People told us the registered manager was not visible, and people's care records were not accurately maintained. We found that overall the provider had made improvements in these areas; however some areas continued to require further improvement.

At this inspection people were positive about the approach and visibility of the management team, particularly the registered manager. People were also aware of who senior members of management team were which included members of the board. One person told us, "The manager comes out and about more, more than the last time there was an inspection anyway; [manager] is not sitting in the office all the time now." A second person said, "The manager comes around a lot more now, asks us if there is anything we need."

Previously we found that the accountability and management oversight from the registered manager to the provider and management board was not efficient in monitoring any risks in the home. This was particularly relevant to issues such as safeguarding, incidents, injuries, and day to day management. However, significant actions had been taken and the registered manager now provided the board of trustees with a monthly progress report. The most recent report from October 2016 gave an overview on significant issues for people, any safeguarding concerns identified, health and safety, staffing concerns that addressed the reduction in activity staff hours, and then operational matters. These were discussed and minutes of the meetings, alongside appropriate actions were agreed. This helped to improve the monitoring and responsiveness of the provider and board to improve the quality of care people received.

We saw that since our last inspection the registered manager had developed their own service improvement plan that documented actions that resulted from their own internal audits, but also findings of other reviews, such as a recent monitoring visit by the local authority. We saw that within this some areas of improvement that had been identified and some were on-going. Where during the inspection we found some issues in relation to on-going staff training, development of the keyworker role, inaccuracies in care plans, the registered manager told us they had in place plans to address these issues. However, these were not incorporated into the management plans with clear timescales for achievement, so we were unable to review how effective the changes were being implemented. This is an area that requires improvement to ensure the service's improvement plans are updated regularly and to reflect changes in order to improve the quality of care For example, updating care plans and providing training to key workers in order to complete these, continued to be an area that was being further developed this improvement plan identified the area to be addressed, resources required and reviewed progress.

We identified three examples where people were considered to be at risk of harm or abuse. When we looked at how these were managed we saw that appropriate actions were taken by the home to address the concerns, however, the registered manager had not always reported the concern to the appropriate body. For example, with one person raising financial concerns they referred this to the person's social worker, and

then waited for a period of two weeks before being instructed that it was a safeguarding concern and to report to the appropriate authority. In the interim period, the manager had taken a number of actions to address the concern and minimise the on going risk however had not informed the statutory bodies including CQC as required. When this was discussed with the provider and registered manager, both acknowledged the local reporting process had not been followed and would follow the appropriate steps in future, and report all incidents to the safeguarding team. However, this is an area that requires improvement to ensure that the appropriate authorities are informed upon the suspicion of harm or abuse occurring.

We reviewed people's records and found that were previously care records did not address of inform staff how to support people improvements had been made. However we also found that some records were consistently inaccurate, particularly where information was transferred from the main care plan to a short summary section. The one page summary gave an overview of people's current support needs and how to provide this, and was the main document used when for staff to refer to. As people's needs had changed in a small number reviewed the corresponding information was not updated accurately in the summary. For example, one person's nutritional care plan referred to them having a pureed diet in one care plan where a separate record referred to a mashed diet for dysphagia. Staff spoken with including agency staff were acutely aware of this person's needs among other people; however there remained a risk that people may receive care that is not appropriate or current as the main reference sheet to inform staff of people's needs was at times inaccurate. We showed the management team examples of these areas who agreed that further improvement was required in transferring and updating the information. At the time through training and support staff were in the process of undertaking care plan training with the key working staff to address these anomalies in care records, with the registered manager identifying a lack of computer literacy was an area that staff required support with.

Staff told us that regular meetings were held, and they were able to discuss their concerns or improvements they felt were needed within the running of the service. However we were unable to see what had been discussed and agreed because accurate minutes of meetings had not been taken, that gave an overview of the discussion, and reviewed the actions set at previous meetings. The Registered Manager agreed that the minutes of staff meetings alongside actions from these need to be documented.

People told us they felt that the management team were approachable and open, and that they felt listened to when discussing improvements to the service. This sentiment was echoed by the provider who told us, "The transparency of the trustees has improved with the regular management reports and actions shared across the home. This wasn't so obvious before, but there is regular contact from the trustees with the staff and residents."

Over the past twelve months, the provider had overseen a significant redevelopment of the service. They built a new day centre, and several new self-contained bungalows that people had moved into. We were told how the next phase of the development was to modernise the main house, to ensure all rooms were en-suite. People we spoke with were able to tell us about these changes and how they had been kept informed of developments that affected them. All the people we spoke with were positive about the changes; with many telling us having the new accommodation helped them feel more independent and confident. It was clear that although some areas of the service required improving, the management team had ensured that people were content, kept informed and well cared for.

The provider had recently commissioned an independent organisation to carry out a survey of people's views who lived at Libury Hall that also included relatives, staff and health professionals. Feedback was highly positive with very few areas of concern identified and an overwhelmingly positive experience reported.