

Leabrook Lodge Limited

# Leabrook Lodge Limited

## Inspection report

Meadowbrook Court Close Care Bungalows  
Twmpath Lane, Gobowen  
Oswestry  
Shropshire  
SY10 7HD

Tel: 01691671555

Date of inspection visit:  
18 August 2016  
23 August 2016

Date of publication:  
26 September 2016

### 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

The inspection was carried out on 18 and 23 August 2016 and was announced.

Leabrook Lodge is a domiciliary care agency that provides personal care and support to people living in their own homes based at Meadowbrook Court. Meadowbrook Court is a complex of 60 privately owned bungalows on one site. The service operates a 24hour on call system with a minimum of two staff on duty throughout the day and night. At the time of our visit the agency was providing the regulated service of personal care to 17 people. The frequency of visits and duration across the service varied dependent on individual needs and circumstances.

There was a registered manager in post who was present 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 were supported to remain safe in their own homes. Staff were knowledgeable about the different signs of abuse and who to report concerns to. Staff were aware of the risks associated with people's needs and how to reduce these without restricting their independence. The provider ensured that potential new staff were suitable to work with people before they started working with them. There were enough staff to meet people's needs in a timely manner.

People received support to take their medicines as prescribed and accurate records were maintained. Only staff who had received training in the safe administration of medicine could support people to take them. Staff knew what action to take if they found people to be unwell when they visited and would arrange health care as required.

People were confident in staff knowledge and ability to meet their needs. Staff received the appropriate training and guidance to meet people's individual needs. Staff felt valued and listened to.

Staff sought people's consent before supporting them. Staff explained things to people in a way they could understand to allow them to make decisions for themselves.

Staff were aware of people's dietary needs and ensured they ate and drank enough to meet their nutritional needs. Staff prepared and served meals and drinks as required.

People were supported by staff who were caring and kind. Staff had formed positive working relationships with people. Staff talked with and about people with respect. People were given choices and involved in decisions about their care. Staff treated people with dignity and promoted their independence.

People received personalised supported from staff who knew them well. Staff provided individualised care that respected people's needs and wishes. People received a flexible service which was responsive to changes in their needs or circumstances.

People had not had cause to complain but felt able to report any concerns to the registered manager and were confident they would take appropriate action. The provider had a complaints process and were able to demonstrate they would take appropriate action in the event of a complaint.

People knew the registered manager well and found them approachable. There was a positive working culture where staff and management worked together to meet people's needs and wishes. The registered manager sought the views of people and staff to develop the service. The registered manager had checks in place to monitor and improve the quality of care.

## 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 to keep safe by staff who were knowledgeable about their needs and associated risks. Staff were able to recognise the different signs of abuse and knew how to report concerns. There were enough staff to respond to peoples' needs in a timely manner. People received support to take medicines as prescribed to promote good health.

### Is the service effective?

Good ●

The service was effective.

People were confident in staff knowledge and ability to meet their needs. Staff received training and support to meet the individual needs of people who used the service. Staff sought people's consent before supporting them. Staff monitored people's health and arranged health care appointments as required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff treated people with dignity and respect. People were involved in decision about their care and treatment. Staff promoted people's independence in order to maintain them in their own homes.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised support from staff who knew them well. Staff were responsive to changes in people's in needs and provided a flexible service. People had not had cause to complain but felt confident and able to approach the registered manager should the need arise.

## Is the service well-led?

Good 

The service was well led.

People knew the registered manager well and found them approachable. There was a positive working culture where staff and management worked together to meet people's needs and wishes. Staff felt valued and listened to. The registered manager sought the views of people and staff to develop the service. The manager had checks in place to monitor and improve the quality of the service.

# Leabrook Lodge Limited

## **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 18 and 23 August 2016 and was announced. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service to people in their own homes and were needed to make sure there would be someone in the office. The inspection team consisted of one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and three relatives by telephone following the inspection. We spoke with five staff which included the registered manager, a senior carer and three other care staff. We viewed two records which related to assessment of needs, risk and medicine. We also viewed other records which related to the management of the service such as the complaints process, accident forms and staff recruitment records.

## Is the service safe?

### Our findings

People told us that staff supported them to remain safe in their own homes. One person told us they felt very safe because, "They [Staff] are here if you want them." They explained that staff looked after them well and would make sure they locked their doors at night. Another person said staff ensured they wore their call bell pendant and that everything was in reach before they left to promote their safety. A relative was reassured by the registered manager's proactive approach and felt that they did not have to worry about anything. Another relative was grateful that staff ensured their family member's pet was in when they left at night as otherwise the person would put themselves at risk by going to look for it.

Staff supported people to move around safely. One person explained that staff used slide sheets to help position them in bed. They also needed a hospital bed for staff to support them safely and this had been arranged by the registered manager. They said, "[Registered manager's name] had to consider both their and the staff's safety." A relative told us the service allowed people to live independently yet have security of someone being there to help when needed. Staff demonstrated they took appropriate action to maintain people's safety. One staff member said, "Some people are checked during the night. Their safety is paramount." Staff kept up to date with and reported any changes in people's needs to the registered manager. They ensured that equipment was safe to use and that the environment was free of clutter. The registered manager confirmed staff reported any faults or hazards to them. They discussed these with the person and their family and arranged for them to be rectified to ensure the safety of people and staff. We saw that there were risks assessment in place for areas such as falls and nutrition.

One person told us they would report any concerns they had to the registered manager. People were supported by staff who were knowledgeable about the different forms of abuse and how to recognise and reports concerns. One staff member said, "You get to know people so well, if something was wrong you would pick it up." They went on to say they would report any concerns straight away to the registered manager and were confident they would deal with them promptly. Where concerns had been identified we saw that the registered manager had promptly referred them to relevant authorities and followed the advice they had given.

People we spoke with said there were enough staff to meet their needs in a timely manner. One person said, "If I use my call bell they [Staff] attend quickly. If they are with someone else when I call they will let me know how long they will be." They went on to explain on a day to day basis they were given an allocated time that staff would attend. Staff would always let them know if they were running late. Staff we spoke with felt that there were enough staff to meet people's needs. They worked together as a team to cover sickness and holidays. The registered manager told us they offered a flexible service and amended people's care plans to reflect changes in their needs or circumstances. They said they also completed care shifts which allowed them to keep up to date with people's needs.

People were impressed with how quickly staff responded to their call bell in the event of an accident. One person who had a fall said, "Two [Staff] came straight away. It's magic, carers are jolly efficient." Staff told us that they encouraged people to wear their call bells in case of a fall or illness. When they heard the call bell

they would ask the person what had happened. If there was no response or the person said they had fallen or were unwell they would attend straight away. Staff had a 'grab bag' which contained first aid equipment, one of the staff members would collect this and join the other staff member at the person's property. Staff told us if the person had experienced a fall they were careful not to move the person until they had checked it was safe to do so. One staff member told us a person had recently fallen outside they used the call bell to alert another staff member to come and help them. The staff member said, "I did not want to risk trying to get [Person's name] up in case I hurt them." They went on to explain staff would check the person over to determine if they required medical attention. Once they had made the person safe they would complete the accident forms and give these to the registered manager to review. The registered manager told us they analysed the forms for any trends and reported any concerns to the relevant professionals. For example, if a person had suffered increased falls they would refer to the doctor and the falls clinic.

People received the support they needed to take their medicine as prescribed. One person said, "They [Staff] know the different tablets which I take at different times during the day and make sure I take them on time." The person went on to explain that the registered manager ordered their medicines for them and that staff only signed the medicine administration record after they had seen them taking it. Another person said, "I take an awful lot of tablets every day. I used to do it myself. It is very nice having them to do it." A relative told us they did not have to worry about ordering medicine for their family member as the registered manager did this and had arranged for them to have liquid medicines as they had problems swallowing tablets. Only staff who had received training to administer drugs did so. Staff told us that the registered manager completed checks to ensure that they managed medicines safely. We saw that accurate records were maintained



## Is the service effective?

### Our findings

People we spoke with were confident that staff had the skills and knowledge to meet their needs. One person told, "They [Staff] are excellent and well trained." Another person said, "I can't fault the carers they are very good." Staff told us they had access to a range of training relevant to their role. They found that all the training was beneficial and improved their confidence. One staff member told us they had attended palliative care training. They felt that this had increased their awareness and helped them support people with sensitivity and dignity through this difficult time. The registered manager showed us they had systems in place to ensure staff training was kept up to date. They also sourced opportunities for staff to broaden their knowledge and experience.

Staff felt well supported and had regular one to one meetings where they were able to discuss practice issues and get feedback on their progress. They were also able to discuss their training and support needs. One staff member told us the registered manager and other staff ensured that they received the necessary support when they first started work. They said, "The registered manager ensured I was not thrown in at the deep end." They explained that they arranged for them to work with experienced staff until they were confident to work on their own.

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. We checked whether staff were working within the principles of the MCA. Staff and the registered manager told us that some people lacked the mental capacity to make certain decisions for themselves. The registered manager confirmed that one person was unable to manage their medicines and these were locked away from them to protect them from harm. This was suggested and completed in agreement with the person's relative who had lasting power of attorney (LPA) for the person's health and welfare. LPA allows people to appoint one or more people to help them make decisions or make decisions on their behalf if they lose capacity to make certain decisions. Staff had a basic understanding of the MCA in terms of helping people to make decisions about their day to day care. However, they were unclear of the process they should follow if people lacked capacity. The registered manager agreed that this was an area that required development. They had arranged MCA training to increase their own and staff's knowledge to ensure people's rights were protected.

People told us that staff sought their consent and ensured they were happy to be supported before they continued to help them. One staff member said, "We help people make decisions, we explain things to them and give re assurance if they decline we are flexible and can go back at a later time."

People we spoke with told us that staff provided them with choice and assistance with meals and drinks. Where people had difficulty mobilising staff would ensure drinks and food were left in reach when they left them. Staff told us they encouraged people to make their own meals and drinks where able and only provided assistance where necessary. For example, one person was able to prepare their own meal if staff

got it out of the freezer and put it on their trolley. One staff member said, "I always ask them what they want to eat and how they want it cooked. Whether they want their tea strong or weak." If there were concerns about what people ate or drank they would monitor their intake and report any concerns to the doctor.

Staff monitored people's health and arranged appointments as required. One person said, "[Registered manager's name] a very good organiser. If you want a doctor they are here." A relative told us, "If they feel [Person's name] requires professional support they tell me. I'm aware of their limits they are not nurses." Staff told if they found that a person was unwell they would do basic checks such as blood pressure monitoring and arrange a doctor appointment if necessary. If they found someone to be critically ill they would call an ambulance. The registered manager informed us either they or relatives would arrange medical appointments as required. Where relatives were unable to support people to hospital appointments they would arrange for staff to escort them. We saw that a doctor contacted the registered manager during our visit to discuss symptoms a person was presenting with. The doctor prescribed medicine to treat the symptoms which the registered agreed to collect for the person. We later heard them explain to the person what the doctor had arranged.

## Is the service caring?

### Our findings

People felt staff were kind and caring. One person said, "They have a lovely manner, very polite and we have a laugh. We have a talk about interesting things." Another person said, "They are more like friends, they are the best carers in the world." They explained that staff had a good sense of humour and involved them in this. They said, "It makes for a nice atmosphere." A relative said, "They [Staff] go that extra mile and it makes a big difference." Another relative told us they had a family wedding the previous year and staff supported their family member to prepare and attend. They said, "Nothing is too much trouble for them [Staff]." Staff had formed positive working relationships with people and spoke fondly of them. One staff member said, "They [People] are lovely." They went on to say, "They are the important ones. We do what we can to make them happy and comfortable." Another staff member said, "We chat with them as giving them care. They like to hear about our families too."

People were actively involved in how they wanted their care to be provided on a day to day basis. One person said, "All the conversation is about me. How they can make things better for me and what they can do for me." Another person said, "They [Staff] sit and talk with you about how you want things done." Staff we spoke with told us they treated everyone as an individual. They said everyone was different and had their own little ways of how they liked things done. One staff member said, "We treat people with the respect that they deserve. Do what they ask you to do." Staff offered people choices such as what they would like to eat and what they would like to wear. If people had difficulty hearing they would talk slowly and clearly or write things so that they could understand them. A staff member told us one person sometimes liked to have a lie in and this was respected and they called back later. They said the service was flexible and personalised to people's wishes.

Relatives we spoke with found staff to be patient and understanding. One relative said their family member was always telling them that staff were lovely to them and how nice they were. They said if staff saw their family member was anxious they would stay with them until they were settled. They were confident that staff would never leave them if they were upset. Another relative felt that some staff went above and beyond what was expected of them.

Staff encouraged people to remain as independent as possible. One person told us, "They [Staff] allow me to do things for myself. If I am struggling they will step in to help." Another person said, "They [Staff] are willing to help but do not step in if we are able to do it ourselves. It's very important to support our independence." This was confirmed by a relative who told us that staff got their family member to do as much as they were able in order to maintain their independence. Staff and the registered manager aimed to keep people safe and comfortable in their homes for as long as possible. They therefore promoted people's independence and self-care skills.

People were treated with dignity and respect. One person told us that staff covered them up with a towel when they got out of the bath. Another person said staff were mindful when helping them with their personal care and were very discreet in the way they supported them. Relatives told us staff always knocked before entering their family members' property and offered a later call to allow them private time. Staff

ensured people's doors and curtains were closed when they provided personal care. Staff were mindful that they were in people's own homes and respected both the person and their property. One staff member said, "I treat them as I would like to be treated myself."

## Is the service responsive?

### Our findings

One person explained that the registered manager completed an assessment of their care needs prior to providing support. They worked with them to develop a care plan of their routine and staff support was arranged to suit. They said, "They [Staff] are respectful of how I want things done. The cleaner is marvellous too." Another person had spoken with the registered manager about the support they needed and had several calls throughout the day. They said, "They [Staff] know more about me than I do myself". A relative told us, "Staff are familiar with [Family member] and [Family member] knows them. They are comfortable with staff and enjoy their visits." Another relative felt that the registered manager was proactive in their approach. They had explained to them about the service they provided and how this could be adapted when any changes occurred. They said the registered manager and staff knew their family member well adapted their care plan to meet any changes in need.

Staff told us they were able to refer to people's care plan for details of their needs and got to know their routines by working with them on a regular basis. One staff member said, "The more time you spend with them the more you get used to their ways and how they like things done." The registered manager told us they completed an assessment with people and where appropriate their relatives before the service started. They recognised that everyone's personal care regime was different and that their care plan should reflect this. We found and the registered manager agreed that the care plans were task specific and contained limited detail of people's preferences their likes and dislikes. This had not impacted on the care people received as it was a small service and staff had got to know people and their needs well. The registered manager agreed and committed to review people's care plans.

People found the service to be flexible to changes in their needs and circumstances and that the registered manager would arrange support to suit. One person told us they had been invited to a family party and the registered manager had arranged for a staff member to support them to go and stay with them as it was some distance away. They said, "It's a lovely idea." They explained without this flexible approach they would have missed this important event. The registered confirmed that staffing had been arranged and they had liaised with relatives who were arranging for the necessary equipment to be in place for the person's stay.

People and the relatives we spoke with found the service was responsive to people's needs. One person said, "The girls will take me out for a walk, a little walk in the fresh air makes a difference." Another person said, "Staff will ask if I want anything else done before they leave." A relative told us their family member had a fall and the registered manager reviewed their care needs and arranged extra visits straight away. Another relative told us that they met with the registered manager and occupational therapist prior to their family member being discharged from hospital. This allowed for the care plan to be amended and equipment to be in place prior to their return home. Staff told us they were informed of any changes in people's needs at staff handovers and were encouraged to report any changes they observed to the registered manager.

People had not had cause to complain but were confident that any concerns would be dealt with promptly. One person told us the registered manager was 'on the ball' and would sort any queries or concerns they had. The registered manager told us they had not received any formal complaints and dealt with any

concerns as they arose. They said people received a copy of their complaints procedures when they started to use the service.

## Is the service well-led?

### Our findings

People were complimentary about the service they received. One person said, "I don't think you could beat here. This is the best choice I could have made." Another person said, "They [Staff] are lovely it is beautiful here." A relative we spoke with said, "We've had a very positive experience of care. You hear so many stories about poor care we don't feel that at all." Another relative said the service allowed their family member to live as independently as possible without restricting their freedom. They went on to say the proactive nature of the service gave them the comfort factor of knowing their family member was well looked after.

People told us that they knew the registered manager well and saw them on a regular basis as they often covered care shifts. One person told us, "[Registered manager's name] is very good if staff are pushed, they 'muck in' and help out." Another person said, "[Registered manager's name] is excellent." Relatives we spoke with felt that communication with staff and management was good and they would keep them updated about any changes and promptly responded to requests they made. Staff also found the registered manager approachable and supportive. One staff member said, "[Registered manager's name] is easy to talk with. We can talk to them whenever we need to." They went on to explain that they could call the registered manager at home if need be and they did not mind. Another staff member said, "[Registered manager's name] is brilliant, very caring and deals with things straight away."

The registered manager told us the aim of the service was to meet people's individual needs. To assist people to remain independent as possible with personalised care that allowed them to remain in their own homes. They placed an emphasis on valuing people and treating them with dignity and respect. This was a vision shared by staff. One staff member said, "We want people to be able to stay in their own homes for as long as they can comfortably with the best possible support."

Staff told us they benefitted from an open and honest culture where everyone worked as a team to meet people's needs and wishes. They felt valued and listened to. One staff member said, "I love it, I would not work anywhere else." Another staff member said, "We're a really good team. We click together nicely." Staff felt involved and were asked their opinion on how things could be improved. They had regular staff meetings and supervisions where they could put forward ideas and these would be listened to. For example, one staff member said they had asked for handrails to be fitted in one property to aid the person to get up and this was done. They said, "Anything you suggest gets done pretty quickly." They went on to explain sometimes the relatives would help out otherwise the maintenance person would assist. The registered manager told us they maintained excellent links with health care professionals and could approach them for guidance and support when required. If they required any equipment the provider would make available resources for them to purchase these.

People said they were frequently asked if they were happy with the care that they received. The registered manager showed us that people were asked to complete an annual survey regarding the quality of care. They said that if any concerns were raised these were dealt with at the time. They confirmed that they visited people on a regular basis and often covered care shifts. They used these opportunities to talk to people about the quality of care and to ask if they had suggestion for improvement. They also conducted care plan

review meetings every six months or sooner if necessary. Where appropriate relatives were invited to contribute to these. Records we looked at confirmed this.

The registered manager had a range of checks in place to monitor the quality and safety of the service. These included care plan audits and medicine competency assessments. They used the information gathered to make any necessary improvements.

The registered manager told us they monitored staff practice by working alongside them on a variety of shifts which included evenings and weekends. They currently provided verbal feedback to staff at the time or during supervision. They said they employed an outside training company who delivered face to face training. They also accessed local college facilities for staff to undertake nationally recognised care awards.

The registered manager told us they sent out a memo to people every week keeping them updated on events happening within the service. For example, we saw that people were notified that their call bells were going to be tested. We also saw that they were informed of events that were to be held in the communal hall such as, exercise classes and coffee mornings. They explained that they did not manage the hall and that events were arranged by tenants who lived at the scheme. People were also able to access local transport schemes to take them into town.