

Barchester Healthcare Homes Limited

Leonard Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Leonard Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. On the day of the inspection the registered manager informed us that 58 people were living at the service.

People's experience of using this service:

Staff received safeguarding training and understood how to recognise signs of abuse and who to report this to both internally and externally if abuse was suspected. Risk assessments provided staff with information on how to support people safely. The registered manager used information from accidents and incidents as a learning tool to prevent reoccurrence in the future. Whilst we saw robust evidence for analysis of accidents and incidents we noted that ABC charts were not always included as part of this analysis. (ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating). We have made a recommendation about incorporating these records in the overall analysis.

Staffing levels were sufficient to ensure people's safety. Medicines were administered and managed safely by trained and competent staff. Medication audits took place to ensure safety with medicines.

The staff team had the skills and knowledge required to effectively support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff monitored people's healthcare needs and people had access to a variety of healthcare professionals.

Staff were kind and caring. People and staff had a good relationship and we saw many examples of staff working with people in a friendly and caring way. People had their privacy and dignity respected.

The provider had effective systems in place that were used to regularly review people's care and support that had been provided. Activities were organised to provide stimulation for people.

The service was well-led, with checks and monitoring arrangements used to maintain the quality of the service provided. Staff were positive about the leadership and skills of the registered manager. Required information was very well organised and easily available in the service.

Rating at last inspection: Rated Good (Report published 29 June 2016).

Why we inspected: This was a planned inspection based on the date and the rating of the last inspection. The rating continues to be good overall.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Leonard Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of two inspectors, a specialist adviser and an expert by experience. The specialist adviser was a qualified nurse who had expertise of nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people living with dementia. We carried out this inspection on 10 January 2019.

Service and service type: Leonard Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service and 10 relatives. We spoke to the registered manager, clinical lead, and nine staff.

We reviewed seven people's care files, medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We observed care practice and interactions between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training and were aware of provider's whistle blowing policy. One staff member said, "I would speak to the nurse and raise my concerns and things are dealt with. We have a whistle blowing telephone line if we were not happy with what was done."
- People that used the service were safe. One person said, "I was not managing at home, I feel safer here. A relative said, "'Yes [person] is safe here, they are very good with them, even on weekends there seems to be enough staff around to look after [person] they haven't had any falls here, they phone when they are ill and I'm always informed."

Assessing risk, safety monitoring and management

- People identified as being at risk had up to date risk assessments in place. Risk assessments identified those at risk of falls or skin damage. For example, they showed staff how they could support people to move around the service safely and how to protect people's skin.

Staffing levels

- People relatives and staff told us that there was enough staff on duty to meet people's needs. One person said, "Staff are very good. They come when I press the bell." A staff member said, "Yes, we always have enough staff and have time to talk to people, if we have a problem we call [named registered manager] or [named clinical lead] and they always come and help." Another staff member said, "Been really good lately. Since [registered manager] has been here. Last two to three years. There is time to spend with people."
- We saw the provider had robust procedures in place to ensure future recruitment was safe. Where agency workers were used the agency had provided information the registered manager required to ensure they were suitably recruited and trained to work with people using the service.

Using medicines safely

- We observed medication dispensed to people in a safe and appropriate manner. This included a person who had swallowing difficulties and was on a lot of medication and this was handled very well with the nurse taking enough time to ensure that the person was safe and comfortable. The nurse knew what the medication was for and was aware of the importance of administering certain medication at an exact time and ensured that this was done for example, for Parkinson's disease.
- The staff were very knowledgeable about the care and management of medication. All medicines were stored appropriately in locked cupboards and trolleys. The temperature in the medication room and the

fridge (which was locked) were within acceptable limits and this was checked and recorded daily.

- Where people were having medicine on an as needed basis, the protocols were in place. For example, for people prescribed medicines for agitation. However, one person was given medicine for agitation but there was no explanation of how agitation was manifested or under what circumstance or what non-pharmacological methods might relieve the agitation in the first instance. When we spoke to staff about this they could tell us this information but it was not recorded. We discussed this with the registered manager who agreed to add more detail.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. The service was very clean. The housekeeper manager told us, "I have a very good team and we make sure that the service is kept clean for people, a couple of my staff also work care shifts so we know people very well."

Learning lessons when things go wrong

- Accidents and incidents were monitored to help prevent a reoccurrence. The information was reviewed by the registered manager in detail to identify any potential trends or themes.
- Staff managed people's behaviour well and there were few incidents. However, we did find that ABC charts were not always completed appropriately or analysed to identify any themes or trends or what people might be communicating. The registered manager told us they used these to share with the mental health team but agreed that more analysis of the information would now be completed. (ABC chart is an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating).

We recommend that the service considers reviewing their current processes when evaluating accidents and incidents to incorporate ABC charts.

- Information related to incidents or accidents was shared with staff to help promote good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans were developed to meet them. The assessment involved the person and their relatives.
- Support was provided in line with current guidance and staff had a clear understanding of people's rights to appropriate care.

Staff skills, knowledge and experience

- The provider had systems in place to ensure staff were inducted into their role and had regular updates to their training.
- The training records we looked at demonstrated that every subject demonstrated over 90% compliance and any training due was planned.
- Staff were positive about the training they received. One staff member told us, "The training is very good and I have also completed my level one activities training."
- We observed staff were knowledgeable about people and displayed appropriate responses to meeting people's needs.
- Additional training was provided to meet people's needs and staff were encouraged to undertake professional qualifications.
- Staff said they had good support from management. This included supervision sessions to discuss their work and any issues they had. One staff member said, "The managers are all approachable and would sort something out if I asked. We go to team meetings a few times a year. We get paid to do that."

Supporting people to eat and drink enough with choice in a balanced diet

- The chef was very hands on at lunch time serving meals to people from a list of choices whilst chatting to both staff and people in the dining room. The Chef asked people if their choices were still appropriate and was flexible with any changes requested.
- The chef told us, "I've worked here for about six years and my [family member] was in here so I know it well. I try to give the residents what they like and it works as you saw them all eating at lunch time. I think it's important to chat to them, that's how I get feedback. They can have wine with their meals if they want it."
- People and relatives thought the food was good. One person told us, "I have had some really nice meals recently, I am a good eater." A relative said, "The foods good, my [family member] needs flavours now as all their food is mashed so flavours are key. I have lunch here as I come from a long way away. I come every day and stay until about six each evening."

- Where people were at risk of malnutrition, plans were in place to ensure they had enough to eat and drink and their intake was recorded. Weights were monitored with clear plans for escalating to professionals if people lost weight.
- There was enough staff on hand and available to provide support when it was needed. Three different carers helped two people at various times during lunch. This at first seemed unhelpful however it became apparent that these changes in face / approach appeared to support people with their eating and drinking.
- The service employed a hostess whose role was to provide people with drinks and snacks and support people during mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent care. The registered manager told us they had consistent staff in place to support people. Staff confirmed they had good communication systems in place to stay up to date about any changes in people's needs. A relative said, "Staff seem to work well together. There has been lots of changes (over the last eight years). There is a good group now."
- There was daily meeting of the leadership team which included the unit leads, managers and the clinical lead. This was an opportunity to share information which could then be cascaded down to other staff.
- The registered manager told us that they only used agency staff familiar with the service. During our observation we were able to see this in practice. An agency staff member was providing one to one care for a person. This member of staff clearly knew everyone in the lounge and provided this one to one care discretely and positively including interacting with other people in the lounge.

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

- The premises were accessible to people. Relatives thought the home was well maintained and kept clean. A relative told us, "I think it's the best it's been decoration wise."
- Leonard Lodge had recently been part of the providers 10.60.06 programme. This was an initiative that involved redesigning one of the dementia units by using colour and cues to help people navigate their environment. The programme also included an additional programme of training for staff.
- Each corridor had articles and décor related to the theme and to encourage reminiscence. There were common points of reference for example, tape recorders, record players, classic actors / movie stars and musicians to provide interest as people walked.
- The registered manager told us that they still planned to add more items for people to pick up, touch and feel.
- The service had plans to create a bus stop in the garden with seated area to help people find a space to relax whilst recognising the possibility of disorientation and wanting to go home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it.
- Records showed that professionals came in to the service when needed. These included the GP, tissue viability nurses, the dentist, dietician, podiatrist, speech and language therapists, optician, dementia crisis team the Parkinson's nurse. One relative said, "If I notice something is not quite right or I have a worry they always seem to be on step ahead of me and have already spotted it. I think we are well informed on [family members] health and progress, staff are always on top of things here, they notice things."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were asked for consent where they were able to give it. Where people lacked capacity to consent MCA assessments were carried out and decisions were taken in people's best interest.
- We observed staff asked people for their consent and explained what they were going to do when they helped to move a person. One staff member said they tried to look at people's eye movements and gestures when they offered support. They said, "We talk to people's relatives and find out from them what people like or dislike and this can help especially for people who have lost verbal skills."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

- During the inspection we observed many warm and caring interactions between staff and people and there was evidence of appropriate touch. The general atmosphere in the service was cheerful. Communication with people was good and staff and people were laughing together and staff had time to sit and chat to people.
- Everyone we spoke with felt that the staff were caring and kind. As we were talking to one person a staff member brought them in a cup of tea, the person said, "Staff are lovely, you see tea in bed what more could I ask for."
- People's care plans provided good information about people's backgrounds and preferences and one care plan recorded that a person liked to sing with staff and how this seemed to help them to think about their past with good memories.
- We observed staff complementing people's appearance which clearly made them feel good. When people showed signs of anxiety, staff were quick to reassure them.
- Relatives we spoke with all said they were able to visit whenever they wished and were made to feel welcome, they were offered teas and coffees and could make their own at the small café in the reception area. One relative said, "I can visit [family member] whenever I want to, managers are really easy to talk to."

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

- People and relatives were involved in planning care and reviews of that care. A relative said, "They have got the balance right. It feels like a home not like a hospital. They wanted it to feel like a home (speaking about the refurbishment). They let me be involved in providing personal care."
- Care plans contained information as to how the person's emotional and social needs should be met and what was important for them. One staff member said, "The life histories are good. Care records tell you about people's preferences like about personal care. The care records are the place to go if you need to know about anything."
- Some people had asked to receive personal care from staff of a specific gender only. Staff were aware of these wishes and told us they always respected any such requests.
- There was evidence in the care records to indicate that family members were involved in discussions about the care plan or reviews.
- Information was in an accessible format and the registered manager and provider was aware of recent legislation that required information to be in a suitable format for people and had acted where necessary.

Respecting and promoting people's privacy, dignity and independence

- There appeared to be a culture of respect and dignity in the way staff spoke to and about people. Staff were very patient with people and answered repetitive questions politely without impatience.
- Staff were respectful in their interactions with people. They were discreet when offering support to people and ensured people had their needs met in privacy.
- We saw staff encouraged people to make decisions and promoted their independence. One staff member said when talking about a person, "I give [person] a flannel and don't do it for them. We do things little by little. You must remember that all the little things make the big things better. Another staff member said, "We give [person] a duster so they can feel like they are helping out."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- Assessments of people's needs were completed by senior staff before people moved to the service. This information was then used to develop a care plan in consultation with the person and their relatives, where appropriate.
- Care plans contained detailed information to enable staff to provide personalised care and were reviewed regularly. Staff demonstrated a good awareness of the individual support needs of people living at the service. They knew how each person preferred to receive care and support.
- A staff member gave an example about when people liked to get up and about some people not liking to be washed. When we asked why that may be, the staff member said, "We speak to their relatives, maybe there is something in the past that happened that makes them feel unsafe. It's about relationships. You have to build up to it (for people to feel safe in relation to receiving personal care)." The staff member described an opportunity led approach to working with people as opposed to a task orientated approach. A relative said, "[Family member] has been here about three years now. All the staff are dementia trained, they are very good with [family member]."
- Another staff member described one person who was partially blind. They said, "This person only sees from the left so we approach from the left so they can see who is coming. This stops them feeling scared."
- There was an activity coordinator who organised a range of activities for people to participate in. These included small group activities and one to one sessions with people.
- The activities were varied during the inspection. In the dementia lounge people had a choice of activities, some were playing with percussions instruments along with music, some were doing catching exercises, and some were playing cards.
- During the afternoon some residents had afternoon tea in the large reception area, this was laid out with cake tiers, teapots and china cups, the people involved were chatting and joined by some of the staff. One person said, "We have singers in, comedians and school children sometimes come and see us."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and their relatives told us they felt able to raise concerns. A relative said, "When [person] first came here they would ring me with little issues which were slowly sorted out until they had settled down."
- We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy.

End of life care and support

- Anticipatory medicines was available in the home for a number of people and the local hospice offered support and training when needed.
- People's end of life wishes were discussed with them and their families and recorded in most care plans. This helped ensure staff would know what was important to the person at this stage in their life and who they wished to be consulted. Staff told us that some people and relatives had not made any decisions about their end of life and staff would revisit these conversations in future reviews.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The management team and staff demonstrated that they had an understanding of equality, diversity and human rights in order to provide safe, compassionate and individual care.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.
- There was a system of 'resident of the day', where the person's care plan was checked and they were asked about the care they received and whether anything could be changed.

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

- There were systems in place to effectively monitor the quality and safety of the service. Audits included infection control, medication management, the safety of the environment, the accuracy of care records and the nutritional needs of residents.

Engaging and involving people using the service, the public and staff

- A survey was completed annually, and the results of the last one completed was positive.
- People and relative's views about the service were sought through regular meetings and the registered manager told us that they spoke to people all the time and quickly acted on any concerns or wishes expressed by people living at the service.
- People, relatives and staff knew the registered manager well and told us they could approach them or the senior team with anything. A relative said, "The manager is very easy to talk to and always around." One staff member said, "We are a good team, [registered manager] is very good and listens to what I have to say. The improvement here is 100 percent."
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions.

Continuous learning and improving care

- Systems for communication for management purposes were established and included a daily meeting with the senior staff. These were used to update senior staff on all care issues and management messages.
- Staff training and development was actively monitored by the registered manager. Where people's need changed staff were given further training as necessary.
- The service was part of a larger organisation and regular opportunities were available for the registered manager to keep up with best practice.

Working in partnership with others

- The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Health professionals, social workers, social workers, hospital consultants and other community groups visited to enable people to gain access to other services.
- The service had developed good community links that were used to improve care and support for people or relatives in the service and from the local community. For example, the service told us about a recent initiative they had just started. The activity coordinator said, "We have launched a dementia café, I visited a local dementia café and took flyers around. It has just started but hopefully it will take off."
- Representatives from a local car manufacturers spent two days at the service spending time with people or supporting them to make improvements to the environment.