Leabrook House Limited

Leabrook House Nursing Home

Inspection report

180-181 Leabrook Road,
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DY4 0DY
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Date of inspection visit: 16 and 20 March 2015
Date of publication: 20/04/2015

Ratings

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

Overall summary

The provider is registered to accommodate and deliver personal and nursing care to a maximum of 41 people. At the time of our inspection 38 people lived there plus two people who were receiving respite care. Respite care is short term care to give family carers a break or for other reasons. People who lived there were of a wide age range (19-83 years old) and had varied and complex needs.

Our inspection was unannounced and took place on 16 and 20 March 2015. At our last inspection in 23 April 2013 the provider was meeting all of the regulations that we assessed.

A manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We identified some medicine management issues that required improvement; however the manager was already aware of these issues and had started to take action to improve medicine safety. We found that medicine checks were undertaken but did not always identify specific problems with medicine safety. The manager was looking at developing a better checking system to address this.

Staff knew of the provider's procedures that they should follow to ensure the risk of harm to people was reduced and that people received care and support in a safe way.

Most people and all of the relatives we spoke with told us that staff were available to meet their [or their family members] individual needs. Staff told us and records confirmed that they received in-depth induction training and the on-going support they needed to ensure they did their job appropriately and safely. We found that staff were trained and competent to support the people who lived there effectively.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was addressing the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

The provider offered a range of recreational activities that people could participate in and most enjoyed. However, a re-evaluation of what is offered may meet a greater number of people's needs. Staff supported people to keep in contact with their family as this was important to them.

Staff supported people to be as independent as possible. People who were able and willing were encouraged and supported to perform a range of daily living tasks and attend to their own personal hygiene needs.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

The registered manager had identified through monitoring and audits that record keeping required improvement and some policies and procedures were in need of updating. They had a plan of action and had started work to address this.

All people and relatives we spoke with told us that the quality of service was good and that it was a well-run home. The management of the service was stable, with processes in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We identified some medicine management issues that required improvement to prevent people being placed at risk of possible ill health.

People and their relatives told us that the service was safe. Procedures were in place to keep people safe and staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

There were sufficient staff that were safely recruited to provide appropriate care and support to people.

Is the service effective?

Good

The service was effective.

People received effective care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met preventing people being unlawfully restricted and not receiving care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good

The service was caring.

All people and relatives told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Summary of findings

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider offered a range of recreational activities that people could participate in and most enjoyed. However, a re-evaluation of what is offered may meet a greater number of people's needs.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and all conditions of registration were met. The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

The registered manager was aware of improvements that were required and had an action plan to address the issues.

Leabrook House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Our inspection was unannounced and took place over two days 16 and 20 March 2015. Our inspection team on 16 March 2015 comprised of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience or caring for someone who uses this type of care service. Our pharmacist carried out an inspection of the medicine systems on 20 March 2015.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with eleven people who lived there and three relatives, eleven staff members, which included the registered manager, the clinical lead, nurses, care staff, catering and physiotherapy staff. Not all people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions. We undertook a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us. We looked at four people's care records, accident records, menus, complaints records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the staff training matrix. Following our inspection we spoke with a further two relatives by telephone to get their views on the service provided.

Requires Improvement

Is the service safe?

Our findings

All people we asked told us that they felt safe living there. A person said, "I am safe here". Another said, "I feel safe". A relative we spoke with told us, "Oh they [Their family member] are safe. I would not let them stay here if they were not". Another relative said, "They are very safe there". Our observations showed that people who lived there were very comfortable and at ease in the presence of all staff. We saw that they were happy and confident to go to staff if they wanted something.

A person told us, "The staff are all very kind. No-one has ever been rough or shouted at me". A relative said, "Nothing like ill treatment here. They [their family member] are protected". Training records that we saw and staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "I have not seen any abuse or neglect. If I did I would report it straight away". The registered manager confirmed that any issues they became aware of they would report to the local authority. This confirmed that staff were aware of the reporting systems they should follow, in order to protect people who lived there from abuse.

Our pharmacist inspector looked at the management of medicines. We looked at 10 people's medicine administration records. The majority had been signed for the administration of peoples prescribed medicines. However, we also noted gaps on three people's medicine administration records. We found that the medicines had been removed from their labelled containers but the medicine administration records had not been completed. There was therefore no staff signature for medicine administration or a reason documented to explain why a medicine had not been given. The manager told us that this often occurred when agency staff were working but agreed it should not happen.

Supporting information for staff to safely administer medicines prescribed to be given 'when necessary' or 'as required' was not available. This would help to enable staff to make a decision as to when to give the medicine. We discussed this with the manager who had already developed a protocol to be introduced immediately.

Medicines with a short expiry were not always dated when they were opened or disposed of when their expiry date was reached. In particular we found two medicines in the refrigerator that had expired in July 2013 which had not been destroyed. We also found a medicine that had a 28 day expiry which was not dated when opened. There was an increased risk of medicines being used longer than the expiry date and the preparation may no longer be effective. This was discussed with the manager who agreed that this should not be done.

We found that medicine checks were undertaken but did not always identify specific problems with medicine safety. The manager agreed and was looking at developing a better checking system. We found that the issues we identified concerning medicine management safety the registered manager was already aware of and had started to take action to improve medicine safety.

Staff we spoke with were aware of potential risks to people. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility and moving and handling assessments and general risks relating to people when partaking in daily living activities.

Staff told us and records confirmed that they had received first aid training. We asked staff what they would do in a certain emergency situation such as a person having a fall and sustaining an injury. They told us that they would check on and reassure the person, get support from other staff / the nurse on duty. They said depending on the circumstances if needed a 999 call would be made or the GP contacted. They told us they would make a detailed entry in the person's record. A relative said, "The staff identified that there was a problem and promptly sent them [Their family member] to hospital". This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

People we spoke with had mixed views about staffing levels. The majority of comments made about staffing levels related to people's individual activity needs. No-one told us that staffing levels had a negative impact on their care or safety. A person said, "The majority of the time staff levels are fine. Sometimes they are short staffed". Another person said, "There are enough staff. I do not have to wait". Staff we spoke with told us that staffing levels were adequate to meet people's needs and to keep them safe.

Requires Improvement

Is the service safe?

We observed that staff were available at all times to support people and to respond to their requests. There were systems in place to cover staff leave which included asking off duty staff to cover or the use of agency staff. We saw that an off duty sheet was on display in the office. The registered manager confirmed that they had identified where advance shift cover was needed and had asked staff if they wanted to cover those shifts. A staff member said, “We generally cover each other”. This meant that steps were taken regarding staffing so that people would be supported appropriately by staff who knew them well.

We found that recruitment systems were in place. A new staff member confirmed that checks had been undertaken for them before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. This also included checks to ensure that the nurses were registered with the Nursing and Midwifery Council (NMC) which confirmed that they were eligible and safe to practice. These systems minimised the risk of unsuitable staff being employed and people being placed at risk of harm.

Good

Is the service effective?

Our findings

The majority of the people we spoke with indicated that the service provided was effective. A person said, "I am happy and the staff treat me well". Another person told us, "I don't think I could receive better care". A third person said, "The staff know my needs and look after me". A relative said, "I would say that the service is superb". Another relative said, "I can go home rested and contented knowing that they [Their family member] are being looked after properly". All staff we spoke with told us that in their view the service provided and care people received was, "Very good, or, "Excellent".

Some new staff had been employed and they told us and records we looked at confirmed that they had received induction training. A staff member said, "I had a long induction. I think it was eight weeks. I looked at records, did training and worked with experienced staff". All staff we spoke with told us that they received regular supervision and support. Staff told us and the training matrix we looked at confirmed that they had either received all the training they required or it had been highlighted that the training needed to be arranged. A staff member said, "All my training is up to date". Another told us, "I really do feel confident to do my work". A relative told us, "The staff know how to look after people very well". This showed that staff were supported when they first started work and were given guidance through one to one supervision and training thereafter to ensure that they provided appropriate care and support.

During our inspection we observed and heard staff seeking people's consent before care or support was given. A person said, "The staff always explain what they are doing". We heard staff explaining to people what they were going to do before moving them in wheelchairs or the hoist and asked people if they were happy with that. We heard staff asking one person if they wanted help with their personal care. The person agreed by nodding.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

Records did not all confirm that robust mental capacity assessments had been undertaken. The registered manager told us that they were aware of this and work was in progress. We saw some completed and some blank MCA assessment documents on people's file to confirm that. Staff and relatives confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. A person said, "Restrictions on me? No way. I would not be here if it was like that. This is my home and I should not be restricted". Staff we spoke with gave us a good account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority as is required regarding DoLS issues for four people. This confirmed that staff were aware of what they should do to prevent people having their right to freedom and movement unlawfully restricted.

Care records that we saw varied in their effectiveness. Some were very detailed and some lacked detail. We spoke with the registered manager about this who told us that they were aware that some records needed to be reviewed and updated. They told us that they were working to a plan to resolve the situation. However, despite the lack of detail in some records all staff we spoke with knew the needs of people well. They knew their risks and needs. A person said, "The staff know me well. They know my needs". Another person said, "The staff look after me properly". A relative told us, "The staff know their [Family member] needs completely and address the perfectly".

A care record that we looked at highlighted that one person required one to one support and supervision at all times due to a medical condition. During the day we observed that the person's condition changed. A staff member quickly noticed and dealt with the situation. The outcome was that the person recovered quickly and was soon looking happy and smiling again.

People told us that they attended health care appointments or that healthcare was accessed for them. A relative said, "They [The staff] always make sure that they

Good

Is the service effective?

[their family member] get any medical input they need. They reacted promptly when they were not well and sent them to hospital". Another relative said, "If it was not for the care and support they have had here they would not be alive. They are getting better and better each day. It is amazing". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's specialist health care teams, an epilepsy nurse specialist and speech and language therapists. The provider employed a physiotherapist who mostly treated people who had approved funding for that input. However, they confirmed that if someone was unwell and needed chest physiotherapy or other input they would provide it. A person told us, "I see the dentist and the chiropodist". Another said, "I see the chiropodist. They help to keep infections away". This ensured that the people who lived there received the health care support that they required.

People told us that could eat their meals in the dining room or their bedroom if they preferred. One person said, "I have my meals in my room". We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. We observed a number of people having their breakfast late morning. A relative laughed when telling us, "At the same time each night they [Their family member] press their call bell for their snacks. The staff respond and give them what they want to eat".

All people we spoke with told us that they liked the food and drinks offered. A person told us, "The food is very good". Another person said, "There is nothing wrong with the food. We have a good choice". All people we spoke with told us that they were offered a choice of food and drink. We spoke with the chef. They told us that before they planned new menus they consulted with the people who lived there. During the morning we heard staff discussing with people what they would like for their lunch. Records we looked at confirmed that people enjoyed a varied diet.

The chef and care staff gave us a good account of people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We found that where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. During meal times we saw that staff were available to give assistance to people who needed this. We saw that they made the meal time a pleasant experience. They sat next to people and spoke with them to encourage them to eat and drink.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with were overwhelmingly complimentary about the staff and used the words, "Kind", "Caring" and "Wonderful" to describe them. A person said, "The staff are all very good. You have to be a special person to work here". Another said, "They [The staff] are very kind". A third person said, "The staff bend over backwards for me. They always go that extra mile". A relative told us, "The staff are very, very caring". Another relative said, "Sometimes I visit and sit in a small room. I can see and hear the staff but they do not know I am there. They are always the same. Kind and make time for people". We observed that staff greeted people when they got up and asked them how they were. We saw that staff took time to listen to what people said. We saw that people responded to this by talking with staff and having confidence to inform them of their wants and needs.

A person said, "I think it is nice and friendly here". A relative said, "The owners strive to ensure a relaxed homely atmosphere. It is lovely". Some people told us that they liked to spend time alone. A person said, "At times I like be in my bedroom alone and they [the staff] let me". This meant that people were allowed time alone for privacy and had private space where they could spend time if they wanted to. With their permission we looked at a person's bedroom. The room was personalised to their taste and we saw that they had numerous personal possessions kept in there. This showed that the provider had ensured that people had their own space with their belongings and lived in a pleasant atmosphere.

Relatives told us that staff were always polite and friendly towards them. People told us that staff were polite and showed them respect. A person said, "The staff speak to me in a way that I am happy with". Our Expert by Experience stated, "Staff were polite and respectful and had excellent relationships with the people". During the day we heard staff speaking to people in a respectful way.

People told us and we saw that staff knocked bedroom doors before entering. A person said, "The staff show respect and knock my door before they go in". Another person told us, "The staff ask me if I want my door and curtains closed". Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by knocking bedroom doors and waiting for a response before entering ensuring toilet and bathroom doors were closed when those rooms were in use. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them.

We saw that a number of people could not verbally communicate and/or had limited understanding. We observed that staff ensured that they were at the same height as people by bending down when communicating with them. We heard staff speaking to people slowly and clearly. We saw staff communicating with people in different ways using words and complimentary hand signs. We saw that people understood and responded by nodding, smiling and responding appropriately. This showed that staff understood that their approach was important to ensure that they could communicate with people appropriately.

A person confirmed to us, "I like to do things for myself. I wash myself. Staff only do the bits I cannot reach like my feet". Another said, "I like to stay as independent as I can". A staff member told us, "We always encourage people to do as much as they can for themselves". Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. We saw that aids were available to promote independence. At lunch time some people were offered plate guards to assist them to eat their meal independently. This highlighted that staff knew it was important that people's independence was maintained.

All people we spoke with told us that it was important to them to maintain contact with their family. During our inspection we saw relatives visiting. Relatives we spoke with confirmed that staff enabled them to have as much contact with people as possible. A person told us, "My family come and see me when I want them to. There are no set times". Another said, "My Mum comes to see me every day". Records we looked at and staff we spoke with highlighted that there were no visiting restrictions and families could visit when they wanted to.

Good

Is the service responsive?

Our findings

Overall, people told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. A person confirmed, "I am asked about my care". Another said, "I am involved in my care planning. They [The staff] do what I want". A relative told us, "We are asked about their care and give our views. It is good".

Records we looked at and staff we spoke with confirmed that where required people's needs were reviewed by the local authority and other health or social care professionals. A relative said, "We are always involved in everything. We also attend annual reviews to make sure that my son gets the care he needs and he does to a high standard. These processes enabled the provider to confirm that they could continue to meet people's needs in the way that they preferred.

People told us that they could get up and go to bed when they wanted to. A person said, "I always get up when I want". We heard staff encouraging people to make their own choices regarding their daily routines and what they wanted to eat. Throughout the day we heard staff asking people what they would like to do and what they had planned for the day. People confirmed that they selected what they wanted to wear each day. This showed that the staff knew that is was important to enable people to make choices and decisions about how they lived their lives.

Staff were employed to provide a varied range of activities to people. We observed some activity sessions and saw that people were supported well by staff who made the sessions interesting and enjoyable. A person told us, "Sometimes I join in the activities it depends what's going on and sometimes we go out". One person told us that staff took them to a local supermarket so that they could purchase what they wanted to. However, a number of people told us that they felt that the activity provision offered did not meet their needs. This was because they would like to go out more often. We spoke with the registered manager about this. They told us that they knew that this was an issue for some people and that they were addressing the situation.

Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

All people and relatives we spoke with told us that they did not have any complaints. All people and their relatives knew how to complain if they had the need and told us that they would feel confident to do so. A person said, "In the 12 years that I have been here I have only complained once and it was dealt with properly". Another person said, "If I had a complaint I would go to the gaffers" [The owners]. A third person said, "I've only had to complain once. One of the care staff were rough and rushed. I told the manager and they sorted it for me. They [The care worker] do not work here anymore". A relative said, "I would not hesitate to go to the owners if I was not happy about something and am more than confident they would deal with it". The registered manager told us that no recent complaints had been made. However, they were not able to show us a complaints log to evidence that. They told us that a record would be made on people's individual record to log the complaint. We discussed this with them and they agreed that a complaints log or system to record complaints in one place may be better to ensure that the information was easily accessible and that any patterns or trends could be determined. The registered manager told us that they would address that.

Good

Is the service well-led?

Our findings

People and their relatives told us that in their view the service was well led and well run. A person said, "I think it is a well-run place". A relative said, "My son has been there for a long time. The Owners are very particular. They like things done properly and they are. They also like to get the balance of a homely positive place. It is very well run".

We found that a positive culture was promoted that was transparent and inclusive. A relative said, "The owners have always been open, honest and inclusive". All people and the relatives we spoke with knew the provider's and manager by name. They told us that they were visible within the service and approachable. A person said, "The manager is good at their job. They used to be a carer. They know the different aspects of it all and have a great sense of humour". A relative said, "I can go to the owners at any time. They listen to what I say".

We saw from records and this was confirmed by the people who lived there that they and their relatives were invited to reviews and had the opportunity to discuss and raise issues. All people and staff we spoke with confirmed that meetings were held where they could voice their views. One person said, "They do hold meetings but I don't go because I don't want to go".

The provider had a clear leadership structure that staff understood. There was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to notify us of.

All staff we spoke with told us that they felt supported in their job role. One staff member said, "The management are very supportive". Another said, "There is always someone we can contact if we need help". Staff we spoke with explained the on call process and who they needed to contact in an emergency. Staff told us and records we looked at confirmed that regular staff meetings were held. Staff also told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I saw something I was concerned about I would feel confident to report it". This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

We saw that audits were completed and that where needed corrective action had been taken/ commenced to make improvements. We identified some medicine management issues that required improvement; however the manager was already aware of these issues and had started to take action to improve medicine safety. We found that medicine checks were undertaken but did not always identify specific problems with medicine safety. The manager was looking at developing a better checking system.

During our inspection we identified that some records had not been completed and some were not detailed enough including care plans and Mental Capacity Act 2005 assessments. However, staff we spoke with were all aware individual needs and risks so the records had not had a negative impact on people's care and safety. Some people told us that they would like to be offered different activities. Although they had worked at the service for some time, the manager had only recently been appointed into this role and registered by us. It was clear from plans that we looked at and discussions we had with the registered manager that they had identified the work that needed to be addressed. They were working to a plan to make the required improvements. This showed that the registered manager had undertaken assessments and was clear on what they needed to do to bridge any shortfalls.