

The Abbeyfield (Weymouth) Society Limited

Legh House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 18 April 2018 and was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. We last inspected this home on 6 February 2016 and it was rated as 'Good' overall and 'Requires Improvement' in the Effective key question.

Legh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to 19 older people in one adapted building. Nursing care is not provided by staff at Legh House. This is provided by the community nursing service. At the time of this inspection there were 18 people living in the home. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At our last inspection in February 2016 we rated the service good overall and requires improvement in Effective. At this inspection in April 2018 we found the evidence continued to support the rating of good overall and the rating in Effective had improved to good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Legh House provided elderly people living with dementia and other health conditions with accommodation, care and support. People were protected from risks relating to their health, their dementia related behaviours, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. The registered manager was working towards updating their staff files and ensuring all necessary paperwork was available. Staff underwent Disclosure and Barring Service (police record) checks before they

started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training. The registered manager was working on improving the regularity and content of staff supervisions and appraisal.

Staff treated people with kindness and respect. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People's comments included, "All the staff are lovely" and "They are so kind."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People's individual needs were identified and staff worked hard to meet these. Comments from people included, "It was the best decision I could have made to come here. The carers are great and I feel well looked after" and "I love it here, it's better than my own home." People were supported to have enough to eat and drink in ways that met their needs and preferences.

There was open and effective management at Legh House. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service has improved to Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Legh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 April 2018 and was unannounced. One adult social care inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

Most of the people who lived in Legh House were able to talk to us about their experience and we therefore spent time speaking with them. We did not conduct a SOFI during this inspection for those who were unable to talk to us. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounge, the conservatory and in their bedrooms. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime meal periods. We spent time observing how people who were staying in the home were supported by staff. We spoke with 13 people who lived in the home, three relatives, six members of staff and the registered manager. We also spoke with one visiting healthcare professional and requested feedback from four others.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed information about staff recruitment processes and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe. Comments from people included, "Here I do feel safe and cared for", "I need help and the carers help me to stay safe", "I don't know what is wrong with me but I know the carers know and that makes me feel safe. They are wonderful."

The people who lived in Legh House had a variety of needs relating to their health, their mobility, their skin integrity, their mental health, their dementia related behaviours, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where one person had been identified as being at risk of skin breakdown, staff had sought specialist advice. This advice had been used to create risk assessments and plans for that person to give staff clear guidance to follow in order to keep the person safe.

Accidents and incidents were recorded and where these had taken place, the care officers (senior care staff), the assistant manager and the registered manager had discussed these and taken action in order to ensure they did not reoccur.

People were protected from risks relating to the management of medicines. All of the people living in Legh House required support from staff to take their medicines. The registered manager told us that at the time of our inspection none of the people living in the home wanted to manage their own medicines. They told us that should they want to there were processes in place for that. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Senior staff and night staff, who administered medicines, had received training in medicines management and had their competencies checked regularly. One person said, "The carers bring my tablets each day so I know I'm getting them, I used to forget if I had taken them when I was at home."

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it. Staffing numbers were suitable to meet people's needs.

The deputy manager was in the process of reviewing staff recruitment practices to ensure all documentation required was available. During our inspection we identified a number of documents which were not available in the home. The registered manager and the deputy manager told us they were working through a list of missing documents, including references and proof of identity. They confirmed with us, however, that relevant checks had been completed but were not currently held in the home. They recognised these needed to be and were therefore working on improving this. We found each member of staff had a

disclosure and barring service check (police record check).

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. Regular checks were undertaken in relation to the safety of equipment and emergency procedures in the home.

Is the service effective?

Our findings

The service provided people with effective care and support.

People told us they received high quality care and support from staff at Legh House. Comments from people included, "It was the best decision I could have made to come here. The carers are great and I feel well looked after" and "I love it here, it's better than my own home."

At our previous inspection in February 2016 concerns had been identified with regards to staff applying the principles of the Mental Capacity Act 2005 (MCA) and the registered manager applying for Deprivation of Liberty Safeguards (DoLS) where necessary. Following our inspection the registered manager sought guidance and reviewed theirs and their staff's knowledge and understanding of MCA and DoLS.

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.

The registered manager and staff had undertaken training in the MCA. Staff and records demonstrated an understanding of the MCA's principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. This helped ensure people's rights were respected where they were unable to make a decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

Where people had been identified as lacking capacity to make certain decisions, their care plans contained guidance for staff on how to help and encourage them make as many decisions for themselves as possible. For example, one person's care plan guided staff on the best ways to approach the person and how best to explain things in order to enable them to make their own choices and decisions.

People were supported by staff who knew them well and had the skills to meet their needs. One member of staff said, "I have good relationships with all the residents. Once you get to know their likes and dislikes it's so easy to build a strong bond." During our inspection it was clear staff knew people well and could comfortably and easily communicate with them. Care plans contained detailed information about how best

to communicate with people.

Staff had undertaken training in areas which included dementia, Mental Capacity Act 2005, safeguarding, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. One member of staff said "We're up to date on all our courses. I've just finished a dementia course. It was very interesting and I'll use the information I learned." Another said, "I am kept up to date with my training which helps me feel confident."

Staff received supervision and appraisal but this was not regular. The registered manager told us they were working on improving the frequency and content of staff supervisions. Staff told us they were happy with the meetings they had and felt able to discuss any issues they had or training they wanted with the registered manager at any time. Comments from staff included: "If we have anything on our minds, all we have to do is go into that office and ask. We're not missing supervisions."

People were supported to have enough to eat and drink. People spoke highly of the food and were supported to eat in personalised ways which met their needs. Comments included, "I like to eat my meals in my room. I was concerned that this might not be possible when I first came here, but it was no trouble for the carers and they were only too happy to help", "They make sure we have plenty to eat and drink" and "The meals are very very good."

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care. One external healthcare professional said, "They call when we're needed and listen to advice. They are responsive."

Is the service caring?

Our findings

The service continued to be caring.

We received positive feedback from people about the caring nature of staff at Legh House. People made comments which included, "All the staff are lovely" and "They are so kind."

Throughout our inspection we observed some very positive interactions between staff and people. We saw people smiling, laughing and sharing terms of endearment with staff. The atmosphere in the home was warm and welcoming and a relative told us they were able to come and visit any time they wanted and always felt comfortable. They said, "I come in when I can and the staff make me feel welcome."

The registered manager told us the staff at Legh House were very caring and gave us examples of times they had gone above and beyond for people. They told us about a particular member of staff who made felt broaches for each person to celebrate particular events, such as Valentine's Day and Christmas. The registered manager told us people loved the person's broaches and looked forward to them.

The staff made comments to us which demonstrated how much they cared for the people who lived in Legh House, enjoyed their personalities and attributes. Comments from staff included, "He's a fascinating man" and "What an amazing man."

People were involved as much as possible in their care and support. Staff encouraged people to make choices in as many areas as possible and people's care plans guided staff on how to promote people's independence and ability to choose. People's care plans highlighted what they were able to do for themselves and how staff were to support this. For example, where people were able to take part in their own personal care, staff were instructed on how to support this. Staff received equality and diversity training to help them to understand and meet people's individual needs.

Displayed within the home was Legh House's mission statement and values. These were, "To enhance the quality of life for older people" and "Caring, honest, openness, respect." We found during our inspection that this mission statement and these values were shared amongst the staff team and felt by the people who lived in the home. People confirmed they felt completely at home, were offered as much freedom as possible and felt truly cared for by the staff.

The registered manager and staff worked hard to ensure people's self-esteem was promoted by acknowledging people's skills, achievements and personalities. One person had previously been a pilot in the army and had written their memoirs. Staff had ensured this person's bedroom was highly personalised with photographs, birthday cards and aeroplanes. The day prior to our inspection the person had celebrated their birthday and staff had bought them a cushion with a picture of their favourite type of aeroplane on it. The person told us during our inspection, "I had a very happy birthday." We spoke with a member of staff about this person who showed great admiration for them. They told us staff regularly read the person's memoirs to people in the home. They told us people enjoyed these and it made the person feel

very proud of the life they had led.

The registered manager and staff valued people's privacy and respected people's dignity. This was confirmed by our observations and people we spoke with. Care plans contained clear instructions for staff to follow in order to best ensure people's privacy and dignity were respected. A poster in the hallway encouraged staff to become dignity champions at the home and a recent 'Dignity Tree' had been displayed, asking people to attach a leaf reflecting what dignity meant to them. This reinforced the message that people's dignity was a priority in Legh House.

Is the service responsive?

Our findings

The service continued to be responsive.

Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required. The people who lived in Legh House at the time of our inspection had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Staff demonstrated they knew how best to communicate with people.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. During our inspection we saw people attend a 'residents' meeting'. People were encouraged to come to the meeting by staff and this was seen as a social event. People enjoyed a drink of beer or sherry and chatted happily. During this meeting the registered manager encouraged people to share their views, listened to people's suggestions and took action where appropriate. Where people suggested ideas for activities or outings, the registered manager had acknowledged the ideas and told people they would arrange for these to take place where possible.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. People were asked to share their ideas with regards to activities during meetings but also with signs displayed in the home. A monthly activities calendar was displayed on the wall and people enjoyed organised outings and entertainment. During our inspection we observed people take part in activities such as playing scrabble, reading the newspaper and listening to a visiting singer in the afternoon. People were able to go out for walks and where staff support was needed, we saw people being helped to walk around the garden. People's comments included, "I have several

interests and the carers do encourage me and help me to do what I want" and "We all went out to West bay on a coach organised by the home. We went for a walk along the promenade, it was lovely to get out, but nice to come back home afterwards."

The registered manager worked hard to ensure people in the home were part of the wider community. They had built relationships with a local cub group which came into the home each Christmas and had recently come into the home at Easter to take part in some activities with people. The registered manager was in the process of organising for people from Legh House to go to the cub house in order to help the cubs earn their cooking badges by tasting cake. The registered manager also worked with Weymouth College and got students involved in coming into the home and spending time with people. Recently the registered manager had invited students to come to the home in order to design a piece of artwork to go on the courtyard. The students had sat with people and together had come up with suggestions and had gone away to work on the project. People were looking forward to the finished article.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People and relatives confirmed they felt comfortable to raise complaints and where they had made a complaint, these had been listened to and responded to. One person said, "I can always complain if I want to."

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The leadership of the home consisted of the registered manager, the deputy manager and senior staff. The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together.

All staff we spoke with were proud and happy to work for Legh House. They made comments including, "They look after us here. It's one of the best homes", "They say thank you if we do a good job, they value their staff" and "I thoroughly enjoy doing this job."

The registered manager held regular staff meetings and sought staff's views. We looked at the most recent staff meeting minutes and saw staff had been offered the opportunity to take part in further training and to do some workbooks in relation to Parkinson's and Dementia. The registered manager told us they were always seeking to improve and develop staff skills.

People, relatives, staff and healthcare professionals were asked for their feedback in order to improve the service provided. People were encouraged to share their views and were supported to provide regular feedback in the form of 'residents' meetings'. These were adapted to meet people's specific communication needs. Relatives were also asked to complete regular surveys and were asked for feedback regularly.

People's feedback was acted on in order to improve the service. For instance, one person commented the medicine trolley was loud when it went past their room. The registered manager had arranged for the maintenance person to oil the wheels and this had helped with the noise. People's opinions and feedback had been sought when the living room had recently been redecorated. People had suggested blinds instead of curtains and these had been purchased,

People benefited from a good standard of care because Legh House had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding and staffing. Regular spot checks were carried out and where these or audits identified issues, action plans were created and action was taken to improve where required.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used

the service.