

Active Horizons Limited

Leven House

Inspection report

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Tel: 01914476388

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 12 and 13 May 2015. Four breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet these legal requirements. These related to the breaches of regulation regarding safeguarding people, safe care and treatment, seeking consent and meeting nutritional and hydration needs.

We undertook this focused inspection to check if the provider was now meeting the legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Leven House on our website at www.cqc.org.uk.

Leven House is a residential care home offering accommodation and personal care for up to 10 people. Care is primarily provided to older people requiring residential or respite care. There were eight people living at the home at the time of the inspection.

There was a registered manager in post. 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.

We found that guidance on safeguarding and whistle-blowing for staff was now in place and staff knew what to do if they had any concerns. All risks to people's personal safety had been assessed and were being managed. The process for record keeping around people's finances was still not fully robust.

Records kept to support people's wellbeing had been improved since our last inspection. However some records were not always completed correctly with calculations around people's weights being completed inconsistently.

People told us they sometimes found the food repetitive or not to their choosing. They did not feel they had been offered control over menu's.

People were deprived of their liberty in their best interests, but the provider's policy was not in line with current practice.

People were given personalised care but support to help people meet their social needs had not improved. People told us they felt under stimulated and records did not demonstrate that activities were routinely provided.

Overall areas identified at the last inspection had been improved upon by the service. However, some of the

recommendations identified at the last inspection had not been acted upon and some checks in the home were not being completed and had not been identified by the registered manager.

The registered manager had sent us notifications of incidents as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We could not improve the rating for 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not always safe. The process for record keeping around people's finances were not robust.

Guidance on safeguarding and whistle-blowing for staff was now in place and staff knew what to do if they had any concerns. However some policies and procedures had not sufficiently improved. All risks to people's personal safety had been assessed and managed but some ongoing review records contained inaccuracies.

Requires Improvement ●

Is the service effective?

We could not improve the rating for 'Is the service effective?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not always effective. Records kept to support people's wellbeing were not completed consistently.

People who were deprived of their liberty had been done so in their best interests, but the provider's policy was not in line with current practice.

Requires Improvement ●

Is the service responsive?

We could not improve the rating for 'Is the service responsive?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not always responsive. People were given personalised care but efforts had not been made to help people meet their social needs.

Requires Improvement ●

Is the service well-led?

We could not improve the rating for 'Is the service well led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service was not always well-led. Some of the recommendations identified at the last inspection had not been acted upon and some checks in the home were not being completed and had not been identified by the registered manager. Some policies that had been updated were not in line with best practice.

The registered manager was now notifying the Care Quality Commission of significant events that occurred at the service.

Requires Improvement

Leven House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Leven House on the 15 and 16 March 2016. This inspection was carried out to check that improvements to meet legal requirements had been made after our comprehensive inspection on 12 and 13 May 2015. We inspected the service against four of the five questions we ask about services; 'Is the service safe?'; 'Is the service effective?'; 'Is this service responsive?' and 'Is the service well-led?' This was because the service was not meeting legal requirements at the time of our last inspection.

The inspection team was made up of an adult social care inspector and an expert by experience. An expert by experience is someone who has used or knows someone who has used a similar service.

Before the inspection we reviewed information we held about the service, including notifications from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted commissioners of the service for feedback and were informed they had no concerns about the service.

During the inspection we spoke with five staff including the registered manager, as well as four people who used the service and one relative.

Five people's care records and daily notes were reviewed. Other records reviewed included policies and procedures, accidents/incidents, records relating to the Deprivation of Liberty Safeguards and people's finance records.

The internal and external communal areas were viewed as were the kitchen, lounge, dining area, bathrooms and, when invited, some people's bedrooms.

Is the service safe?

Our findings

At our last inspection on the 12 and 13 May 2015 breaches of legal requirements were found. These included a failure to ensure there were policy and procedures in place for safeguarding adults, including notifying us of safeguarding alerts. Also the service did not have fully robust systems to prevent and respond to abuse. We had found that risks to people's safety were not always identified and handover records used to update staff were not completed at each shift change. We reviewed the action plans the provider sent to us following this inspection with details of how they planned to meet the legal requirements.

During this inspection we looked at how the service supported people with their finances. Records were kept and the balances of people's monies held by the service were checked. We found that the balances were correct or contained slightly more money than the records stated. This was in the range of a few pence more. We discussed this disparity with the registered manager who advised that some loose change left over may just be placed in people's monies and accumulate over time. The service might also have credited people money whilst waiting for relatives to deposit money and this was likely to be where the extra change had come from.

At our last inspection we had found that although receipts were obtained, no records were made of items purchased on behalf of people, to assure them their money was being handled correctly. We found that records now being kept and receipts did not detail what was purchased and that not all receipts had been retained to match the records of how people's money had been spent. We discussed this with the registered manager who agreed to review the records and the level of detail. The procedure in place for managing people's money had not been sufficiently improved as the process followed and records kept were not fully robust.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the service's policy and procedures for safeguarding adults and whistleblowing. We saw that the safeguarding policy now contained details of abuse and neglect and information for staff about the reporting process. However, we noted that details about how the provider investigated allegations had not been included in the procedures. The service had raised notifications with us and we checked accident, incident and other records to see if any of these may have required a safeguarding notification to be submitted. We saw that there had been no incidents recorded since our last inspection that would have required the service to raise a safeguarding alert. Staff we spoke with knew how to identify possible abuse or neglect, and were aware of the service's reporting procedure, including the need to report this externally. Staff were also aware of the whistleblowing procedures and of external agencies they could contact with any concerns. The registered manager was clear on the external reporting procedures.

We looked at records relating to people's safety, for example where a person required bed rails or was at risk of weight loss. In the care plans we reviewed risk assessments were now in place for all risks that people might have whilst receiving care. Staff we spoke with were able to tell us what risks individual people may

have, as well as the measures they put in place to reduce these risks. For example, people at risk of weight loss were weighed regularly and supported to eat to maintain their wellbeing. People had been referred to external healthcare professionals for advice when this had been an issue and dietary supplements had been provided.

We checked handover records to review whether any issues or risks were effectively communicated between shifts to ensure continuity of care. Records for the previous month were detailed and clear about each person's care needs. Staff we spoke with about handovers told us these had improved since our last inspection, ensuring they were more aware of people's needs at each shift change. People told us they liked the service on offer. One person told us, "I love being here, the staff are really lovely". Another person told us, "The staff are very friendly".

During our inspection we found that the service was not keeping records of fridge temperatures in the kitchen and storage areas. We also found a storage area was not kept secure which meant people were at risk of accessing cleaning products. We brought these to the registered manager's attention who immediately checked the fridge temperatures and took action to ensure that existing documentation was completed in future. They also agreed to ensure the storage area was locked by staff in future.

Is the service effective?

Our findings

At our last inspection on the 12 and 13 May 2015 breaches of legal requirements were found. These included a failure to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people who required them and that people were supported to have adequate nutrition and hydration. We reviewed the action plans the provider sent to us following this inspection with details of how they planned to meet the legal requirements.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the service had now submitted to us notifications that people had been subject to DoLS and these were now in place. We spoke with staff who told us they had received DoLS training and were aware of when the safeguards needed to be considered. However, when we reviewed the service's updated policy and procedure we found that the definition of DoLS was not in line with current guidance. This meant that anyone looking to follow the policy would not have correct information. The service had not made sufficient improvement as the policy and procedure in place was still not up to date.

We recommend the provider seeks professional guidance on reviewing their policies and procedures in line with current best practice standards.

We checked how people were supported to have adequate nutrition and hydration. A screening tool was used to assess nutritional risks and care plans were devised to meet dietary needs. There was evidence that people were effectively supported with weight management and that referrals were made to external professionals such as GPs and dieticians. We saw that people who were at risk of weight loss had records kept of their weight and dietary intake. However some of the calculations completed by staff around people's weight loss were inconsistently recorded. For example weight loss was incorrectly added over a period of time when reviewing the level of risk. This meant the service may not have made referrals for external advice in a timely fashion. We brought this to the registered manager's attention who agreed to ensure these were checked for errors in future.

People we spoke with gave variable comments about the food provided in the home. One person told us, "There isn't much choice at meal times." Another person said some of the food was not to their liking. We looked at the menus and saw there was variety of meals but people we spoke with felt they should have more involvement in the development of menus. We discussed this with the registered manager who agreed

to review this with people using the service.

We recommend the provider ensures that records and calculations are consistent around people's weight monitoring and reviews the menus with people using the service.

Is the service responsive?

Our findings

At our last inspection on the 12 and 13 May 2015 we had recommended the provider provide social stimulation on a daily basis to meet the social needs of people living at the home.

During this inspection we spoke with people using the service and looked at records of the social activities people participated in. We observed staff spent time talking with people but there were no attempts to engage them in any activities. Some people told us they felt bored and said there was little for them to do socially. One person told us, "I love staying here, but there is nothing to do but watch telly." Another person told us that, "The people are very nice here, but there is nothing to do, I just sleep most of the time." During this conversation a staff member added that there were "dominos, board games, pool table all available to the residents", however they did not attempt to supply the games or show the person where they were kept. The room where the pool table and exercise equipment were kept was not in use and had a sign on the door saying 'staff only'. The equipment was covered over with clean laundry and the registered manager advised us this room and equipment was not in use. We saw that people were doing jigsaw puzzles and watching films on DVD during our visit. There was a garden which has been adapted to be accessible to people. The registered manager told us this was used in the summer months and people could be involved in gardening.

Records about activities undertaken were limited in detail and some people appeared to have no structured activity provided by the service. People who were cared for in their bedrooms often had limited stimulation, although staff told us they were able to spend time with them as they went about their duties. The registered manager told us group activities were not popular. They were aware of people's interests and this was recorded in their care records. However, we concluded that people were still not able to access daily social stimulation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At our last inspection on the 12 and 13 May 2015 breaches of legal requirements were found. These included a failure to ensure that notifications of significant events were provided to us, for example safeguarding and death notifications. We also recommend the provider sought professional guidance on reviewing their policies and procedures in line with current best practice standards.

People and relatives told us they felt the registered manager was good at their job, a relative told us, "I am confident (family member) is looked after here, I completed a client questionnaire last week about the care they were receiving". A person told us, "The manager is very understanding of my needs, she took an interest in my condition and was keen to learn more, and pass it on to her staff".

We looked at the service's policies and procedures and spoke with a member of staff the registered manager had brought in to review their policies and procedures. We saw that some still lacked the necessary guidance detail. If staff had referred to these policies for information this would have been unavailable or incorrect. Staff had recently undertaken training in these policy areas so their knowledge would not be reflected in the policies to support them. We brought this to the attention of staff who were updating policies and they agreed to take immediate action.

We looked at the notifications we had received from the provider and at records in the service to check that appropriate notifications had been sent. We also spoke with the registered manager to confirm their understanding of the requirements to submit notifications. From this we concluded that we had received appropriate notifications from the registered manager and they were aware of their responsibilities.

We recommend the provider reviews with people how they provide social stimulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not ensured that the care and treatment of service users met their needs.</p> <p>Regulation 9 (1) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not ensured there were systems and processes established and operating effectively to prevent abuse of service users.</p> <p>Regulation 13 (2)</p>