

Leabrook House Limited

# Leabrook House Nursing Home

## Inspection report

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Leabrook House is a care home providing personal and nursing care to 38 older and younger people at the time of the inspection. The service can support up to 41 people.

### People's experience of using this service and what we found

Some diabetic care records contained gaps and inconsistencies. Percutaneous endoscopic gastrostomy (PEG) feeds were stored in a separate room. The temperature of the room was not being monitored. Systems were in place to protect people from the risk of abuse and harm. Staff recruitment records did not always contain enough information to demonstrate all required pre-employment checks had taken place. Mental capacity assessments were not routinely carried out for decisions regarding people's care and treatment, including decisions about the use of restraint or restrictive practices.

Staff understood who to report concerns to as well as the risks to people's health. People's support needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Staff followed the infection control procedures the provider had in place. People received their prescribed medications and in accordance with their specific guidance. People were comfortable, relaxed and happy around care staff and staff understood how to keep people safe.

People's individual communication needs were considered to support them to be involved in their care. Staff had the necessary skills to carry out their role. Staff had regular training opportunities and training specific to people's individual needs was provided. Staff had very good knowledge and understood people's health conditions and the support they required.

Systems and processes in place promoted a positive culture in the home. Staff worked with a wide range of stakeholders involved in people's care. These included occupational therapists, health professionals and safeguarding authorities. Staff understood their responsibility to be open and honest when things had gone wrong. The acting manager operated an 'open door' policy which enabled people, their relatives and staff to approach management to discuss any concerns they had.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement published 06 November 2019

### Why we inspected

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the need for consent. Please see the action we have told the provider to take at the end of this report.

We also identified and a continued breach in relation to the governance of the service being provided. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor who was a nurse and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Leabrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff as well as the acting manager, deputy manager and catering manager.

We reviewed a range of records. This included seven people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We found some diabetic care records contained gaps and inconsistencies. Seven people we reviewed were identified as being diabetic and required their blood glucose levels monitored prior to being administered insulin. There were charts in place to record the blood glucose reading however the record did not state what the person's normal range was. The charts recorded the site of insulin administration. The information recorded on each person's 'insulin regime authorisation' did not always match what was on their Medicines Administration Record (MAR) sheets. For example, one person's chart stated they were to be administered 20 units of insulin three times a day. The insulin authorisation record stated it should be 14 units twice a day. The inconsistencies found in care records could result in staff, particularly agency staff who may be unfamiliar with people's routines, administering the wrong amount of insulin.
- Medicines were stored securely however the nutritional feeds for service users with a percutaneous endoscopic gastrostomy (PEG) were stored in a separate room. The temperature of this room was not being monitored. Feeds should be stored and administered at room temperature 20-25 degrees. Cold feeds can lead to gastrointestinal intolerance problems and stomach upsets. If the feed is warmed up there is a risk of 'cooking the formula which reduces the nutritional value and can also increase the risk of infection. We raised this issue with the acting manager. After the inspection the acting manager confirmed a thermometer had been fitted and the temperature of the room was being recorded daily.
- There were measures in place to monitor the use of 'as required' medications.
- Staff completed medication administration records (MARs) to show what medicines they had administered. Where people required as and when medicines (PRN) staff knew when to administer them and how to record them.

### Staffing and recruitment

- The provider undertook checks on prospective staff to ensure were suitable to work with people, including Disclosure and Barring Service (DBS) checks. The DBS checks a person's criminal record to help employers make safer recruitment decisions. However, staff recruitment records did not always contain enough information to demonstrate all required pre-employment checks had taken place
- Staff told us they had received an induction when starting work, and had the opportunity to shadow other staff and completed training.
- Our observations during the day indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs. The provider ensured all care staff were fully vaccinated.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "If I became aware of any type of abuse, I would make sure the person was safe and then tell the management." Another staff member told us, "If I was unhappy about how we dealt with a safeguarding issue, I would tell you [CQC], local authority or the police."
- We observed people were relaxed around staff. Relatives told us their loved ones were safe and comfortable with staff members. One person told us, "The staff are good; I get on well with them."
- Risk assessments were in place for people and updated regularly. Risk assessments contained information to guide staff on how to manage people's risks safely. Staff we spoke with knew people well.

#### Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff on how they should support people safely.
- Some people were at risk of experiencing seizures. Care records contained clear instructions for staff to follow to support people and if required how to arrange for assistance.
- Risk assessments were regularly reviewed, and staff referred to these to ensure they supported people to reduce the risk of avoidable harm.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.
- Risks in relation to the premises were identified, assessed and well-managed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider had a system in place to check the vaccination status of staff and visiting professionals in line with the COVID-19 government guidance.
- People using the service were supported to maintain contacts with their relatives. A system was in place to support people to have visits from relatives and any other important people in their lives.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the management team to reduce the likelihood of reoccurrence.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had failed to ensure the principles of the MCA were followed as people did not always have their capacity assessed for specific decisions and best interests' decisions recorded as required. For example, records showed some people who had been identified as lacking capacity did not have decision specific capacity assessments and best interest decisions recorded in relation to decisions made regarding the use of restraint or restrictive practices, such as the fitting of bedrails. This placed the person at risk of not receiving care in line with their wishes and best interests.

The provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the provider had sent Deprivation of Liberty Safeguards (DoLS) authorisation requests for people who lacked capacity and were waiting for these to be authorised by the local authority.

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

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support

staff to understand how to meet the person's needs. One relative told us, "They [staff] always make sure that [person's name] is happy with what they are going to do for her."

- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People continued to be supported by a staff team who had the appropriate skills, knowledge and training to carry out their roles.
- Relatives told us staff knew what they were doing and were well trained.
- The provider had systems in place to induct, train and develop staff. A relative told us, "The staff know what they are doing when they care for my relative."
- Nursing staff had their registration numbers checked to ensure they were legally registered to work as a nurse.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records contained up to date information on their nutritional needs for staff to follow.
- People with modified diets had assessments to specify the type of diet they should consume.
- Staff we spoke with knew people's food likes and dislikes and were aware of specific dietary needs and any risks associated with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked very closely with other agencies and health professionals in order to meet people's specific needs. Care records showed involvement from a range of health care professionals including GP, dentist and optician.
- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- The service is provided across two floors with bedrooms on both floors. The majority of service users were cared for in their rooms and in bed and used non-verbal communication. There was no directional signage or other features to help staff easily identify people's bedroom doors. All the corridors were the same colour as were bedroom doors. Room numbers were written at the top corner of the door frame. This may not be of concern to staff who regularly work at the home. There is a potential risk of agency staff not being able to respond quickly in an emergency situation or correctly identifying people during medication rounds. We raised this issue with the acting manager who confirmed they would discuss this with the owner of the home and improve the directional signage around the home.
- The premises provided people with choices about where they spent their time.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection there were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's governance and auditing systems and processes were not effective. They had not enabled them to identify and address the concerns we identified at this inspection. These included the inconsistent and incomplete information recorded about people's diabetic care, the failure to monitor the temperature at which people's nutritional products were stored and the failure to comply with the requirements of the Mental Capacity Act 2005.
- In addition, we found one person's planned catheter change had not been completed and this had not been picked up by the provider. We informed the deputy manager who confirmed this had not been changed due to staffing issues on the due date. They confirmed it would be completed after the inspection.
- The provider had also failed to identify a key recommendation from one person's healthcare review, six months ago, had not been followed up by staff or management. We raised this with the acting manager who confirmed they would follow this up on the person's behalf without delay.
- Records maintained in relation to people's care were not always complete, accurate and up to date. Four people's blood glucose readings charts contained unexplained gaps in recording. For example, one person's blood glucose levels had not been recorded on four occasions over the course a fourteen day period. The consistent recording of blood glucose levels for people with diabetes is important because it enables staff members to take action if the level is outside the normal range.

Systems and processes to assess and monitor the quality and safety of the service were not robust. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

- The provider did not have 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. The current acting manager stated they would be applying for registration with the Care Quality Commission.

- Staff we spoke with were positive about working for the service. One staff member told us, "The [acting manager] is very good and approachable. The atmosphere around the home is good; it's like one big family."
- The provider was aware their legal responsibilities to inform us about significant events which could occur at the service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events, including the impact of the COVID-19 pandemic.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and all staff we spoke with told us they felt listened to and the provider was approachable. A staff member said, "We support each other. We support new and agency staff. Some of the people we support have complex needs so we need to ensure all staff members have all the information and support they need to meet the residents' needs."
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities around the duty of candour. They had an associated policy and procedure in place. The management team told us they understood their responsibility to be open and honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team used feedback from a variety of sources, including involving people and relatives in individual reviews, to make sure the care and support was personalised and met people's needs.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- The management team ensured they always kept up to date with changing guidance. They ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they had access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>