

C J B Care Limited

Leigh 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

Leigh House is a residential care home for 5 people with learning disabilities who may also have physical disabilities. At the time of inspection there were three people living at the home permanently and other people who regularly stayed for short breaks. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. Communication systems were developed to ensure that people could communicate their choices. Relatives knew how to raise a concern or make a complaint and there was a procedure in place to manage any; however, no complaints had been received.

People, their relatives and staff were included in developing the service and found the manager approachable. There were quality systems in place which were effective in monitoring and improving the quality of the care that was provided.

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 remains 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

Leigh 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 8 August 2017 and was unannounced. It was completed by one inspector. The provider had not completed a provider information return (PIR) when we visited the service because it was before the return date. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to tell us this information at the inspection and we also reviewed the PIR when they returned it. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with two relatives of people who lived at the home to receive feedback on the care they received. We observed the interaction between people and the staff who supported them during the inspection visit.

We spoke with the registered manager, the deputy manager, two senior carers and two care staff. We also received written feedback from one healthcare professional.

We reviewed care plans for two people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were protected from harm and abuse by staff who were knowledgeable and understood their responsibilities. One member of staff we spoke with said, "I have done safeguarding training and I would report anything I had any concerns about". Staff also understood risks to people's health and wellbeing and knew what actions to take to reduce it. They were able to describe how they protected people from harm; for example, they could describe certain medical procedures which supported people to live healthy lives. One relative told us, "The managers worked closely with us and medical professionals to put a protocol together to manage a health condition that our relative has. All of the staff have received training in it and now what they are doing. It reassures us to know that they are safe". We saw that there was equipment in the home which assisted people and that this was regularly maintained.

People received their medicines as prescribed. When people needed to take certain medicines 'as required' the staff understood the circumstances when it could be needed and knew what symptoms to look for. Some medicines which were prescribed could be needed urgently for certain conditions. We saw that there were arrangements in place to ensure that they could be accessed easily.

Staffing levels were planned to meet people's needs and to ensure that they could lead active, full lives. One member of staff we spoke with said, "Staffing is never a problem. We usually work one to one with people and there are often other staff around if you need any assistance". Safe recruitment procedures were followed to ensure that staff were safe to work with people. One member of staff told us, "After my interview I didn't start work until my references and police checks were completed".

Is the service effective?

Our findings

People were supported by skilled, knowledgeable staff. One relative we spoke with said, "The staff are wonderful; they all know what to do and are well trained". Staff told us that they received training and support to ensure they understood people's needs. One member of staff said, "We all have certain training and then if you are supporting someone who has a particular condition you will receive additional training in that".

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). We saw that the provider was working within the MCA. When people had been unable to consent to certain decisions they were made in their best interest. Any restrictions on people's liberty were recognised and some DoLS were in place with further applications awaiting approval.

People were supported to maintain a healthy diet. Their food and drink were monitored and recorded to ensure that they maintained a healthy weight. Staff consulted other healthcare professionals to assist with this monitoring. People were supported to attend regular healthcare appointments. Staff worked closely with other professionals to ensure that plans were followed to keep people well. One healthcare professional told us, "The team are open to advice and quick to respond to any recommendations made".

Is the service caring?

Our findings

Positive caring relationships were developed between staff and the people that they supported. Staff knew people well and could describe what was important to them. One relative we spoke with said, "I cant say too many glowing things about the staff and how caring they are. My relative is a different person since they moved there. They are now happy all of the time". People who lived at the home were not able to communicate verbally. However, staff were able to explain to us how they communicated with each person differently and how they supported them to make decisions about their care. For example, one person communicated through gesture and another through gaze. Assistive technology was also used with people to develop their communication. This is technology which has been designed specifically to help people to maintain or develop skills.

People's privacy and dignity was promoted. When people required support this was completed in a private space. People had personal belongings and decorations in their rooms which showed their personality and things they liked.

Important relationships were maintained and developed. One relative told us, "The provider arranges for staff to support my relative so that they can spend time at home with us and also for family occasions. For example, they recently supported them to attend a wedding". Another relative said, "They recently organised a holiday for our relative which is the first one they have had abroad. They sent us photos from there so that we could see how much our relative was enjoying it". One member of staff said, "We work closely with families to make sure we understand people well and so that they can stay involved in their lives".

Is the service responsive?

Our findings

People received care that met their individual needs and helped them to lead full lives. One relative we spoke with told us, "Since my relative moved there they have made wonderful progress. Their health has improved and they are happier and busier than they have ever been". A healthcare professional told us, "The person I know best has really flourished since they arrived at the home. They have improved physically and also started to communicate and express their personality". Staff knew people well and were working towards individual goals with people; for example around physical therapy and communication.

Activities were provided on a daily basis. People attended sessions at a day service which included opportunities such as music and working with animals. They also regularly used a pool for hydrotherapy sessions and staff had received training from a healthcare professional to support them. One member of staff said, "The person I support loves these sessions because they can stretch out and have a sense of freedom. We have been shown how to help them to do their exercises which helps with their condition".

Relatives told us that they had not had any reason to complain but that they were confident that they would be listened to if they needed to. There was a complaints procedure in place and there had not been any complaints made since the last inspection.

Is the service well-led?

Our findings

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.

Relatives told us that they knew the manager and found them approachable. People who lived at the home were not able to verbally communicate with us but we observed that the manager knew them well and that they responded to him. One member of staff told us, "The manager is approachable and usually around. It means that if there are any issues we can get them resolved quickly because they are very accessible". The manager ensured that staff, people and their relatives had the opportunity to contribute to the development of the service through regular meetings and surveys.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "I absolutely love working here and have been supported since day one. The manager is on the end of the phone at any time. I have had lots of opportunities to develop here". Staff told us that they felt confident to whistleblow if they were concerned about any of the care or management within the home and they said that they would be listened to. Whistle blowing is a procedure for staff to raise concerns about poor practice and they are protected in law from harassment and bullying.

There were quality audits in place to measure the success of the service and to continue to develop it. In the PIR the provider told us, 'Monthly audits are carried out and highlighted areas are actioned by the manager. Reviews of care plans and risk assessments are completed as and when required'. We saw that these were effective and that improvements were made as a consequence.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service when a rating has been given. We saw that the previous rating was displayed in the home and on the provider's website. We also received notifications of important events that occurred at the service in line with their registration.