

1st Care (UK) Limited

Leen Valley Care Home

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 inspection took place on 28 February 2017 and was unannounced. Leen Valley Care Home is registered to provide personal care and accommodation for up to 36 people. On the day of our inspection there were 15 people using the service. The service has two floors with a passenger lift for people to access the upper floor.

There was a registered manager in post when we inspected the service. 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.'

People who used the service were safe; staff had a good understanding of how to protect people from potential abuse. The risks to people's safety were assessed and staff used the measures in place to reduce risks to their safety.

People were cared for by sufficient numbers of staff who had received training for their roles. People received their medicines when they required them.

People's right to make choices was respected and staff understood the need to obtain consent from people when providing care. Where people lacked the mental capacity to make their own decisions staff were aware of the legislation in place to protect people and had followed the principles of the Mental Capacity Act 2005 (MCA) to ensure people were not unlawfully deprived of their liberty.

People were supported to maintain a nutritionally appropriate diet according to their needs and their health needs were managed by the staff who cared for them.

People received care from staff who were kind and respectful, their views on their care were listened to and incorporated into their individual plans to ensure person centred care was provided.

People, who used the service, or their representatives, were encouraged to be involved in decisions about their care and their environment, and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 was safe.

People were safe as the provider had systems in place to ensure staff recognised and responded to allegations of abuse.

Risks to people's safety were assessed to allow them freedom but also keep them safe.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and to be able to respond to people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions where possible and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet, sufficient fluid intake and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported. Staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

People who lived at the service or those acting on their behalf were involved in the planning of their care and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

People were supported to make complaints and raise concerns to the management team.

Is the service well-led?

Good ●

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Leen Valley Care 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.

This unannounced inspection took place on the 28 February 2017. The inspection team consisted of two inspectors and an expert by experience.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who were living at the service and three people who were visiting their relations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with three members of care staff, the laundry assistant and the chef. We also spoke with the registered manager and owner.

We looked at the care records of five people who used the service, four staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager and owner.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "Yes I do feel safe the carers look after me." Relatives we spoke with told us they had confidence in the staff to ensure their relations safety. One relative said, "I know (name) is well looked after." They went on to say if there were any issues the staff would ring them to keep them informed. Another relative told us they would feel comfortable highlighting any issues related to their relation's care. They said, "Oh yes, I would tell them and then I'd contact the CQC." The person went on to say they were confident the care staff would address any concerns they had.

Staff we spoke with showed a good understanding of their role in keeping people safe. Staff told us they had received training in how to recognise potential abuse and what they should do about this. One member of staff said, "I would tell one of the seniors or the manager." When asked if they had confidence the registered manager would address issues of concern related to safeguarding the member of staff said, "Oh god yes." They went on to say if they weren't happy about the way a safeguarding issue had been dealt with they would refer to the local safeguarding team.

The registered manager told us they had confidence in the staff who cared for people. They told us staff reported any issues of concern to them and gave different examples of the concerns staff had reported. For example, if a member of staff was not using the correct moving and handling techniques when assisting people. The manager told us they liked to resolve issues with staff and get their input to ensure they had an understanding of the range of safeguarding issues that can occur. Prior to our inspection we saw the registered manager had informed us of any issues of concern and had undertaken the necessary actions to ensure people's safety.

People we spoke with told us there were a range of measures in place to reduce the risks to their safety. For example, one person showed us how staff ensured they had an alarm cord by their bed with a buzzer within reach when they were in bed. Another person told us they required the use of a frame to assist them with walking. The staff had ensured the person had been appropriately assessed for a frame and also ensured they used the frame when walking. The individual risks to people's safety had been regularly assessed from the time of their admission to the service. Staff we spoke with were knowledgeable about the individual risks to people and the measures in place to keep them safe. One member of staff told us the information they needed was in people's care plans, but they also told us they knew the people they cared for well.

The risk assessments we read in people's plans gave staff good information about the individual risks and how they should mitigate the risk. For example, one person's risk assessment noted their level of mobility, what equipment the staff required to assist them and number of staff this required. During our visit we saw staff assisting the person using the methods highlighted in their care plan.

The environmental risks to people were also regularly assessed to ensure people's safety. We saw there had been an environmental issue that was a risk to some people who lived at the service and the registered manager had introduced measures to reduce risks and keep people safe. The provider had a range of

processes in place to ensure the equipment and building remained in a good state of repair. This was achieved through regular maintenance and servicing of equipment.

People told us there was enough staff to support them. One person said, "They come quickly and help." Another person told us the staff were "always around," and gave them the help they needed. Relatives we spoke with told us there were sufficient staff to manage their relations needs. One relative told us their relation confirmed that staff checked on them during the night. They said, "There's always somebody watching. They are quick to come and help."

Staff we spoke with told us there was generally enough staff on duty to support people. They told us the registered manager always tried to cover short notice sickness. One member of staff told us, "Staffing levels are good and are maintained." On the day of our visit we saw there were enough staff on duty to meet people's needs and staff worked together to ensure people's needs were met. One member of staff who was new to the service told us they had worked in other care environments but had been pleased at the level of support their colleagues had given them during their induction. They told us, "Staff work as a team."

The registered manager had taken steps to ensure that people were cared for by staff who had undergone the necessary pre-employment checks and were fit and safe to support them. We examined four staff files that showed before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were supported to take their medicines when they required them. One person told us staff stood with them until they had taken them. Other people we spoke with told us their medicines were always available to them and they had never been without the medicines they needed. Staff we spoke with told us they had received appropriate training for safe handling and administration of medicines and they had regular competency checks by the registered manager.

The registered manager told us they would ensure all staff who administered medicines were supported according to their needs. They said staff who had just completed training would have monthly competency checks which would gradually reduce to six monthly as their confidence increased. We saw people who required their medicines to be given covertly had the appropriate decision making process in place. There had been a robust assessment and relatives and health professionals such as their GP and pharmacist had been consulted to ensure medicines were necessary and given safely. Medicines were stored safely and the registered manager had a regular auditing process in place to ensure any errors were picked up so any they could be managed quickly and safely.

Is the service effective?

Our findings

People told us they felt staff who cared for them had been given necessary training to assist them with their roles. One person said, "They do have training, so yes they have the skills." One person told us there had been a number of new staff but told us they (staff) seemed to know what they were doing. Relatives we spoke with had confidence in the staff who cared for their loved ones. One relative told us the staff worked with confidence and skill.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. One member of staff told us as well as the mandatory training, specific learning sessions occurred on the last Friday of every month. Another member of staff who was new to the service told us they had already got their certificates for moving and handling and safeguarding training. They told us they had completed some training on helping people who lived with Dementia and was going to undertake the second part of this later in the week. Staff felt they benefited from the specific learning as it increased their knowledge of how to manage people's individual needs.

The registered manager told us they undertook regular supervision and yearly appraisals with staff to ensure they were continually supported. Staff we spoke with told us they found the sessions useful. They told us they were able to highlight issues they wanted to discuss, further training needs and gain feedback from their registered manager on their work performance.

People we spoke with told us their consent was gained before staff provided care for them. One person said, "They just ask automatically before they do anything. Relatives told us they had seen staff ask people about their care before they assisted people. Staff we spoke with understood the need to make sure people were happy to receive care before they assisted them. One staff member said, "I go through everything we are going to do with them." They told us if people were unhappy or agitated about the care they would leave the person and either go back later or find another way to give the care. For example using another member of care staff to offer care.

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 were supported by staff who had a good understanding of the MCA. The staff we spoke with were able to describe their duties under the MCA and how to support people with decision making. One member of staff told us, "If people can't make their own decisions we can make them for them in their best interests, but we have to assess their mental capacity using a proper assessment."

We saw that assessments of people's capacity in relation to specific decisions had been carried out when

people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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 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 were being met. The registered manager had made applications for DoLS where appropriate, to ensure people were not being deprived of their liberty unlawfully.

People were supported to maintain a healthy diet according to their individual needs. People we spoke with told us they enjoyed the food at the service. They were given choices in line with their dietary needs. Relatives told us staff worked to support their relations to eat a good diet. One relative told us their relation sometimes didn't eat well and staff supported them by assisting them with their meal. The relative said, "They (staff) encourage [name] to try feed themselves but they'd do anything to get them to eat and [name] usually eat something."

Staff we spoke with had a good knowledge of people's diets. The chef had a file with the different diets and support people required at mealtimes. The chef told us they watched what people ate. They said, "I prompt to make sure people get help." They went on to say, "Some people need support all the time but others may manage one day but not the next, I keep an eye on those people."

During our visit we saw people were supported by staff to eat and drink when this help was needed. We also saw there was regular monitoring of people's weights and staff worked together to ensure if people required further support from health professionals to assist them with their nutritional needs they received this. If required, people had been referred to their GP, the dietitian or the Speech and Language Therapy team (SALT) who have expert knowledge in managing people's diets who may have swallowing difficulties.

People told us their health needs were well managed by staff. One person told us they could see their GP if they needed to. Relatives told us staff were quick to deal with health concerns and kept them informed of any issues. Staff we spoke with told us they felt senior staff called health professionals in a timely way when required. One member of staff said, "Yes if there is any problem with anyone the seniors are quick to make an appointment with the GP or call the district nurse."

The registered manager told us they had a district nurse who telephoned the service every other day and visited twice a week to pick up any health issues of concern. They were also working on a project with an external agency that would ensure the service had a dedicated GP who would visit the service twice a month and have an overview of the health needs of the people in the service to improve responses to health care needs.

Is the service caring?

Our findings

People we spoke with felt the staff caring for them were kind and considerate. One person we spoke with said, "They are very caring and very friendly." Relatives we spoke with told us they witnessed staff's caring attitude to their loved one. One relative said, "They make a fuss of [name]." Another relative felt the staff were caring towards both their relations and themselves, they said staff were very helpful and made them feel welcome when they visited. One relative we spoke with was having a cup of tea and held up their cup saying "this is my cup" and told us staff had given them their own cup as they visited so regularly.

People we spoke with felt that staff went the extra mile for them. One person told us a staff member had taken themselves and their relative to visit a close relative's grave. They told us the staff member had done this in their own time and this had meant a great deal to the person.

Staff we spoke with told us there was a caring attitude among the staff, one member of staff said, "Yes very caring, it's the most caring home I have worked in." The member of staff went on to say, "Carers and manager work hard to cultivate good relationships with relatives and residents." We saw staff interacting with people and their relatives and it was clear positive relationships had been formed with people and their relatives interacting comfortably with staff throughout the day. One person called a member of staff over when we were talking to tell us about their family. It was clear the person and the staff member got on well and enjoyed regular conversations about their respective families.

Throughout our inspection we saw staff managing people's care needs well. When people required support staff responded calmly and ensured people had the things around them they required. For example a member of staff assisting a person in the lounge area made sure they had their paper, the TV remote and a drink before moving away from them. It was clear they had a good knowledge of the person's requirements to ensure they were happy and comfortable.

People and their relatives told us their views, choices and opinions were noted and supported by the staff who cared for them. They told us they received care the way they wanted it. People told us they had choices of how they spent their day, what clothes they wore, what time they wanted to get up and what they wanted to eat. One person said, "I get up when I want to, if I want another half hour in bed that's fine."

Staff we spoke with confirmed they offered care the way people wanted it. Our discussions with staff showed they had a good knowledge of the people they cared for. The registered manager told us they tried to involve people and their relatives in the formulation of their care plans. They told us, "I will talk to people and their relatives face to face about their care, or if relatives can't get in regularly I will talk to them on the phone." We saw evidence in the care plans to show people or their relatives had been either involved or invited to be involved in their care planning.

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith. No one in the service had required the service of an advocate however there was information available for people should they require the service. An advocate is a trained professional who supports, enables and

empowers people to speak up.

People were treated with respect and dignity. People we spoke with told us the staff were very good at maintaining their privacy and told us staff always knocked on bedroom and bathroom doors before entering and were discrete when discussing personal care. One person said, "Yes the girls keep me covered when they help me, I prefer that." Relatives we spoke with told us they felt that their relation's privacy and dignity was respected. One relative said, "They talk to people respectfully you don't hear them shout things across the room to each other."

Staff we spoke with showed a good understanding and were empathetic when discussing how they maintain people's privacy. One member of staff talked to us about being discrete when dealing with people's personal care. They said, "I treat people how I want to be treated," Staff told us they encouraged people's independence and one member of staff gave examples of a person who is able to walk a few steps. They told us staff encouraged the person and supported them to do this. The member of staff went on to say if they were assisting people with personal care they would let the person do as much for themselves as possible and not take over.

Is the service responsive?

Our findings

People told us they got the care and support they needed in the way they prefer. People and their relatives felt that staff knew them well and recognised what was important to them. One person we spoke with told us their individual preferences were known by staff and they were encouraged to make independent decisions in relation to their daily routine. People were encouraged to be as involved as they wished in planning their care. One person we spoke with said, "I haven't seen a care plan, I know they have made me one out, but I am not bothered about seeing it." A relative we spoke with told us both they and their relation were involved in care planning and said, "[Relative] is there but they don't say anything. They (staff) include me."

Some of the care plans we viewed lacked some detail regarding people's care. The registered manager explained the service was moving over to a new electronic care plan system and she was in the process of reviewing and updating care plans. We viewed some care plans that had been updated and put on the new system and saw they contained meaningful information to support staff to give the care people needed. For example, the new electronic care plan system allowed us to view different aspects of people's care quickly by moving through the screens. We saw one person had information about their mobility. The record gave staff information on the person's level of mobility and number of staff required to assist them and the type of sling used. We were also able to see very quickly other issues the person had to deal with such as their poor eye sight.

Staff we spoke with told us they used the care plans and were getting used to the new system and found it useful. They had a good knowledge of people's needs and told us that good communication systems were in place to ensure they had up to date knowledge of people's needs. These included a daily handover, daily records and a communication book. Staff told us they talked to each other and the registered manager regularly about people's care.

People we spoke with told us the service provided a number of social activities to keep them stimulated and prevent them from becoming isolated. One person told us they enjoyed playing cards and another person enjoyed going to the pub with the registered manager. Relatives told us there were a lot of different activities available to keep their relatives interested, however one or two relatives acknowledged that their relations didn't always want to join in. They told us staff respected this and tried to do things that interested these people. For example, one person enjoyed bird watching and there was a bird feeder outside the window that attracted the birds and the person got a lot of pleasure from this. Another relative who had told us their relative didn't always like to join in with different activities told us staff would engage with their relation and sing their favourite songs to them. Relatives told us staff found different ways to stimulate and entertain people for example by holding a staff sports day during the summer. One relative told us, "All the residents sat outside and watched them. It was very funny."

Staff told us there were regular activities going on for people such chair exercises, carpet bowls, Bingo and dominoes. Recently a member of staff who had joined the service had started a knitting group and the owner had recently purchased a mini bus so the staff could take people out on trips. This may be to the local

pub or shopping. Staff told us they tried to keep people active in different ways. For example a member of staff told us one person who was living with dementia enjoyed going around with them whilst they cleaned. The member of staff told us they would give the person a paper towel and encouraged them to 'help' them. The member of staff told us the person enjoyed the activity especially if they had the radio on.

The people and their relatives we spoke with told us they felt able to raise concerns or make complaints to staff if they needed to. One relative said, "Yes absolutely." They told us any small concerns or niggles they had would be dealt with straightaway and they had not had any serious complaints. People were aware there was a complaints procedure and we saw this was displayed in the service.

Staff we spoke with showed a good understanding of how they should deal with concerns or complaints. One member of staff told us they would always try to resolve any issues before it became a complaint. They said if they couldn't resolve things they would report to the registered manager and make a record of the issue.

Is the service well-led?

Our findings

People and their relatives told us they knew who the registered manager was and they had confidence in her. They told us she was approachable and would sort out problems quickly when they were raised with her. One person said, "[Registered manager] is the most approachable person and she says it as it is." A relative told us "I've knocked on the office door, [registered manager] is always willing to listen." Another relative told us they had a problem when the door handle to their relation's room fell off. They said "She [registered manager] was there immediately and she sorted it out."

People and their relatives told us there was an open culture at the service and they were informed straightaway about issues relating to their loved one. People told us that although the registered manager was the focal point for them they also found the owners were open and approachable. People told us the owners were on site a lot and spent time chatting to people.

Staff we spoke with told us they felt the service was well led. All the staff we spoke with told us they were able to approach both the registered manager and the owners and recognised there had been a considerable financial investment in the service to improve the care for people. One member of staff told us, "If we need something they will get it."

Staff told us they were aware of the whistle blowing policy and felt they could raise issues of concern. The telephone numbers for the registered manager and owner were in the office. Staff told us they would be able to discuss any mistakes with the registered manager and would be supported by them.

The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Records showed the issues we had been notified of since we last inspected had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People received care from staff who were supported with regular supervision and appraisals to monitor their performance and support them. Staff told us they found supervision useful. They told us they could discuss work related issues and future development. They told us the session also helped them understand what was expected of them from the management team. The staff we spoke with and observed were confident and competent. They were aware of the staff structure and told us they always had someone to go to for help and support.

People who lived at the service, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. The registered manager told us the results were discussed at the resident and relative's meetings and the feedback acted upon to keep improving the service.

Internal systems were in place to monitor the quality of the service provided. These included audits of care plans and medicines management. They were undertaken by the registered manager and overseen and

further analysed by the owners. The registered manager and the owner also performed environmental audits. As well as these audits we saw the owner had a template they used to record what aspects of the service they had monitored during their visits to the service. This document recorded comments on the wellbeing of the residents and staff, what aspects of the service's own improvement plan was looked at and the progress that had been made.

The manager and owners used the information from audits and spot checks to ensure the staff at the service were able to maintain a high standard of care. This showed that the owners was proactive in developing the quality of the service and recognising where improvements could be made.