

HC-One Limited

# Leeming Garth

## 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Leeming Garth is a residential care home providing personal and nursing care to up to 55 people older people, younger adults and people with physical disabilities and over at the time of the inspection. 43 people were living at the service at the time of our inspection. The provider had made changes to the service and was no-longer providing nursing care and had de-commissioned bedrooms, reducing the number of people it was able to accommodate. We asked the provider to notify us of these changes.

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

People were at risk of avoidable harm as care records were not complete and up to date. The provider did not have effective systems in place to check safety and quality across the service.

People, relatives and staff told us there were not always sufficient numbers of staff in the service to provide high quality care. This meant they could not always have the care they would like and staff may be less patient with them. We asked the provider to review this and received evidence to show this was addressed.

We made a recommendation about staffing.

People were at risk of avoidable harm as information about risks to people was not always recorded accurately or consistently to guide staff in how to keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice. Records were not always in place to evidence policy had been followed.

We made a recommendation about the Mental Capacity Act 2005.

People's dietary requirements, including diabetic and vegetarian diets were not always catered for. Referrals were made to healthcare professionals. It was not always clear that this advice was followed

People responded positively towards staff, laughing and joking with them. Care was provided in considerate, kind ways, ensuring people were comfortable. People had opportunities to be independent, including with their mobility.

Information about people's likes, dislikes and histories was known. This helped staff provide person-centred care. People were able to access a varied activities programme, which was being reviewed and developed.

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 good (published 27 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified one breach in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Leeming Garth

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

On day one two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited on day two.

#### Service and service type

Leeming Garth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

#### Notice of inspection

This inspection was unannounced on day one. We told the provider we would be visiting on day two.

#### What we did before the inspection

We reviewed information we had received about the service, including notifications for events the provider is required to tell us about. We sought feedback from the local authority and commissioners 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.

#### During the inspection

We spoke with nine people who use the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, area director, deputy manager, agency chef and care workers. We spoke with three visiting professionals to the service: a social care worker, a district nurse and a medicine systems worker.

We reviewed a range of records. This included eight people's care records and multiple medicine records. We looked at two staff recruitment files and three staff supervision records. We reviewed a range of records relating to the management of the service, including quality assurance checks and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing rotas and tools used to calculate staffing levels.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people and maintained their safety.
- Care plans and risks assessments did not always contain information to ensure people received support to maintain their safety consistently. The registered manager agreed to review this.
- Personal emergency evacuation plans did not specify the number of staff people would require to support them in the event of a fire. The registered manager agreed to update these.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

- The environment and equipment were checked for safety. The provider was arranging for an updated fire risk assessment following changes to the home environment.

Staffing and recruitment

- There were sufficient staff to maintain people's safety.
- There was not a system to ensure staffing was organised and understood to deliver high quality care. The dependency tool shown to us on the first day to calculate staffing levels did not correctly identify the number of people in the service and their needs. We asked the provider to review this and received assurances sufficient staffing levels were in place and monitored.
- Safe recruitment processes were followed.

We recommend that the provider implement and embed a system to ensure appropriate staffing levels are maintained.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were aware of their responsibilities.
- The registered manager worked with the local authority to safeguard people. We identified one incident which they had not safeguarded. Systems had not picked up on this information. The registered manager took immediate action to raise this following our request.
- Relatives were satisfied their family members were safe living in the service. One relative said, "I feel when I leave that [person] is safe."

Learning lessons when things go wrong; Using medicines safely

- When people had falls records did not always show the provider's processes for follow up observations had been completed to monitor risks to people. The registered manager told us checks had been undertaken and agreed to review these records.
- Accidents and incidents were monitored effectively, identifying any trends and patterns to support people's safety.
- Medicines were safely received, stored, administered and returned to the pharmacy when no-longer required. Best practice guidance was followed.
- The provider was in the process of transferring to an electronic medicine system. Careful consideration was being given to introducing and embedding this.
- People were satisfied with the support they received to take their medicines. They were reminded what their medicines were for.
- When medicine errors were found during checks they were investigated and used to help improve staff practice.

#### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment appropriately.
- Infection control audits were used to monitor standards in the service. When issues were identified they were promptly resolved.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

- Staff were knowledgeable about consent, the MCA and DoLS. Records did not always evidence this.
- The provider did not have a clear system for identifying people that may require a DoLS referral.

We recommend that the provider update their knowledge of the MCA and ensure appropriate records are implemented.

Supporting people to live healthier lives, access healthcare services and support

- Staff were knowledgeable about people's health needs and shared this information effectively amongst the staff team.
- Staff submitted referrals to relevant healthcare professionals when concerns were identified, such as weight loss or following falls.
- Positive working relationships had been established with health care professionals. A district nurse told us, "The team here have a good rapport with nurses and will ask us to check people if they are concerned about anything."
- Advice from healthcare professionals was not always followed, for example, where a person was to have a reduced fluid intake or where people required specialist diets. The registered manager agreed to review this.

Staff support: induction, training, skills and experience

- New staff had not always received an induction on starting at the service. Arrangements had been made

for them to attend this. The registered manager agreed to record support put in place until staff could complete their induction.

- Staff received regular supervisions to support their practice and development.
- Staff had received basic training to ensure they had the skills and knowledge to support people. For example, staff described using their training and experience to support a person requiring end of life care.

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

- The provider ensured people's needs could be met in the service. Pre-admission assessments were completed to make informed decisions about the appropriateness of the service for them.
- Assessments of people's needs were thorough and used to inform the support people required. For example, one person was admitted to a period of assessment. During this time, they were supported to improve their mobility.

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

- It was not always clear options for different dietary requirements including diabetic and vegetarian diets were catered for. One person said, "I'm diabetic but they don't cater for it on the menu, there's no choice, they don't ask what I want." The agency chef told us they were aware of people's dietary needs and offered alternatives.
- People had access to snacks and cold drinks available to them.
- People enjoyed meal times as social occasions; eating and drinking together promoted their physical wellbeing, encouraging them to eat and drink enough.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked jointly with other professionals to meet people's care needs and understand their long-term support requirements. A social care worker said, "The service has been really good at communicating with me. The registered manager knows all the people here and can tell me exactly what is going on."
- Handovers were used to share information amongst the staff team, including any additional monitoring or support people required.

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

- The environment in the home was appropriate for the needs of people living in the service. Refurbishment was ongoing to continue to make further improvements.
- People were able to personalise their bedrooms and showed us these with pride. One person said, "I'm thrilled with my own room, I brought my own things."
- Outside space had been designed to enable people to access and enjoy the garden.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring towards people. One person said, "Staff are good at looking after you, they are there if you need them."
- People responded positively towards staff, smiling, laughing and joking with them. Although, they told us staff could be less patient with them when they were over-stretched.
- Staff ensured people were comfortable. For example, elevating a person's legs, which were swollen and considering how a person's bed was raised to enable them to watch television. One relative told us, "A lot of the care workers are very kind, some of them can't do enough."
- Relatives noticed improvements in their family member's emotional and mental wellbeing as they became more settled at the service. One relative said, "We've had some nice smiles today, the depressed days are getting less."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to make day to day decisions, such as what activities they would like to do and where they would like to spend their time. One person told us, "I have choices every day."
- People's privacy and dignity was respected. Staff knocked on people's bedroom doors and awaited a response before entering.
- People were encouraged to retain and improve their independence. Staff used opportunities such as walking to the dining room to promote people's mobility and physical health.
- A coffee lounge area had been designed to provide a private space for people and their visitors. It also promoted people's independence. We saw people preparing hot drinks for their visitors and welcoming them to their home.
- Staff were not always aware of people's religious beliefs and how this may impact on their care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred support. Staff knew people's histories and preferred routines. They used this information to engage people and promote their wellbeing.
- Staff knew people's likes and dislikes. This helped people feel understood and at home in the service. A social care worker said, "They knew [person] didn't like marmalade and was quite particular with their food."
- Care plans were reviewed. These were not always carried out when changes occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and accommodated these.
- Activities were designed with people's communication needs in mind. For example, a word search activity was printed in large print to enable people to access it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of in-house activities and had the opportunity to be involved in these. One person said, "I'm the bingo caller, we start soon." Relatives were invited to activities to promote a sense of community and engagement with these.
- The activities programme was in development following a new activities coordinator starting at the service and trialling different activities with people.
- Relationships between people and their family and friends were supported. One relative said, "They welcome visitors and encourage friendships."

Improving care quality in response to complaints or concerns

- Complaints were investigated and the outcome of these was shared with the person raising the complaint.
- People and their relatives felt able to raise concerns and complaints. They were satisfied appropriate action was taken in response to these. One relative said, "We've had a few issues, we get things sorted out."

End of life care and support

- Details of people's end of life wishes were obtained at their initial assessment.
- Detailed end of life care plans had been developed, including information to indicate people may be deteriorating and their preferences.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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; Continuous learning and improving care

- Care records were not always accurate, complete and up to date. This put people at increased risk of experiencing harm.
- Audits were not effective in identifying the shortcomings we found with records, including risk assessments, care plans and mental capacity assessments. Systems had not identified issues with staffing levels or people's dietary requirements.
- Although some actions had been taken to address some of the points raised during our inspection this was reactive, rather than proactive.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

- People and staff spoke positively about the registered manager and their commitment to making improvements in the service. One care worker told us, "If we go to the registered manager with anything they will sort it out straight away."
- Staff were passionate about caring for people and ensuring their needs were always met. One care worker said, "We always prioritise meeting people's needs."
- Staff recognised the difference they made to people's lives. One care worker said, "I go home with a smile on my face."

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

- There was a warm, welcoming feel to the service. People, relatives and staff commented on the welcoming, inclusive atmosphere. One person said, "We are just a family, a big family."
- A person-centred focus was shared amongst the staff team. One care worker told us, "Everything is about these people. It's their home, we are invited into it."

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 registered manager understood their responsibility to provide open and transparent information and apologise when things went wrong.

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

- Resident's meetings provided an opportunity for people and their relatives to engage in the running of the service. One relative said, "You can talk freely. There were one or two suggestions made and they were followed up."
- Surveys were used to seek the views of people and their relatives. Information on how this was acted on was displayed.

Working in partnership with others

- The registered manager recognised the importance of community involvement; they had good links with health and social care professionals.
- The registered manager was working to build links with the local army base to help people maintain this link to their local area.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality of the services provided or assess, monitor and mitigate risks to the service user's health, safety and welfare. Accurate, complete and contemporaneous records were not in place for each service user.</p> <p>(1)(2)(a)(b)(c)</p>