

Greenleaf Healthcare Limited

Livesey Lodge Care Home

Inspection report

Livesey Drive
Sapcote
Leicester
Leicestershire
LE9 4LP

Tel: 01455273536

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30 January 2020

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Livesey Lodge is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

Livesey Lodge Care Home accommodates 24 people in a single level adapted building.

People's experience of using this service and what we found
People were not always supported to have meaningful activities.

We made a recommendation about the provision of regular meaningful activities to people,

We also made recommendations about further improvements to infection control practices, the environment to meet the needs of people living with dementia and quality monitoring. .

The care and support people received was safe. Staff knew how to raise any concerns they may have about people's welfare. Medicines were managed and stored safely. There were enough staff to meet people's needs. The provider followed safe recruitment practices.

Staff were trained and experienced to fulfil the requirements of their role. Staff had a good understanding of the Mental Capacity Act. People were supported to eat and drink well. Staff supported them to stay well and access health care services when needed.

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 supported this practice.

Staff were kind and compassionate. They treated people with dignity and respect, and took steps to promote their rights. Staff supported people and their relatives to be involved in decisions about their care.

Staff made relevant adjustments to ensure communication was tailored to the needs of individuals. People knew how to raise complaints and the provider acted on their complaints. The provider had effective systems in place to care for people at the end of their life.

The registered manager was aware of their regulatory responsibilities. They had systems in place to monitor the quality of care provided at the service. They took steps to engage people and staff in service planning and making improvements at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 13 May 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Livesey Lodge Care Home

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

The inspection was carried out by two inspectors.

Service and service type

Livesey Lodge Care Home 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.

The service had a manager registered with the Care Quality Commission. 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.

What we did before 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 one people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff and the provider and registered manager. We spent time

observing the care people received in communal areas to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received clarification from the provider to validate evidence found.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at Livesey Lodge Care Home. Staff had received training on safeguarding people who use services. They knew how to keep people safe from avoidable harm and report any concerns they may have about people's welfare.
- The registered manager worked with other agencies such as the local authority to ensure people were safe.
- Relatives told us the care and support their loved ones received was provided in a safe manner.

Assessing risk, safety monitoring and management

- The provider maintained regular checks of the premise and equipment to ensure they were safe for the use of people who used the service.
- There were personal evacuation plans in place to support staff to keep people safe in the event of an emergency such as a fire.
- Staff assessed risks associated with people's care. People's records included detailed risk assessments which included guidance on how staff would manage risk and measures they would take to ensure people received safe care which meets their needs.

Staffing and recruitment

- The provider followed safe recruitment practices. They ensured relevant checks were completed before they employed staff. This assured them staff were suitable to work with people who use care services.
- There were sufficient numbers of staff on duty to meet people's needs. Staff told us staff numbers allowed them to provide safe care.
- Relatives told us they found staffing sufficient when they visit the home. One relative said, "There's always enough staff. I would say it has improved in recent times. There was a time when they seemed to be struggling in the past, but that's all fine now."

Using medicines safely

- Medicines management was safe. Staff followed good practice in the storage and administration of people's medicines.
- The provider had protocols in place to support staff administer medicines in a way that met people's individual needs. Medicines administration records showed people received their medicines as prescribed by their doctor.
- Staff received regular supervision and competency assessment to ensure they supported people safely with their medicines.

Preventing and controlling infection

- People were protected from the risks of infections. The premise was clean, tidy and free from odours.
- Staff followed good hygiene standards when completing meal preparation tasks.
- Staff wore protective equipment such as aprons and gloves when they supported people with care tasks.
- Staff cleaning practice did not always reflect best practice guidance. This did not impact the hygiene standards of the service or on the care people received.

We recommend the provider consider further good practice in developing cleaning schedules, and ensuring current hygiene guidance is embedded in staff practice.

Learning lessons when things go wrong

- Staff kept records of incidents and accidents that occurred at the service. The registered manager investigated and made changes to keep people safe and minimise risk of reoccurrence. For example, we saw they made changes to staffing and accommodation to keep a person safe.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs before they lived at Livesey Lodge. This was to ensure staff could meet their needs.
- The provider had policies and systems in place which supported non-discriminatory practices. This ensured people's assessed needs were met regardless of their gender, cultural or religious affiliations.

Staff support: induction, training, skills and experience

- Staff had the skills and experience required to meet people's needs. They had access to a variety of training they needed to fulfil the responsibilities of their role. A staff member told us, "Training is on-line or face to face. Training is fine no problems."
- New staff undergo a period of induction which include training and shadowing more experienced care staff.

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

- People's nutritional needs were met. Staff ensured people had enough to eat and drink, providing physical support, prompting and encouragement where needed.
- Staff followed guidance from health professionals to provide additional support people needed to eat and drink safely.

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

- Staff promptly referred people to health care services when required. A relative told us, "They [staff] are good with ensuring [person] get health care as soon as needed."
- Staff supported people to monitor their health conditions and provided support to keep people as well as possible.
- People's records showed they had regular contact with health care professionals.
- The service had protocols in place to promote good oral health. Staff practices supported people to maintain good oral hygiene.

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

- We saw the provider had made improvements to the environment. People had access to safe spaces.

We recommend the provider consider further improvements including appropriate signage in line with good practice of making the home dementia friendly.

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 assessed people's ability to make their own decisions. Where people required support to make a specific decision, staff liaised with other professionals involved in the person's care and their relatives to make decision in person's best interest.
- Staff practice complied with the requirements of MCA. They sought people's consent before they provided care and support to them.
- Where people were subject to restrictions to the liberty, the provider had made the required applications to the relevant bodies.

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 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 treated people with kindness and compassion. One person told us, "Staff are fantastic, always have been."
- Throughout our visit, we observed positive and caring interactions between staff and people. Staff focused on the person they were supporting. They were calm, measured and worked at people's pace.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were supported to be involved in decisions about their care. Relatives told us they were consulted for care planning and reviews to ensure people's views were expressed.
- People had access to advocacy if required. We saw the provider ensured information about advocacy services were available to people and their relatives. Advocates are professionals who support people to express their wishes and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Practices within the home promoted people's rights to privacy.
- People were supported to be as independent as possible.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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 did not always have access to meaningful activities. A relative told us, "I've always thought that (activities) to be lacking. We visit at different days and there doesn't seem to be much going on."
- Staff told us they did not always have arrangements in place to engage people in activities. A staff member told us, "Activities is an issue, [staff] used to do them but not anymore. Some staff will spend a short time doing things but others won't do activities. People sitting around bored, it's a long day for them. Activities should be meaningful and one to one works best here. Not everyone wants to participate in group activities."
- A person at the home required access to meaningful activities to allow their needs to be met at Livesey Lodge. Their records showed staff had not regularly supported them with activities.

We recommend the provider prioritise developing regular meaning activities for people who use the service.

- People were supported to maintain contact with their family and friends. Relatives and friends could visit without restrictions.

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

- Care plans were comprehensive. They included information about people's interests, history and preferences. This supported staff to meet their individual needs.
- Staff involved people and their relatives in planning and reviewing their care. Relatives told us their contributions to care planning was valued.
- Staff supported people as stated in their care plan. They applied the information in care plans to care for people according to their wishes and preferences.

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.

- Care plans included support people would require to understand information given to them.
- Staff made relevant adjustments such as altering the tone of their voice when they communicated with people to ensure they were engaged and understand information.

Improving care quality in response to complaints or concerns

- People could raise any complaints or concerns they had about their care. A relative said, "Any issues we are confident to go to managers and raise them."
- Records showed a complaint raised by a person who used the service was dealt with satisfactorily in accordance to the provider's complaints protocols.

End of life care and support

- The provider had systems in place to provide dignified and comfortable care at the end of people's life. Staff discussed people's wishes with them and worked with health professionals to ensure people's needs were met.
- Nobody was receiving end of life care at the time of our inspection.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had made improvements to the culture of the service. Staff told us working relationships within the service had improved since our last inspection.
- We saw evidence that staff supported people to achieve good outcomes in their health and wellbeing. We saw improvements in the wellbeing of people who lived at Livesey Lodge.
- Relatives gave us positive feedback about improvements at the service. A relative told us, "[Management] are improving, they are working on improvements to make us feel more welcome."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 demonstrated a good understanding of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager demonstrated a good understanding of their regulatory requirements. The displayed their CQC's rating of performance and notified CQC of relevant events that occurred at the home.
- The registered manager had improved their quality monitoring systems. They completed a range of regular checks and audits which supported them to monitor the quality of care and ensure the care people received was of good standard.

We made a recommendation of further improvements in quality monitoring systems to support the provider embed improvements made, and easily identify areas where further improvements may be required within the service.

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

- People and their relatives were involved in service planning and improvement. The provider sought their feedback and acted on their responses. One person told us, "[Registered manager] is very good like that, listens to me."
- Staff felt engaged with the service. They told us they could raise concerns or suggestions to the registered manager or deputy manager. A staff member said, "Things have improved since you were last here. Staffing morale much better, we feel listened to and can make suggestions."

Working in partnership with others

- Staff worked collaboratively with health and social care professionals to meet the needs of people who use the service.
- The service had effective systems in place to share information with other agencies involved in people's care.