

Derbyshire County Council

The Leys Care Home

Inspection report

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Date of inspection visit:
08 November 2023

Date of publication:
01 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Leys Care Home is a residential care home providing personal care to up to 35 people. The service provides support to people with dementia and older people. At the time of our inspection there were 13 people using the service.

The home was ground floor with communal lounges and people had access to outdoor space.

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

People were safeguarded from abuse and avoidable harm. Risks to people were assessed and people were safe. Staff supported people to make decisions within the principles of the Mental Capacity Act (MCA). There were enough staff to meet people's needs and staff were recruited safely.

People were supported to receive their medicines safely. People were protected from the risk of infections, staff followed safe infection prevention and control practices. The home was visibly clean. Relatives were kept informed and visited without restriction.

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. People received person-centred care from staff who knew them well. The service focused on what was important to people and took account of their preferences. The provider and registered manager were committed to the continuous improvement of the service. The provider and registered manager acted on feedback from people, staff and relatives. Staff worked well with other services to ensure people received appropriate care which met their needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 10 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Leys Care Home

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Leys 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 08 November 2023 and ended on 11 November 2023. We visited the service location on 08 November 2023. We spoke with 4 people who used the service and 8 relatives about their experience of the care provided. We spoke with 7 members of staff including carers, senior carers, the deputy manager, the registered manager and service manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm.
- Staff were trained in the provider's safeguarding procedures and knew how to apply this in practice. People and their relatives told us they were safe.
- The registered manager reported any concerns about people's safety to relevant authorities such as the local authority safeguarding team. They also notified us of any concerns. This ensured appropriate agencies had oversight of any allegations of abuse. The registered manager and staff worked with appropriate agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The registered manager and senior carers reviewed people's care records and risk assessments regularly, so staff had accurate, up to date information on how to support people.
- People had personal evacuation plans in place which would be used in the event of an emergency. People had suitable plans in place to follow in the event of a fire or other emergency situations.
- People told us that they felt safe. One person told us, "Staff come quickly when I press my bell".

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager monitored DoLS applications, and any conditions related to DoLS authorisations were being met.
- Staff received training in MCA and DoLS and refreshed it regularly.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The registered manager monitored

staffing levels and ensured staff had the right skills to meet people's support needs.

- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider and registered manager used agency staff when required. Where possible regular agency staff were used who knew people well.
- Staff told us there were enough staff to ensure that people's needs were met.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff who handled medicines had completed training and their competence in handling medicines safely had been regularly assessed.
- People's Medicines Administration Records (MAR) displayed their photographs on the front. This helped to ensure that staff administered the right medicines to the right people.
- Guidance was in place to help staff identify when people required medicines that were prescribed to be taken 'as required' (PRN).

Preventing and controlling infection including cleanliness of premises

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was visibly clean and free from malodours. Staff received training in infection control and were observed to follow safe use and disposal of Personal Protective Equipment (PPE).
- One relative told us, "The home is absolutely spotless, and [person's] room is clean and fresh."

Learning lessons when things go wrong

- The provider and registered manager ensured lessons were learnt when things went wrong. This included the review of incidents and sharing the findings with staff. This helped to reduce the possibility of incidents reoccurring.
- Relatives were informed about accidents or incidents. One relative told us, "I feel [person] is extremely safe living there, they had a couple of falls, that last was approx. 3 weeks ago. they keep me informed straight away."

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. Relatives told us they were able to visit, one relative told us, "I feel welcome and can visit at any time."

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a positive and open culture at the service.
- The registered manager and staff were committed to providing people with high-quality, person-centred care which respected their rights and promoted a good quality of life.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Relatives provided positive feedback on the culture within the service. One told us, "There is a lovely, relaxed atmosphere in the home." Another told us, "Without a doubt [person] is absolutely happy living there." Another told us, "I would recommend this home to others."

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred. This meant we could check they had taken appropriate action in response to incidents.
- The registered manager was open and transparent throughout the inspection process.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- We spoke with the service manager. They were clear about their involvement in the home and completed regular audits of the service.
- Action plans were created from audits. These were closely monitored by the registered manager and reviewed by the provider's compliance team.
- Staff told us they had a good relationship with the registered manager and encouraged their development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The provider and registered manager gathered and acted on feedback from people, staff and relatives. For example, people asked for a coffee morning for relatives, this was arranged, and staff planned to give each meeting a topic. This month's topic was oral health.
- The service manager told us feedback from surveys was analysed for themes and trends across the homes to make improvements.
- Staff received regular opportunities to feedback in supervision meetings. The registered manager used supervisions to help staff to develop their skills and support them in their role.
- The provider had created a learning culture at the service which improved the care people received.

Working in partnership with others

- The provider worked in partnership with others. They had good links with local healthcare professionals, including GP's, dentists and opticians. We observed professionals visiting the home on the day of the inspection.