

Shaw Healthcare (Ledbury) Limited

Ledbury Intermediate Care Unit

Inspection report

Ledbury Community Health & Care Centre
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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

Ledbury Intermediate Care Unit provides short stay nursing rehabilitation for up to 14 people requiring support following an illness or incident at home. They also provide support for people who require palliative care. On the day of our inspection there were 12 people staying at the service.

The inspection took place on the 7 and 8 July 2016 and was unannounced.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 said they were supported in a safe way. They told us staff were caring and promoted their independence. Staff were knowledgeable about different types of abuse and systems were in place to guide them in reporting these. Staff knew people's needs and supported them to manage their risks. People and their relatives said there were sufficient staff on duty consistently. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them.

Staff had attended specific training to support the care they delivered. This ensured staff had the skills they needed to support people. For example, the therapy team were planning training to update and support staff with their role. People were supported with making decisions about their daily life when appropriate. They said they had choices available to them, to maintain a healthy diet, and were supported to eat and drink well. People and their relatives told us they had access to health professionals as soon as they were needed.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. People were able to see their friends and relatives as they wanted. There were no restrictions on when visitors could visit the service.

People were involved in their care planning and encouraged to be as independent as possible. Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns in line with the person's consent. The therapy team and staff worked with people to regain their skills of daily living.

People and their relatives knew how to raise complaints and felt confident they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to. The registered manager had systems to ensure identified areas of improvement were actioned in a timely way. People who stayed at the service and staff were encouraged to share their views and concerns about the quality of the service. The registered manager and the provider used these views and concerns to improve how they supported people staying at the service.

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 is safe

People were supported by staff who knew how to meet their needs safely. Relatives were happy with the support available to their family members. People benefitted from sufficient staff to meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service is effective

People were supported by knowledgeable staff who received regular training. People were offered a choice of meals they enjoyed while being supported to maintain a healthy, balanced diet. People had access to health care professionals as they needed them, and as part of their assessed needs.

Is the service caring?

Good ●

The service is caring

People were involved in all aspects of how their care was provided. Staff treated people with kindness, patience, and promoted their independence with all aspects of their daily life.

Is the service responsive?

Good ●

The service is responsive

People were supported to make everyday choices and focus on the goals they wished to achieve. Relatives were included in how their family member was supported. People and their families were confident to raise any concerns or comments with staff, or the management team, and these would be resolved satisfactorily.

Is the service well-led?

Good ●

The service is well-led

People were able to approach the management team at any time. People benefitted from the management team and staff's

approach of promoting people's independence and inclusion. The management team had systems in place to monitor and action improvements.

Ledbury Intermediate Care Unit

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 inspection took place on 7 and 8 July 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who stayed at the service, and three relatives. We looked at how staff supported people throughout the day.

We spoke with the registered manager, regional manager and seven staff. We also spoke with the occupational therapist, physiotherapist and the therapy assistant who regularly supported people who used the service. We looked at two records about people's care. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

All the people we spoke with said they felt safe. One person said, "We are all safe, we are here to get better safely." Another person said about staff. "They are absolutely brilliant; they are always about when you need them." We saw that people were comfortable with staff and there was chatting and laughing between staff and people staying at the service, throughout our inspection.

Relatives we spoke with said they felt their family member was safe. One relative told us about staff, "They never rush [family member], they are so patient." Another relative said, "I feel we work together to help my [family member] return home safely."

We spoke with the occupational therapist who regularly supported people living at the home. They explained how they worked as part of a team to enable people to return home safely. They told us they worked with staff and families to support people to regain skills after an event in a person's life, for example, a fall or an illness. The occupational therapist said there were regular staff who had the appropriate skills to support people safely. The physiotherapist said the service offered provided individual support for people in a safe way.

Staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. The registered manager was aware of what action needed to be taken and had taken appropriate action when they needed to. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority and the Care Quality Commission. Procedures were in place to support staff to appropriately report any concerns about people's safety.

Staff said they shared information about people's health and wellbeing which contributed to the safe care of people at the handover during shift changes. They would discuss any changes with people and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. Staff said people had their needs assessed and risks identified as part of their therapy program. Staff told us how they followed plans to reduce identified risks working with the therapy team to prepare people to return home as independent as possible. For example, staff told us how people would progress with their mobility and this would be shared at handover to ensure all staff were up to date with the risks for people. They worked together with the therapy team and followed safe practice in line with the risk assessment documented. We saw that staff were aware of identified risks for people. For example, we saw staff ensure people had their pressure relieving cushions when they moved to the dining area.

People told us there were enough staff on duty to keep them safe. One person told us, "There is always enough staff, I only have to call and they will be there." Another person explained how there was no difference day or night, or at the weekend, "There were always enough staff when I need them, nothing is too much trouble." Relatives said there were sufficient staff on duty to keep their family member safe. One relative told us "There is always someone about, no matter when I visit." We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member told us, "They do

their best to keep enough staff on duty; on odd occasions when we are short we work hard to make sure people are not affected." We saw staff had time to promote people's independence, and meet people's needs.

The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the service and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people staying at the service. They explained that they had increased staffing levels during the day, recently, because they had seen this was needed to meet the needs of people using the service.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training. They had spent time being introduced to people and shadowed experienced staff, and the therapy team. This was to ensure they were aware of how to support people in this setting. The staff told us the appropriate pre-employment checks had been completed. The registered manager said these checks helped make sure that suitable people were employed and people who used the service were not placed at risk through their recruitment processes.

We looked at how people were supported when they needed help to take to take their medicines. One person said, "I have no worries about my tablets." Relatives were confident their family member received their medicines as they should. All medicines checked showed people received them as prescribed by their doctor. We saw there were regular pharmacist audits to monitor the administration of medicines.

We saw staff supported people to take their medicines and people said they received their medicines as prescribed. Staff were trained and assessed to be able to administer medicines and were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage and disposal arrangements for medicines was in place. There was clear guidance for staff if they were prescribed any medicines on an 'as and when required' basis from their GP. Staff told us the guidance supported them to know when to administer the medicine.

Is the service effective?

Our findings

People told us staff were knowledgeable about how to support their needs. One person said that staff, "Always know what to do when I need help." Relatives we spoke with said staff knew how to care for their family member. One relative told us, "They are really good at encouraging [family member] to make progress." The occupational health therapist who regularly supported people at the home said staff were very experienced in meeting the needs of people staying at this service.

The staff we spoke with explained how they worked alongside the therapy team to support people to achieve their goals. They said they were guided by the therapy team and shared learning in how to support people to become more independent. The physiotherapist told us the therapy team were working with the registered manager to provide some structured training to improve the therapy skills of staff.

Staff we spoke with said they had the training to support people staying at the service. One member of staff told us about additional training they had requested and completed. The training had provided them with additional knowledge about massage, which had improved their practice when meeting people's needs. Another member of staff said, "I have found my calling, I attended training at [training providers name] about palliative care, I found it really helpful and supportive." They went on to say how this had influenced their practice when supporting people.

The newly recruited staff we spoke with said they completed some basic training before they started and shadowed existing members of staff until they were confident about how to support people. One staff member explained how established staff supported new staff to understand the ethos of the unit and share best practice.

The 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.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the act. They had a good understanding of what this meant for people living at the service. We saw assessments were completed where needed and family and health care professionals were involved. The registered manager explained when additional support was needed for people with more complex needs they sought this through the community mental health teams.

Staff we spoke with told us they had received training about the Mental Capacity Act 2005 (MCA) and had a good understanding about what it meant for people staying at the service. Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people and supported people living at the service to make decisions for themselves about how they were supported. For example, we saw staff consistently checking with people before they provided support to ensure they were happy for them to help.

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.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Staff told us they discussed this regularly with the registered manager to ensure they understood the process. The registered manager had submitted DoLS applications when needed, and had a system in place to keep them under review. They understood the process and accessed support when needed.

People said they had choice about the food they ate. One person said, "The food is great, really five star." Another person told us, "I can choose something else if I don't like anything on the menu; it really is my choice what I eat." Relatives we spoke with all said the food looked good and their family member was offered plenty of choice. We saw staff supporting people through their meal, offering discreet support when it was needed, and promoting people's independence as much as possible. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they could have a drink whenever they liked. One person said, "If I wake up in the night, I can have a cup of tea, no problem at all." We saw there were drinks available regularly through the day to ensure people were able to maintain their hydration. People were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support and we saw there was clear guidance for staff. The therapy team worked with people to regain skills in preparing food and drinks.

People told us they had access to their GP, and other health care professionals when they needed to. Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "They always let me know what's happening so I don't have to worry about anything." People could be supported by an occupational therapist, physiotherapist, and a therapy assistant on a regular basis to support their agreed plan. For example the occupational therapist visited people's homes to ensure they had the equipment they needed to return home.

Is the service caring?

Our findings

People we spoke with said staff were caring and kind. One person told us, "The care here has top marks." Another person said about staff, "They are very attentive and kind." A further person told us, "A real home from home." We saw caring conversations between staff and people. For example we saw staff were patient and kind when supporting people to mobilise and gave people the time to be more independent. We saw that people were comfortable with staff through their body language and friendly banter between them.

Relatives told us they were happy with their family members care. One relative said, "I can't fault anything, this place is like a palace." Another relative said, "All the staff are friendly, it's a wonderful place to come."

We saw staff encouraged people to be as independent as possible. One person said, "I need a hand with my buttons, but manage most things myself." Another person told us, "I don't like to have a male carer to help with my shower so I always have a female one, they listened from the start." People we spoke with said they were encouraged to attend regular breakfast clubs where they could work with the therapy team to regain skills in daily living. One person went on to say how important this was to them because they wanted to get better and return home. We saw that people were encouraged to spend time together. One person explained how the support of other people living at the home was really important to them and they enjoyed their company. We saw many examples of people chatting and sharing experiences which caused a lot of laughter and people were smiling.

People we spoke with said they were offered choices about their everyday lives. One person said, "I choose when I want a shower, there is never a problem." Relatives said they were involved in the care planning for their family member. One relative said, "I feel I work with the team and we achieve things together." Relatives confirmed staff knew the support their family member needed and their preferences about their care. Staff said they regularly spoke with relatives and felt they were very important in supporting people to make decisions about the next step for them. Staff had a good understanding of people's needs and could explain how they supported people. This was confirmed in records we looked at. One member of staff told us, "This is a small unit and we all work closely together, although people are not here long we get to know them really well."

People we spoke with said staff always respected their dignity. One person said, "I always feel listened to and respected." Relatives said staff focussed on people living at the service and treated them as individuals. One relative said, "There is no one size fits all here, they adapt and listen to what [family member] wants to do next." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff said, "We all really focus on each person, this is very much the message from our manager." We saw people were treated with dignity and respect. For example, we saw staff checked with people before they supported them, and always gave them time to make decisions for themselves.

Some people we spoke with said they shared a room. One person said they enjoyed this experience as they found they developed a good relationship with the person and missed them when they went home. People

we spoke with said they were happy with the choice available to them and felt their privacy was maintained.

Relatives told us they were welcome to visit at any time. They told us they felt involved and included in the care for their family member. One relative told us, "We are like part of a family we all get to know each other." We saw relatives popping in for a chat with other people and their relatives and the atmosphere was caring and cheerful.

The service also offered two beds for people who were required palliative care. At the time of our inspection there was no one staying at the service that needed this support. We spoke with the registered manager and she explained that usually this support was for people that had already used the service for rehabilitation, and knew the staff well. We saw there were many compliments from families who had been supported by the service. For example, "I don't know what we would have done without your wonderful support for [family member] you were all so kind and professional and patient until the end." Staff we spoke with said they had been trained to support people and were confident they could meet people's needs.

Is the service responsive?

Our findings

People we spoke with explained that they had worked with staff from the beginning to agree what they wanted to achieve from staying at the service. For example, one person said they had agreed what their goals were and were working with the therapy team and staff to achieve them. Relatives told us they were included in their family members care and worked with staff to support their family member.

The registered manager said that staff who completed people's assessments before they arrived at the unit were experienced staff and took time to ask the right questions to ensure they could meet the needs of people wanting to use the service. The assessment process continued when the person arrived. This included assessments from the therapy team to support people to identify what they wished to achieve and plan how they would reach their chosen goals, with the support from their families.

The registered manager explained that they used care records in the same format as hospitals. These did not show a lot of information about people's interests, history and preferences. However people told us that staff knew their preferences and interests well. Staff told us they spoke with people and their families, and shared information with the staff team which helped them know people well.

The therapy team told us they had weekly meetings to review how they supported people. This included support from other health professionals when needed. These outcomes were discussed and agreed with people and their families to ensure people were supported to achieve their chosen goals.

People told us the service was adaptable to meet their needs. For example one person had told us their injury was taking longer than expected to heal. They had discussed this with staff and the therapy team. The person told us they were happy with how their revised plan was agreed.

People told us staff knew them well. One person said, "They know me well already and I have only been here a short while, they really listen to me." We saw staff were familiar with people's likes and dislikes. For example, we saw a member of staff talking with one person about what they wanted to do when they went home, the member of staff knew what they wanted to achieve and we saw the person enjoyed the conversation.

People said they had choice about what they did with their day. One person told us, "I can get up and go to bed when I want." Another person said they liked to watch a particular sport on their television. People said they could choose to spend their day in their room, the shared areas, or go out. Another person told us they could attend events in the nursing home situated next door. They said they would when they wanted to however they usually were busy with therapy in the morning and visitors in the afternoon, and were happy to relax the rest of the time. The registered manager said staff support was available if people wanted to attend the activities at the nursing home. We saw people chose whether they engaged in organised social events or not. A further person we spoke with said, "I am never bored, I have exercises I need to do and I enjoy chatting with people staying here. There is never time to feel bored".

Relatives said their family members had interesting things to do if they wanted to. One relative told us there were events displayed that their family member could participate in if they wanted to. However they said that generally their family member was happy staying on the unit and chatting with their friends.

People said they would speak to the registered manager or staff about any concerns. One person said, "I see the manager all the time, I would be happy to talk with her if I had a problem." Another person told us, "I would be happy to speak to anyone here, they all listen."

Relatives told us they were happy to raise any concerns with the registered manager, nursing team or staff. One relative said, "I am confident if I had a problem the manager would sort for me." We saw when concerns had been raised in the past, they were investigated and action taken in a timely way. However we saw there had been no new complaints for several years. We saw there were complaints procedures available in accessible formats for people and their relatives.

Is the service well-led?

Our findings

People we spoke with said they knew the registered manager well. One person told us, "It's a wonderful place, very well managed. The manager always comes in for a chat." Relatives said the service was well managed. One relative told us, "The communication is good, the nurses or the manager will always stop you for a chat."

We saw the registered manager knew all of the people who lived at the unit well. They were able to tell us about each individual and what their needs were. The registered manager told us they regularly worked with people staying at the unit so they got to know people well. They also said this supported them to monitor the care provided and ensure people were happy with the service. For example, staff told us because the registered manager regularly worked with them, she would quickly identify when extra staff were needed to support people.

Staff we spoke with said the culture of the service was about focussing on people as an individual and supporting them to achieve what they wanted to. The registered manager explained that they had an established management team and staff group who were all passionate about how they supported people. One member of staff said they were working with new staff to ensure this was the ethos for all levels of the staff at the service.

The registered manager told us about how they sought feedback from people who used the service. They said they had regular meetings to ask about key aspects of service provision. Most people who used the service only stayed for a short period of time therefore the continuous meetings assisted the registered manager to ensure the service was meeting people needs. We saw the feedback from these meetings was positive.

The registered manager also used satisfaction surveys to gain feedback from people who used the service and their visitors. This was last completed in May 2016. These surveys were analysed and used improve service provision. We saw the responses were positive overall and any actions from these questionnaires were taken. For example, comments from people who used the service were, "My dog was allowed to visit," and "I have no criticisms what so ever." We also saw that any concerns raised by relatives of people using the service were followed up. For example we saw a relative had asked a question about activities on their questionnaire. We saw that this had been discussed with the relative to explain what was available.

Staff told us the registered manager was always available when they needed to speak to them. They said they would raise any concerns with her and she would listen. All staff we spoke with said the registered manager really listened to them and they felt valued by her and enjoyed their work. One member of staff said, "This is such a lovely place to work in." Another member of staff told us, "We are such a lovely team; we all get on and support each other really well."

Staff told us there were regular staff meetings, and one to one time with the management team. They said the management team passed on information to staff about changes in the running of the service. Staff told

us they were asked their opinions and these were accepted. Staff were asked about any concerns and they were able to voice these and guidance was given as to how to address these effectively. Staff told us they felt these meetings were useful and they felt supported. The staff we spoke with said they did feel their work was valued by the management team.

The registered manager and management team completed regular checks to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure trends were spotted and investigated.

The provider regularly visited and monitored how care was provided and how people's safety was protected. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area's identified for improvement had been acted on and was subject to on-going monitoring. For example, staff training and supervisions.