HC-One Limited

Leighton Court Nursing Home

Inspection report

112 Manor Road
Wallasay
Wirral
Merseyside
CH45 7LX

Tel: 01516389910
Website: www.hc-one.co.uk/homes/leighton-court

Date of inspection visit:
13 November 2018
19 November 2018

Date of publication:
21 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 13 and 19 November 2018 and was unannounced on the first day. Leighton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide personal care and nursing care for up to 48 people. The ground floor accommodated people who had chosen to live at the home and people receiving respite care. The first floor provided rehabilitation for people leaving hospital as part of a scheme known as 'Transfer to Assess'.

The home 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a registered manager who had been in post for several years.

At our last inspection of Leighton Court in July 2017, we found a breach of Regulation 18 of the Health and Social Care Act: staffing, because the provider had not ensured there were enough staff on duty at all times to meet people's needs in a timely manner. During this inspection we found that there were enough staff, but there was a heavy reliance on Agency staff which put pressure on the home's staff.

Staff were recruited safely. Staff were supported in their role through an induction, supervisions and an annual appraisal. Training was provided to ensure staff had the knowledge and skills to work safely and effectively.

People told us they felt safe in the home and that they had no concerns regarding their care. They told us the staff were kind and caring and protected their dignity and privacy. The premises were clean and well maintained although 'tired' in places.

People's medicines were managed safely.

Applications to deprive people of their liberty had been made appropriately. Records showed that consent was sought in line with the principles of the Mental Capacity Act 2005.

People were satisfied with their meals and with the choice of food available.

A range of social activities was provided to keep people stimulated and occupied.

The manager and the area director completed regular quality monitoring audits which identified any areas needing improvement. Action plans were agreed and implemented by the manager and the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were enough staff to meet people's support needs, however there was a heavy reliance on Agency staff.

People's medicines were stored and handled safely.

Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance team, and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Is the service effective?

Good

The service was effective.

People's individual dietary needs and choices were catered for.

The home complied with the requirements of the Mental Capacity Act.

Staff received regular training and supervision to ensure they knew how to work safely and effectively.

Is the service caring?

Good

The service was caring.

We observed that staff protected people's dignity and individuality and treated people with kindness and respect.

People's relatives were made welcome when they visited and were involved in their care.

People's personal information was kept securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive.

The care files contained comprehensive assessments and plans that were updated monthly.

A range of social activities was provided to keep people stimulated and occupied.

The home's complaints procedure was displayed and complaints had been addressed appropriately.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC.

Regular meetings were held for staff and for people living at the home and their families.

The manager completed a series of quality audits which were accompanied by action plans for improvement as needed.

Leighton Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 19 November 2018 and was unannounced on the first day. The inspection team consisted of an adult social care inspector, a specialist professional advisor (SPA), 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. The SPA was a registered nurse.

Before our inspection we looked at the information CQC had received about the service including notifications of incidents that the provider had sent us, complaints and safeguarding. The manager had completed a provider information return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We contacted the local authority to ask if they had any concerns about the service.

During our visit to the service we spoke with 13 people who used the service, four visiting relatives, and 12 members of staff including the manager, the area director, and healthcare staff who were based at the home. We observed care and support in communal areas and staff interaction with people. We looked at five people's care records and records relating to health and safety, staff, and the management of the service.

Requires Improvement

Is the service safe?

Our findings

We asked people if they thought the home was safe and they told us "Oh yes I've always felt safe here, we're all well looked after."; "I'm as safe as I don't know what."; "I've got my call bell if there was an emergency but I've never used it."; "Of course I'm safe here."; "I know she's 99.9% safe here."; "Yes he's safe here and the girls are really good to him." and "He's safe and spoiled here."

At our last inspection of the home we found that there were not always enough staff on duty to keep people safe and meet their support needs. During this inspection we did not see staff rushing around, or people having to wait for attention. The provider implemented a dependency tool to ensure there were enough staff at all times.

However, there was a common thread when we spoke with members of staff, for example "It's heavy even with four carers. It's not enough. We don't always meet residents' needs." Another member of staff told us that people sometimes had to wait until very late in the morning for staff to help them getting bathed and dressed.

The reason for this was that a significant number of the staff on duty were Agency staff. For example, there were three care staff on duty throughout the day on the ground floor, and every day one of the three was an Agency worker. Some of the Agency staff worked regularly at Leighton Court, but others did not know the people they were supporting or the routines of the home. A person who lived at the home told us "Most are pretty good but we don't get the same staff every week or even every day."

The manager told us that a recruitment drive was ongoing. Four new staff had already started working at the home and five others were due to start in the near future. The aim was for all vacancies to be filled before the end of the year. This showed that the provider was addressing the staffing issues.

The staff rotas did not show clearly who was on duty, including Agency staff, or who was working in each part of the home. The manager said that she would address this. We saw records provided by the Agency showing the Disclosure and Barring Service number, qualifications and a summary of their training, for each of the staff they supplied.

We looked at personnel files for four new members of staff. The records we checked showed that robust recruitment procedures had been followed before any new staff started working at the home. This ensured that staff working at the home were of good character.

We walked all around the premises and saw that the environment was clean and well-maintained. The home had a full-time maintenance person and maintenance support was also available from a nearby service and a 24 hour help desk. The maintenance person kept records of regular checks and tests they carried out. The monthly checks included water temperatures; profiling beds, emergency lighting and fire safety equipment. Contracts were in place to check the gas, electrics, nurse call system, lifting equipment, passenger lift and fire safety equipment. The certificates for these checks were all in date.

A fire risk assessment of the building had been carried out in 2017 and the improvement actions identified had all been addressed. Regular fire drills were held. A detailed personal emergency evacuation plan was in place for each of the people living at the home and there was an evacuation plan and an emergency contingency plan.

Housekeeping staff were employed to cover cleaning and laundry duties. We visited the laundry and found that it was clean, tidy and well organised. The kitchen had a five star food hygiene rating.

Nursing staff completed risk assessments to assess and monitor people's health and safety. Risk assessments covered areas including falls, nutrition, mobility, choking, dependency and skin integrity. The assessments were reviewed regularly and appropriate measures put in place based on the outcomes. We saw good reporting and recording of accidents and incidents, with a monthly summary completed by the home manager. Monthly reviews identified any themes or trends with the aim of reducing the risk of recurrence.

Staff we spoke with were knowledgeable about safeguarding and how to raise any concerns. A policy was in place to guide staff on actions to take in the event of safeguarding concerns. The manager had made appropriate safeguarding referrals to the local authority and notifications to CQC. A confidential whistleblowing helpline was available for staff to report any concerns.

People we spoke to said they got their medication promptly and on time. One person commented "They bring me 12 tablets in the morning, some at dinner and teatime and then the night staff bring me more tablets"

Medicines were stored securely in locked clinic rooms on each floor and temperatures of the rooms and medicines fridges were monitored and recorded to check that medication was stored safely. Controlled drugs were stored in a separate locked cupboard and the balances checked twice daily on shift handovers. Medication administration records had been fully completed and reflected that the stock balance of medicines was checked at each administration. At the time of the inspection, nobody was administering their own medicines, although the care plans showed that people were asked, and those who used inhalers had them to hand.

Detailed administration protocols were in place for medication prescribed to be given 'when required' to help ensure people received their medicines in a consistent way when they needed them. Food thickeners were prescribed to individuals and were kept locked away.

In the PIR, the manager told us: "Medicines safety is assured through comprehensive training (100% compliance) and competency assessment. Our medicines' training is accredited by the Royal Pharmaceutical Society and covers all aspects of medicines management. Our medicines supplier conducts audits and we do monthly audits to ensure we identify areas for improvement. Medicines are stored, administered and recorded in line with company policy. A full set of policies is available to staff to refer to."

Good

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

People receiving a rehabilitation service had all consented to their admission to Leighton Court for a stay of approximately six weeks. People living permanently at the home had a mental capacity assessment and we saw that appropriate DoLS applications had been made. The manager maintained a record of DoLS applied for, when they were authorised, and when they were due to expire.

We saw evidence of people being asked for their consent to care interventions. For example, people were asked if body mapping could be carried out so that the staff would be aware of any skin issues or bruising. It was recorded in the care files we looked at that all had consented.

Training was provided to ensure staff had the knowledge and skills required to meet people's needs and keep them safe. Records showed that training was provided in areas including moving and handling, infection control, safeguarding, equality and diversity, person centred care, fire awareness and food safety, and was updated regularly. The home had 92.3% compliance with required training. New staff completed a full programme of induction training and the manager told us "They are supernumerary until they have settled; it takes as long as it takes." Staff members told us they were supported to achieve a national vocational qualification in care.

Records showed that staff received regular supervisions and an annual appraisal to monitor their performance and well-being. All the care staff had a mentor. In the PIR, the manager told us "Staff have access to a Confidential Employment Assistance for counselling and support on work related matters."

We observed lunch being served in the dining rooms. The tables were set with cloth tablecloths, napkins, little floral displays and condiments. People were offered a choice of meals and drinks. The atmosphere was pleasant and calm; no one was hurried and the staff were patient. People could eat their meals in the dining area, their bedroom or the lounge. We noticed that one person was having difficulty eating their meal and we asked the manager whether aids such as plate guards were available. She told us they were, but that people did not always wish to use them.

We also noticed that the drinking glasses and cutlery did not look very clean and the manager said she would check that the dishwasher was working properly. There was a kitchenette on each floor but we saw

that at breakfast time toast was sent down from kitchen in the bain maries and this did not look appetising. A senior managers who was present during our feedback said they would order toasters so that it could be freshly made.

We asked people if they enjoyed their meals and they told us "Its ok and you always get a choice"; "All the food here's lovely." and "They come round the day before and ask me what I want to eat but sometimes I change my mind on the day." The cook had a list of people's dietary requirements in the kitchen and knew who had specific dietary needs to maintain their health. Some people's food was pureed and some had fork-mashable meals. The cook had recently attended a training course about food textures and told us nearly all meals could be pureed so that people could still enjoy the different flavours. Hot and cold drinks with biscuits (and cakes in the afternoon) were served throughout the day to people living at the home and their visitors.

People were weighed monthly, or weekly if concerns were identified, and care files included risk assessments in relation to nutrition. We saw that, when people were assessed as being at risk of malnutrition, referrals were made to a dietician or speech and language therapist as appropriate for advice. Care plans were put in place to address the risk and care staff kept detailed records of the person's food and fluid intake.

It was evident in the care files we looked at that staff had found out as much as they could about each person to deliver the most effective care. One person told us "They have helped me out with my gluten free diet." Another person told us that, following a week in bed in hospital, they were being moved using a hoist. Today they were going home and able to walk using an aid. They said "The physio has been excellent; the home has been marvellous, absolutely superb, what I would call a smiley place."

The care files we looked at showed that people living at the home were supported by health professionals including GPs, dentist, optician, dietician, speech and language therapist and wound care specialist nurse. People we spoke with said the staff had been very quick to get the doctor in after one of them was "chesty", and the other had hurt her leg. The manager told us that in the case of new medical procedures or an unusual condition, "Our GP is very good, he will come in and give us a teaching session."

People had a spacious environment to live in with corridors that were wide and well-lit. The manager told us about improvements that had been made over the last year including new windows, a new office for the nurses on the ground floor, a new rehabilitation gym on the first floor, and refurbishment of the hair salon. The maintenance person redecorated ground floor bedrooms as they became vacant, however he told us this was difficult on the first floor as bedrooms rarely stayed unoccupied for long enough. There remained areas of the environment that looked tired and worn, for example the main lounge and dining room on the ground floor.

Good

Is the service caring?

Our findings

All the staff we observed and spoke with had a caring and respectful attitude and treated people with kindness and compassion. The expert by experience commented "During this inspection I saw or heard no resident with challenging behaviour not did I see or hear a resident calling out, left alone or in any distress. None of the residents I saw and spoke to were in need."

Comments we received from people included "They're wonderful, they do everything for you."; "The staff are all very, very good."; "They're all lovely, and they're very helpful." and "They're really lovely, nothing's too much trouble for them."

People considered they were treated with respect and their privacy and dignity were upheld. They told us staff always knocked on their door waited to be invited in. When we asked one person if she was treated with dignity she replied "Yes, they'd know what's what if they didn't." We observed that a person's continence needs were met in a caring way with the minimum of fuss and in a dignified manner and they were returned promptly to the lounge.

People we saw and spoke to appeared to be well looked after. They were well dressed in clean clothes with suitable footwear on. We noticed that one person appeared dishevelled and asked the manager about this. The manager told us that the person did not accept support from the staff with their personal hygiene and grooming.

Care files included information about people's life stories and information about what was important to each individual. This helped staff to get to know people and provide support based on their preferences.

We observed that staff got on with each other and created a warm and friendly atmosphere. This was commented on by a number of people who used the service and their visitors. They told us "Altogether it's a lovely place." and "I'm a church visitor and I go into a lot of homes and I've always thought this is the best." At lunch time people were offered sherry. One person asked if they might have beer instead. It was brought up from the kitchen to her delight.

All the visitors we spoke to said they could visit at any time and were always made welcome by the staff with drinks, biscuits and cakes. Visitors were able to visit in the public areas or in people's rooms. We saw a number of recent 'thank you' cards from families around the home.

We saw that personal information about the people living at the home was kept securely in the office on each floor which protected the confidentiality of the information. On the first floor, information for care staff about people's transfer capability was posted in their en suite and so was not on show for everyone to see.

When people entered the home for rehabilitation, they were given written information by the social worker, including details about how to make a complaint.

Good

Is the service responsive?

Our findings

All of the staff we spoke with had good knowledge of the people they supported. The care files we looked at provided person centred information regarding the care and support people required. We saw that all of the assessments and plans were reviewed monthly and updated as required. The care staff we spoke with showed us the charts they kept to record the care and support they had given. This included support with personal hygiene, repositioning and food and drink intake.

An emergency health care plan was included in one of the files we looked at. This had been set up by a consultant geriatrician and aimed to prevent admission to hospital which the person found distressing. Anticipatory antibiotics had been prescribed and were kept in the home so that a course could be commenced without delay if the person had an infection.

In another person's file there were details of a pre-paid funeral plan which recorded the person's wishes at the end of their life. In the PIR, the manager told us "Sensitive discussions are held with residents around wishes for end of life care and this is recorded specifically in an end of life care plan where appropriate. Some resident's wishes not to be actively resuscitated are respected and we involve the GP in the discussion to ensure the resident has all the information necessary to make an informed decision."

The home had an activity coordinator working 28 hours a week. There were daily activities on both floors of the home each day. Activities included: baking, arts and crafts, games, reminiscence, and armchair exercises. Entertainers visited once a month as did the local primary school who came and sang. The home had its own minibus for trips out but unfortunately there was currently no-one to drive it. During the afternoon seven people joined in a craft session in the ground floor dining room and it was a pleasant social occasion. One person told us "They try to keep you interested but if they asked me to play Bingo it would drive me up the wall."

People we spoke with said they had never had to make a complaint about anything but they would speak to the manager or a member of staff if they had any issues. The records showed that complaints were investigated in line with the provider's policy and responded to appropriately. We also saw 'relatives communication records' which we considered to be a good way of recording when minor issues had been discussed.

We checked whether the service was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. We saw detailed information in people's care files regarding the support they needed with communication and use of aids such as glasses and hearing aids. We saw the use of some large and clearly written signage around the building to help orientate people.

In the PIR, the manager told us "Residents are able to access free Wi-Fi. The Wi-Fi service allows people to

maintain contact with family and external service such as banking, online shopping etc. We have external pagers so that Residents may sit in the garden area independently and call for assistance if required and our loop system enables those with hearing difficulties to maintain effective communication. Should it be identified as a need then we are able to make information more accessible. This can be in the format of information in different languages, spoken versions, braille, large print, phone calls, sign language, or flash cards and Makaton. We ask Residents if they have any information or communication needs and how they we meet these. The home would then record those needs clearly within the individual person centred care plan and staff would then be made aware of the resident's need."

Good

Is the service well-led?

Our findings

The home had a registered manager and a general manager, both of whom held the registered managers award.. The home's administrator had an office in the entrance area of the home so was easily accessible for visitors. Members of staff told us "It's a nice place to work, a nice calm atmosphere." and "It's well-run here." In the PIR, the manager told us "As a manager, being consistent and following procedure and ensuring fairness to all staff is paramount. The philosophy at Leighton Court is one of transparency with a visible presence of the managers, who conduct a daily walk round the home. There is an honesty and openness amongst the team and staff are encouraged to express their ideas and suggestions."

We asked people living at the home about the manager and they told us "She comes to check on me to see if I'm alright."; "She's very pleasant." and "She's great the manager, she's a lovely person". Feedback comments from a person who had a short stay at the home included "The management here is to be congratulated on the pleasant and warm atmosphere that greets all clients on arrival."

We spoke with members of the Transfer to Assess team and they told us "Relationships with staff are good – good information flow."; "Good relationship with physios, social workers and occupational therapists"; "Due to the greater amount of time the carers spent with residents, they were a valued part of the programme." and "Communication is good between us and the home. We do work very much as a team."

Records showed that regular staff meetings were held to gather staff member's views and share information. In addition to meetings for the whole staff team, we saw records of meetings for various groups of staff such as nurses, care staff, heads of departments.

We also saw records of meetings for people living at the home and for relatives. These were held on alternate months. In the PIR, the manager gave us examples of how people's views had been acted on "As a result of feedback from our residents we have had the hair salon refurbished which allows a pleasant relaxing experience for those who choose to utilise this facility. We are currently looking to residents for ideas with regard to further improving our garden area."

An annual satisfaction survey was carried out but the most recent survey had only four responses. An electronic touch screen was available in the reception area for people to provide feedback regarding the service at any time. We saw that many positive responses had been received, for example in September 2018 a relative had written ""From the moment he went until the time he left, the care and compassion he received were exemplary. All staff were unbelievable with him. Very professional and always had time for him."

The manager told us about, and showed us records of, the various ways she checked the quality of the service. These included a daily walk round to ensure the premises were safe and clean, and daily 'flash' meetings for heads of department. A 'Resident of the Day' initiative reviewed all aspects of a person's care.

The provider's quality assurance system, known as Cornerstone comprised a series of audits and

corresponding action plans to identify areas for improvement. There was an annual programme of quality audits which included a three monthly health and safety inspection, infection control audits, catering audits, daily cleaning schedules and spot checks, medication and care plan audits. A monthly accident analysis clearly recorded actions that had been taken following each accident or incident. A 'key clinical indicators' return was made monthly to head office and covered areas including weight loss, any pressure sores or infections, and falls. There was also a detailed bi-monthly audit of the home by area director.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was available for people to look at and it was clearly shown on the organisation's website.