

Leopold Nursing Home Limited

Leopold Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 12 January 2015. Breaches of legal requirements were found. These related to medicines, staffing levels, staff training and support, how people were treated with respect and dignity and how people's consent was obtained. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We also found that the service required improvements in how they ensured the care and welfare

of people who used the service and how the service ensured that they were providing a good quality service. We issued warning notices and told the provider when they should make improvements by 16 March 2015.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leopold Nursing Home on our website at www.cqc.org.uk.

Summary of findings

During this inspection we found that improvements had been made. They now need to, sustain these improvements over time and to independently identify shortfalls and take appropriate and timely action to address them.

Leopold Nursing Home provides accommodation, nursing and personal care for up to 32 older people, some people are living with dementia.

There were 19 people living in the service when we inspected on 13 April 2015. This was an unannounced inspection.

There was a registered manager in post. 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.

There were improved systems in place to meet people's needs safely. People's care records had been reviewed and updated to reflect the care and support they required. Improvements were made in how the staff respected people's privacy and dignity.

There were now appropriate arrangements in place to ensure people were provided with their medicines safely and when they needed them.

People's dietary needs were assessed and actions were taken when there were concerns about people's wellbeing relating to their nutrition and hydration.

There were sufficient numbers of staff to meet people's needs. Improvements had been made in how the staff were provided with the training and support they needed to meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had been provided with training in Mental Capacity Act 2005 (MCA) and DoLS. The systems in place to obtain and act in accordance with people's consent had been improved to respect people's rights and choices.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

There were improvements made in how the service sought people's views and experiences. Improvements were made in the service's quality assurance processes. However, these needed to be embedded further to show that the service can sustain the progress made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety.

Risks to people's welfare were assessed. Staff knew how to keep people safe from harm.

There were now enough staff to meet people's needs.

People were provided with their medicines safely and when they needed them.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Inadequate



Is the service effective?

We found that action had been taken to improve effective.

Staff had been provided with training and support to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were implemented when required. Systems had improved to obtain and act on people's consent.

Improvements were made in how people's nutritional needs were being assessed and met.

We could not improve the rating for effective from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Inadequate



Is the service caring?

We found that action had been taken to improve caring.

Staff interacted with people in a caring manner. People's privacy and dignity was promoted and respected.

People and their relatives were involved in making some decisions about their care.

We could not improve the rating for caring from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement



Is the service responsive?

We found that action had been taken to improve responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to meet people's needs.

Inadequate



Summary of findings

We could not improve the rating for responsive from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service well-led?

We found that action had been taken to improve well-led.

Improvements had been made in the quality assurance system but these needed to be embedded into the service provided and sustained over time to ensure people received a good quality service.

People were asked for their views about the service and their comments were listened to and were now used to improve the service.

We could not improve the rating for well-led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Inadequate



Leopold Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Leopold Nursing Home on 13 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 12 January 2015 had been made. The team inspected against all of the five questions we ask about services: is the service safe, is the service effective, is the service caring, is the service responsive and is the service well-led? This is because the service was not meeting some legal requirements.

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.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

We reviewed the previous inspection reports to help us plan what areas we were going to focus on during our

inspection. We looked at other information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with ten people who were able to verbally express their views about the service and four people's relatives/visitors. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with four members of staff, including the registered manager and care staff. We looked at records relating to the management of the service, four staff recruitment and training, and systems for monitoring the quality of the service.

Prior to our inspection we had received concerns about the service provided; these had been reported to and investigated by the local authority. The local authority had kept us updated with the support that they were providing to the service to assist them to improve the care and support provided to people. During our inspection we looked to see what action had been taken as a result of these concerns.

Is the service safe?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that there were sufficient staff numbers to meet people's needs safely, how the service kept people safe and how people were supported with their medicines. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

People told us that they felt safe in the service. One person said that they felt, "Perfectly safe." They preferred to spend their time in their bedroom and stated, "Staff pop in and check on me all the while." Another person commented, "I feel very safe, I can go to bed at night without any worries and drop off to sleep straight away." One person's relative said, "My [person] is safe here."

People told us that there were enough staff to provide them with assistance when needed and that call bells were answered promptly, when there were times they had to wait, this was not excessive. One person said, "They are ever so good, they don't keep you waiting long." Another person commented, "Sometimes feel that there are not enough staff, but this is only at certain times of day, when they are getting people up or at meal times, so they are busier, but I never feel rushed. When I need to go to the toilet, it is hardly ever the same person taking me and collecting me, but when I call for assistance from the loo, they are always very quick." One person's relative told us that there were, "Enough staff who are able to give [person] the care and attention [person] needs." We saw that staff were attentive to people's needs and verbal and non-verbal requests for assistance, including call bells, were responded to promptly. One staff member told us, "We do our best to answer call bells as soon as possible."

Systems had been developed which the registered manager and provider used to assess that the numbers of staff on duty were sufficient to meet the needs of the people. A staff member stated, "Occasionally I don't think there are enough staff, so we end up having to do things in a rush," but that this had been raised at a recent staff meeting and, "Now they are bringing staff in from their

other care home when we are pushed." Another staff member commented, "If someone goes off sick, they will call people in from their day off or bring staff over from our sister care home. We don't use agency staff."

The registered manager told us how each shift was staffed and this was confirmed in the staff rota which we reviewed. They told us that when numbers of people using the service increased, so would the staffing numbers.

Checks were made on staff to make sure that they were suitable to work in care and were of good character. This safeguarded people who used the service from being cared for and supported by staff who were not suitable and safe to work in care.

Everyone we spoke with told us that they were satisfied with the ways that they were provided with the medicines. One person said, "They watch me take it." Which made them feel confident that the staff were making sure they had taken their medicines.

Improvements had been made in the ways that the administration records, for creams and lotions, were completed appropriately to show they were provided when needed. This was monitored on a weekly basis by the registered manager or the deputy manager to ensure it was being completed and people's conditions were being treated as per their plans of care. There was also improved guidance for staff on when these medicines should be applied and to what part of people's bodies they were to be applied.

Other medicines were stored securely so they were kept safe but available to people when they were needed. Our observations and records showed that these medicines were safely administered at times when people needed them.

Care records included risk assessments which identified how the risks in people's daily living, including the use of mobility equipment, accidents and falls, nutrition and pressure area care and prevention, were reduced. One staff member told us that all care plans contained risk assessments and they knew where they were kept and what they needed to do for people to keep them safe.

Improvements were made in how support was provided to people to reposition to reduce the risks of pressure ulcers developing and how this was recorded. The registered manager told us that there were no people who had a

Is the service safe?

pressure ulcer at the time of our inspection. They showed us a new tool which was used by staff to monitor the risks of pressure ulcers developing and when action should be taken to minimise these risks. This was confirmed by staff who understood their responsibilities relating to the risks of pressure ulcers developing. One staff member commented, "Although no one at the home actually has these at the moment, I know that some of our residents are at risk of getting them. That has been recorded in their care plans, and I know I need to check for them."

Staff understood their responsibilities to ensure that people were protected from abuse. A staff member told us that if they were concerned about anything or if a person told them they were having problems that they would instantly report this straight to the manager, or to whistleblow if necessary. One staff member said, "Keeping people safe is our job, our responsibility, if we didn't say anything it would come back on us." Another staff member commented, "I would have no problems reporting to senior management and taking it further if necessary." They were

able to explain the different types of abuse and if they had any concerns how they would report them. Staff had been provided with safeguarding since our last inspection and there were further plans in place to provide this training to the staff who were not able to attend.

The registered manager spoke with us about previous safeguarding concerns and about the improvements put into place to reduce the risks of similar issues happening.

One person who used the hoist to assist them to mobilise safely told us, "Staff are always very careful and support me so I never feel unsafe." Staff had received training in moving and handling, including using equipment to assist people to mobilise. We saw staff assisting people to mobilise into an arm chair using hoist equipment in a safe manner. We saw that staff used people's individual slings when supporting people to use the hoist. This meant that people were supported to mobilise safely by using equipment which was suitable and safe for their height and weight and that the risks of cross contamination were minimised.

Is the service effective?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that staff were trained and supported to meet people's needs, that people's consent was sought when providing care and treatment and how people's dietary needs were assessed and met. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

Staff had been provided with and there were plans in place to provide further training, such as people's specific mental health conditions. However, people's experiences were not consistent and in some cases training had not yet effectively impacted on people's confidence in the staff who supported them. One person said, "I don't think that some staff are well trained enough as to what to do in a medical emergency, so I keep my phone with me at all times, just in case." Another person commented that they did not think that the staff had enough training and said, "Particularly re-awareness and understanding of my medical condition. The night staff are good and are more capable, but sometimes getting up is not a great experience as some carers don't really appear to know what they are doing and are not aware of the sort of assistance I need."

Records and discussions with the registered manager and staff confirmed the training that had taken place since our last inspection. This included training in managing challenging behaviour, dementia, Parkinson's disease, diabetes and pressure ulcers. A staff member was able to provide an example of how they had put their learning into practice where they were able to assist a person to reduce their anxiety. Staff also told us that they had received training to meet people's specific needs including the treatment, prevention and recognition of pressure ulcers and diabetes.

There had been improvements in the way that staff supervision meetings were recorded, which now showed that staff were able to discuss the ways that they worked, concerns and to receive feedback about their work practice. One staff member told us that they felt supported

and were "Absolutely confident in the skills of the care team, they know what they are doing. If I am unsure of anything, I can go to any senior staff member and they will give me the help and guidance I need."

People told us that their consent was always sought before care or treatment were provided. One person said, "They always take their time when they help me and ask if everything is okay for me and if I want to do it." This was confirmed in our observations.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. All staff were working on Mental Capacity Act 2005 (MCA) and DoLS workbooks. Staff told us that they had received DOLS training and were able to say how it would affect people and when it needed to be implemented. People's care plans had been reviewed and updated and now guided staff on the actions that they should take to gain people's consent.

People told us that the food in the service had improved, but there were still some varying comments of concerns, which showed that further improvements were needed. Positive comments regarding the food from people included, "Excellent," "Good and nicely cooked," and "The food is always very nice and there is a good choice." People told us that there were always two choices at lunchtime, although if these are not acceptable, or if they changed their mind, then they could request something else. One person said, "If you don't fancy what's on offer, you can have something else. Yesterday I had a cheese omelette instead." Another person commented that their lunch was, "Pretty horrible," and "I am not fussy, but there are limits. Most of the meals seem to be casseroles which don't appeal to me at all." The registered manager showed us documents where people had been asked for their comments on the menu and changes were in the process of being made as a result of what people had said. As a result of a discussion with a person's visitor we were concerned that there was a lack of knowledge about how some meals should be cooked and served and therefore it was not clear if the food on the menu was always available or served. We spoke with the registered manager and they assured us that they had taken action to address this.

One person told us, "You can get drinks and snacks when you want, you only have to ask." We saw that people were

Is the service effective?

offered with choices of drinks and snacks throughout the day of our visit. There was a selection of cold drinks in the communal area and these were now accessible to people if they wanted to get themselves a drink.

We saw that where people required assistance to eat and drink, this was done at their own pace and in a calm way. Staff now encouraged people to eat their meals, when previously they had been removed. This was helping to support people's nutritional intake and their overall wellbeing.

Records to monitor if people had enough to eat and drink had also improved. They showed that people were weighed regularly and that when there had been issues, such as weight loss, the staff had sought support and guidance from a dietician. Risk assessments had been improved to guide staff on how to support people who were at risk of not eating or drinking enough.

Is the service caring?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that people were treated with respect and that their privacy and dignity were promoted and respected. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

People told us that the staff treated them with respect. One person said, "I like living here, it's nice, they all look after me well." Another person commented, "They are very patient and understanding. It is excellent here, good service and the staff are great." Another person said, "I am happy, they are kind." One person's relative told us, "They are all very friendly and kind. If ever I need to go into residential care, I would want to come here."

We saw that there were improvements in the ways that staff interacted with people. Staff spoke with people in a caring manner and took time to listen to what they had said. People responded to staff in a positive manner such as smiling and chatting with staff.

People were assisted with personal care when they needed it and we saw that people's privacy and dignity was respected when they were being supported. This included staff speaking with people in a way that could not be overheard by others and toilet doors were closed when people were using them. There were now signs on toilet doors which showed when they were engaged to further ensure people's privacy. One person told us how these signs had not been used on the floor where their bedroom was. They spoke with staff about this and they were provided the next day. This told us that the staff listened to people's comments regarding their privacy and took action.

People told us that their privacy was respected. One person said that staff "Knock on the door and wait for permission before entering, or doing anything," and that their privacy and dignity were, "Always respected." However, one person told us about how they were supported to wash and they were sometimes supported by another gender staff, "They are perfectly fine and very kind, I have no complaints, but at first I didn't feel comfortable with this at all." They told us that they had not been asked for their preferences regarding the gender of staff who supported them and said, "I always assumed that this was the way things were when you got to a care home, and I have learned to accept it." They did go on to say that they were sure that any requests would be acted on. This showed that there were improvements needed in the ways that the service sought people's views about their preferences regarding the gender of carers supporting them.

People had been involved in planning their care and support and that the staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person said, "They all know me by now and know how I like things done." One person's relative commented that they were kept informed and involved in discussions about their relative's care and care planning.

People's records had been reviewed and updated and included their likes and dislikes and their decisions about end of life care. These detailed people's wishes for the care, treatment and support they wanted at the end of their life.

Staff spoke about people in a caring manner and told us that they knew about people's specific needs and experiences. One staff member said, "I absolutely love my job, I really enjoy talking with residents and hearing their life stories." People's records included information to tell staff about people's life experiences, diverse needs and preferences and how these were met. This included how they communicated, mobilised and their spiritual needs.

Is the service responsive?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed in how care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

People told us that their independence was respected and that they felt that the care they were provided with was responsive to their needs. One person told us how they had to mobilise slowly and said, "If I want help I get it, and if I say I want to do it for myself, then they let me, no problem." Another person told us that the staff were, "Always checking that I am comfortable in my chair and that I am happy just sitting here." Another person commented how their decisions about when they wanted to get up were respected and how when they mobilised they were, "Always given the choice of whether I want to use my frame or using a wheelchair but they [staff] have said that I must not try to use my frame on my own and that I need to call for assistance. They [staff] have great patience." One person's relative said about the staff, "They help my [person] to maintain [person's] independence by letting [person] do whatever [person] can for [person's] self but they are always on hand to give assistance where necessary and when asked for."

People's records had been reviewed and updated and were on a new format. There had been improvements made in how people's care was assessed and planned for and how staff were provided with guidance on how to meet people's needs. One staff member told us, "If care plans are updated or there are any changes, these are pointed out and discussed during staff handovers. If people [staff] are not in that day, then they are given the information when they are back on duty." Another staff member said, "We all try to give people the individual support they need. ...they still need to feel they have as much independence and choice as possible."

People were supported to maintain relationships with the people who were important to them and reduce their isolation. People and their relatives told us that there were no restrictions on the times that people could have visitors. One person told us how they liked to visit their friend who

also lived in the service and said, "Staff know this and they always make sure they take me up there." We saw that people's visitors were made welcome by staff during our visit.

There had been some improvements in the activities provided in the service, however, these needed to be further improved to be meaningful and interesting to people. People's views about how they spent their time including social activities were varied. One person said that they went to the communal areas if something interested them, "Which is not very often." Another person said, "Some of us got fed up with bingo every week and said we wanted to do scrabble," and that the activity programme had been changed so that they do bingo one week and scrabble the other. During our inspection we saw that people did a bingo activity at 4pm, but nothing else other than music playing and the television being on at the same time. The registered manager told us that people did a planned activity at 4pm every day. We talked about how they could further improve activities and they told us that they would look into this.

One staff member told us, "There is a set programme for activities but we always try to ask if there is anything people would like to do and accommodate that where possible. We also ask for feedback on the activities sessions, but we have not been given specific training on how to run them." Another said that they tried to spend at least a few minutes chatting with each person every day, and that if they preferred to stay in their bedroom they were able to spend time with them in their bedrooms doing puzzles or whatever they would like to do. The registered manager told us that they had introduced 'resident of the day.' This included reviewing their care records and doing an individual activity of their choice. Records showed that people had chosen to do things such as going to the local town. Although this was positive to note, people would have to wait for up to a month until they were 'resident of the day' again.

The registered manager showed us photographs of a recent Easter party and of Easter baskets people had made. They also showed us folders of art that people had done which they kept in their bedrooms. Records showed that there had been activities provided and people had been asked for their views on the activities provided and what they would like to do.

Is the service well-led?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that the service's quality assurance systems ensured that people were provided with a good quality service. During this inspection we found that improvements had been made through the introduction of new and improved systems. However these need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

People told us they had seen improvements in the way the service was being managed. Everyone we spoke to knew who the manager was. They all said that they knew where to find her and that she was approachable. One person said that the registered manager was, "Very caring, very approachable." Another commented, "You hardly ever see the owners. Things have improved a lot recently but at the end of the day it is a business and quite impersonal." Another person said, "A lot of staff seem to have left and we have a new lot. They all seem much better and it is much easier to understand what they are saying to you." A person's relative told us, "It is very well organised, everything I have ever asked for or have queried has been sorted out very quickly." During our inspection we saw the registered manager interacting with people, called them by their name and they responded to her in a way which showed that they knew her well.

The registered manager told us how they were using people's comments to improve the service and were undertaking satisfaction surveys with people and their relatives. They told us that they doing this face to face to ensure that any concerns could be acted upon promptly. However, they assured us that future surveys would be given to people to take away with them so as to give people an opportunity for anonymity or a more of a chance to consider their views.

Minutes of a recent meeting showed that people and their relatives discussed their satisfaction of the service and made suggestions for improvements, such as with activities and meals. People were reminded how to raise complaints in this meeting. The registered manager told us that they had taken action, such as reviewed menus and spoke with the catering staff following people's comments. They were planning to hold these meetings on a quarterly basis and that people's comments would be valued, listened to and addressed.

A staff meeting had been held following our last inspection and the minutes showed that they were told about the issues identified in our inspection and how improvements were planned going forward. This told us that the staff were kept updated in what was happening in the service and they were advised of the provider's values and plans to provide a good quality service to the people who used the service. Staff were told about the new care plan documents and how these should all be read by staff and nursing staff had been provided with training in the documentation. The registered manager told us that this would be rolled out to all staff.

There was an action plan in place which identified how improvements were being made and this was revisited by the registered manager, provider and the quality assurance manager. This allowed them to identify when improvements had been made and plan future improvements. The registered manager told us that they were planning monthly quality meetings with the provider and quality assurance manager to further discuss the service, identify shortfalls and how these were to be addressed. The manager showed us how they were monitoring incidents such as accidents and falls. A system had been introduced to identify trends and take action to reduce the risks of incidents reoccurring.

The registered manager no longer split their time between two services and was available in the service to allow them to manage it and make improvements. The registered manager had started observations on staff, for example at meal times, to check that staff were interacting with people and supporting them in a manner which provided positive experiences.

Staff told us that there had been improvements in the service which supported them in their knowledge of the people they cared for and their roles and responsibilities in providing a good quality service to people. Staff were clear about their job role, responsibilities and limitations. They told us that they would seek advice and assistance of senior staff and the manager and felt confident that they would be provided with the assistance they needed. A staff member told us that they felt that the registered manager, "Took a real interest." Another staff member told us that they felt able to express their opinions to the registered manager and was listened to.

Improvements had been made in the cleanliness of the service. The registered manager told us cleaning had been

Is the service well-led?

improved and flooring had been replaced where needed to make it easier to keep clean and hygienic. A recent infection control audit had been undertaken which identified the shortfalls and actions to reduce the risks associated with cross infection. This was being addressed and the outcomes monitored to show improvements for people working in and living in the service.

The provider and registered manager had made improvements in the shortfalls we had identified at our last

inspection to improve the care and support provided to people. They had also been supported by the local authority to identify and address improvements needed. This needed to be embedded in practice and we will continue to monitor that the service independently identify, assess and manage risks to the people who used the service.