The Abbeyfield (Weymouth) Society Limited

Legh House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Legh house is registered to provide accommodation and personal care for up to 19 people in a residential area of Weymouth. At the time of our inspection there were 16 older people living in the home.

There was no registered manager in post at the time of our inspection. 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 long term manager had left in October 2015 and a new manager was recruited who stayed for two months. The provider was actively recruiting to find a suitable candidate to take on the role.

Deprivation of Liberty Safeguards had not been applied for when people did not have the mental capacity to consent to living in the home. Senior staff ensured that this was addressed immediately following our inspection.

People were engaged with activities that reflected individual preferences, including individual and group activities. Activities were provided by care staff and people's individual preferences had been sought and recorded. Three people told us they would like more activities to be available.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. Not all training had been completed at the time of our inspection. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider. Staff had not received formal supervision in line with the provider's policy.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their care. Care plans did not reflect that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have capacity to make decisions for themselves. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible and providing care that is in a person's best interests.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute to this process. Where improvements were identified following feedback from external agencies action had been taken or plans were in place to ensure they happened. Some monitoring had stopped with the arrival of the new manager in November 2015 and no new guidance had been agreed about how to continue with this work. There had been a number of changes introduced at this time and the senior staff were not certain about which to continue implementing or how to develop systems further before a new registered manager was appointed. The provider was aware of this and weekly visits to the home had been introduced to deliver additional oversight during the period before a new registered manager could be appointed. Staff and people were positive about the abilities of the deputies providing day to day

management of the home.

People felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. They knew how to access the contact details of agencies they should report concerns about people's care to. Care and treatment was delivered in a way that met people's individual needs. Staff kept records about the care they provided.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. People received their medicines as they were prescribed.

People described the food as good and there were systems in place to ensure people had enough food to eat and enough to drink.

People were positive about the care they received at the home and told us the staff were kind. Staff treated people and visitors with respect and kindness throughout our inspection.

There was a breach of regulation relating to people not being deprived of their liberty without lawful authority. You can see the action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was mostly effective. People who were able to consent to their care had done so and felt they directed the care they received. Staff provided care in people's best interests when they could not consent. This was not recorded as having been decided within the framework of the Mental Capacity Act 2005.

Deprivation of Liberty Safeguards (DoLS) had not been applied for people
who needed their liberty to be restricted for them to live safely in the
home. People who could not consent to their care were relaxed and smiled throughout our inspection. They were not trying to leave; they were however at risk of being illegally detained within the framework of the law.

People were cared for by staff who understood the needs of people in the home and felt supported. Staff training was up to date or scheduled. Staff did not receive the supervisory support detailed in the provider's policy.

People had the food and drink they needed. They told us the food was good.

Is the service caring?

Good

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

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

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their individual needs. Care plans were in the process of being updated and information was not all in one place. The information needed by staff was available to them and accurate and included detailed personalised information.

Staff held detailed handovers to ensure that they understood people's current needs.

People were confident they were listened to.

There had not been any complaints received in the year prior to our inspection a policy was available and described how these would be managed.

Is the service well-led?

Good

The service was being led by deputy managers with the support of the provider.

There were some systems in place to monitor and improve quality including seeking the views of people and relatives. Regular monitoring had been effective in identifying where improvements were necessary but this had stopped three months before our inspection. Work was underway to reintroduce this monitoring.

People and staff had confidence in the management team but they expressed uncertainty and hoped an appropriate new registered manager would be appointed quickly.

Staff were committed to the ethos of the home and were able to share their views.

Legh House

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 the 6 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not been asked to complete a Provider Information Record (PIR). A PIR 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 were able to gather the information contained in this form during our inspection.

During our inspection we observed care practices, spoke with eight people living in the home, four members of staff, and the deputy manager. We also looked at five people's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits, training records and accident and incident forms.

We also spoke with social care professionals who had knowledge of the home prior to our inspection.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "I feel very safe." Another person told us: "I do feel safe… yes… they check I am." People were relaxed with staff and confident in their interactions.

Staff confidently and consistently described the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity and mobility. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were using equipment that reduced the risk of developing pressure ulcers and recent changes to the support a person required with their mobility were understood by staff. Staff were confident they would notice indications of abuse and knew where the contact details of other agencies were to report any concerns they had. The provider had a policy on whistleblowing which was described in the handbook all staff received. Staff told us they would whistle blow if they were concerned about care practice.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example we saw that when people had fallen a range of actions had taken place including seeking input from health professionals and reviewing relevant care plans. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. People did not wait to receive care and staff were able to spend time engaged in activities with people as well as responding to people's support needs. One person told us "I pull the wire and they come in." Another person told us they sometimes waited for a short period of time but that staff usually explained if they would be delayed. We discussed staffing levels with the deputy manager and care staff. They described how staffing levels were monitored and changed to reflect the needs of people living in the home. For example, there had been an increase in staff during a time when more people living in the home needed help with their mobility.

Staff were recruited in a way that protected people from the risks of being cared for by staff who are not suitable to work with vulnerable people. We reviewed staff recruitment documentation and saw that appropriate checks had been made on staff employed to work in the home. The deputy manager told us that new recruitment documentation would support this process by ensuring that candidates provided an explanation for any gaps in their working history at the application stage of recruitment.

People told us they received their medicines and creams as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. People were asked if they wanted pain relief that was prescribed if they needed it. One person was taking medicines that needed to be stored with added security because they were covered by the Misuse of Drugs Act 1971. These medicines were all accounted for and measures were in place to ensure they were administered and stored with enhanced safety.

Requires Improvement

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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. Three people did not have the capacity to make decisions such as the decision to consent to their care plan. There was no record that the principles of the Mental Capacity Act 2005 (MCA) had been followed. For example, there was no record of a capacity assessment or how people's best interests were considered. Care plans were designed to meet people's needs and staff described how they promoted people's ability to make decisions. Whilst this put people at risk of receiving unnecessarily restrictive or inappropriate care, we observed that these three people were relaxed with staff and responded positively to the care and support they received.

The home had not applied for Deprivation of Liberty Safeguards (DoLS) to be authorised for two people who were not able to consent to their care. Deprivation of Liberty Safeguards. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. We discussed the care these people received with the deputy manager and they told us they were living with dementia and would be stopped if they tried to leave for their safety. There were indications that they may fit the criteria for deprivation of liberty and could therefore be being unlawfully detained.
We spoke with one of these people and they told us the home was "really lovely". The other person was relaxed throughout our inspection and did not refuse any care offered. A DoLS had been lodged with the mental capacity act team at the local authority for another person who did not have capacity to agree to their care plan. The deputy manager explained that they understood that this application had been made because the person had bed rails to keep them safe and could not consent to this, they had not realised that people who were not being restricted may need a DoLS if they met the criteria. Staff training was scheduled in February 2016 to update staff understanding of the MCA and DoLS. The deputy manager assured us they would seek guidance and make applications as soon as possible. The applications were submitted three days after our inspection.

People told us the staff had the skills they needed to do their jobs. Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke confidently about the care and treatment of people living in the home and told us that their training was appropriate for their role. Training was being developed to reflect national changes such as the introduction of the Care Certificate which ensured that new staff receive a comprehensive induction to care work. No staff had been recruited who would have needed to achieve this certificate at the time of our inspection.
There was a system in place for ensuring that staff training was kept up to date and we saw that dates were booked for the majority of training that needed to be completed. Staff told us that they received informal supervision from the deputy managers and colleagues. Formal supervision was not being provided in a way that reflected the organisational policy. This stated that all employees were entitled to regular supervision and that it should be available six times a year. Staff were involved in group support and development in staff meetings and practice issues were addressed but formal supervision had not been available to some staff in the previous year. Most staff had had one supervision session.

We recommend that you seek guidance on ensuring that all staff receive support to reflect constructively on their practice and to explore training and professional development needs.

People and staff all told us that the food was good. One person told us that the: "food is wonderful". Another person told us: "they make sure you have enough to drink." Lunchtime was a calm and social event for those that wanted to eat together. The tables were set with table cloths and condiments and aperitifs were available for those who wanted them. A person who needed support to eat received this as described in their care plans, this was done respectfully. People who chose to eat in their rooms were able to do so and received their meals at the time that they chose. The menu offered a choice of dishes and alternatives were made available if people did not want these. There was usually a hot meal available twice a day.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. One person was unwell during our inspection and guidance was sought and followed about maintaining adequate hydration.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. One person requested a chiropody appointment during our inspection; another person described the input of the district nurse and the support they received from staff to follow exercises to maintain their mobility. They told us they saw their doctors and dentists as necessary. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their on going well-being.

Good

Is the service caring?

Our findings

People told us the staff were kind and that they felt cared for. One person told us, "The staff are really lovely." People described how important it was to them that they were able to tease staff and be teased. They explained that this familiarity and "banter" made the relationships they had with staff positive.

Staff took time to build relationships with people in an individual way and spoke of people with affection. They were attentive to people and were both familiar and respectful in their conversations. They sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff laughing together throughout our inspection, other people were spoken with more formally. There was information about people's communication skills and needs in their care plans and staff described how they communicated about all care provided. Some staff had taken on the role of dignity champions which meant they highlighted the importance of maintain respect, privacy and dignity through their work and in discussion with colleagues.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "I'm still in control of most areas of my life. The staff are here when I need them". Another person also described that they arranged all aspects of their social life and that staff assisted as required. This ethos of care ensured that people's independence was respected and promoted.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Humour was prevalent but all staff spoke respectfully to people living in the home and each other. This promoted a relaxed and friendly atmosphere.

Care plans included information about end of life care where this was known. Discussion with relatives and people was evident. Relatives of people who had died in Legh House had written letters of gratitude which valued the kindness, respect for privacy and compassion shown by all the staff. A recent letter said: "Legh house is not a 'house' it is a 'home' in the best sense of the word where people are valued for themselves and helped to live happily within a community."

Good

Is the service responsive?

Our findings

People's care was delivered in a way that met their personal needs and preferences. People told us that staff listened to them and responded. One person told us: "You can always let anyone know if you want things done differently." People told us they felt well cared for, one person told us: "I feel well looked after." Staff reviewed and discussed people's current care needs at shift handovers which ensured that people experienced continuity of care. Staff knew people well and were able to describe recent changes in the support needs with confidence.

People were involved in developing the care and support they received at Legh House. They told us they were able to decide how and when they received care. People's care needs were assessed and these were recorded alongside detailed and personalised plans to meet these needs. Records showed that people's needs were reviewed frequently and reflected changes. For example one person was unwell and a temporary care plan had been put in place detailing the care they needed at the time. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. Personal preferences were recorded in detail such as how a person liked to be helped with their personal care and staff were aware of this information. This information enabled staff to provide personalised and responsive care. Records indicated that relatives were kept informed about their relative's health and well-being and their knowledge was valued and sought out.

Care plans were undergoing review at the time of our inspection and significant changes had been implemented by the previous manager who left in December 2015. There was ongoing discussion about how best to maintain these records. Whilst information was not consistently easily accessible, staff understood people's assessed needs and provided care that met their assessed needs.

The care staff kept accurate records which included: the care people had received; what activities they were involved in; physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff.

People told us they felt listened to and were able to approach all the staff. One person commented that residents meetings were no longer happening as frequently and they missed this opportunity to contribute to the running of the home. We discussed this with the deputy manager who acknowledged that the last meeting had been held in October 2015. They told us they would plan another meeting.

Activities were planned for groups and individuals and delivered by the care staff. When necessary, additional staffing was provided for example for trips out to see shows in the local theatre. During our inspection some people took part in an exercise group, chatted with each other or spent time engaged in their own choice of activity in their rooms. Staff told us that a wide range of activities were offered including memory boxes used to prompt discussions, scrabble and baking. People were supported to maintain links with the community and many of the people living in the home were from the immediate locality. They told us they went out to visit friends and relatives and were able to welcome visitors. People told us they had

been asked about activities they enjoyed. Three people told us they would prefer more activities. We fed this back to the deputy manager and they told us they would review this with colleagues. Funds were raised at coffee mornings that the residents made decisions about spending. This money had been most recently been used to fund trips out.

People told us they would be comfortable raising concerns and complaints but there had not been any in the year prior to our inspection. There was a complaints policy that told people how complaints would be managed.

Good

Is the service well-led?

Our findings

Legh House was held in high esteem by the people living there, relatives, and staff. People told us they thought the home was "wonderful" and "excellent" and "lovely". Three people highlighted that there was no registered manager in post and were hopeful that someone appropriate would be found quickly. Staff also identified that this was a priority, a large amount of change had been instigated by the manager who had left in November and December 2015 and some of this had not been fully implemented. Senior staff told us they felt uncertain about these new systems and were working to re-establish their confidence and competence in relation to monitoring and quality assurance. The provider had acknowledged this period of uncertainty and the impact this had. As a response to this a member of the board was visiting the home weekly to provide support and oversight. The provider was actively seeking to recruit a new registered manager and in the interim the two deputy managers were being supported to run the home. We spoke with a deputy manager who described that their priority was to ensure care standards remained high and they were also working to evaluate and build on systems of good governance.

The legal obligations associated with the MCA 2005 had not been implemented because the staff in senior roles did not have a clear understanding of its scope and requirements.

The systems and structures that had been place to ensure that the quality of service people received was monitored and improved had been impacted with audits suspended after October 2015. These audits had been effective in ensuring change. In the year prior to our inspection an audit of medicines had led to a ventilation system being installed to ensure safe storage and an audit of staff recruitment had led to improved checks on the suitability of staff. This had made the home safer for people living there. The deputy manager had started work on reinstating regular monitoring but this had not been implemented at the time of our inspection. Other governance work was also being addressed. Training had been reviewed and a programme to address shortfalls had been implemented with dates booked for the majority required training in place before the end of February 2016. One deputy manager told us that they had discussed the supervision requirements of the staff team and how to address these but had not yet acted formally on this.

People and relatives had been asked for their feedback on the service at the end of 2015 and this information was being collated when we visited. The overall feedback had been very positive.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "I'm proud of all the staff. This is a great team." They were committed to ensuring that changes in the management of the home did not have a negative impact on the care people received. Feedback from people was that they were being successful in this aim. Staff meeting minutes reflected discussion and a staff team who sought to improve the experience of people living in the home through team work.

Incident and accident forms had been completed by staff and reviewed senior staff and this led to appropriate action such as staff training, care plan review and medical advice being sought for individuals.

Records kept by staff were concise and clear in respect of the support people received. This provided senior staff with the information then needed to review care effectively.