

# The Foundation of Lady Katherine Leveson

## The Foundation of Lady Katherine Leveson

### Inspection report

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Date of inspection visit:  
05 November 2019

Date of publication:  
26 November 2019

### 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

### About the service

The Foundation of Lady Katherine Leveson is a care home which provides support for up to 31 people in one adapted listed building. At the time of our visit, 25 people were using the service. These are primarily older people, some of whom were living with dementia. Some people stayed at the service for short periods for respite care.

The service can also provide personal care support for people in sheltered housing living in the grounds of the care home. No one was receiving this support at the time of our visit.

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

Staff were caring in their approach and had good relationships with people. Promoting independence was encouraged, to enable people to improve their daily life skills further.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks. However, some information recorded in relation to risks was missing, or contradictory. Staff gave us mixed feedback regarding how some risks were managed.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

Medicines were stored and administered correctly, and staff had received training in relation to this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems supported this practice.

People received care which was responsive to their individual needs. Staff knew people well and had a good understanding of how to support them. Care records provided staff with person centred information in relation to people's backgrounds, interests and individual health needs.

People were supported with a wide range of social activities and events to keep them stimulated.

Staff encouraged people to maintain a balanced diet and understood people's special dietary needs. The provider and staff team worked with external health professionals to ensure people's health and wellbeing was maintained.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People, relatives and staff had opportunities to feedback about the running of the service. Quality checks were carried out to monitor the service and had identified where some improvements could be made. The provider was moving over to a new electronic care recording system and it was identified that

this may have contributed to some of the records being inconsistent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was rated as Outstanding (published 12 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good 

# The Foundation of Lady Katherine Leveson

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by an inspector, an inspection manager and an assistant inspector.

#### Service and service type

The Foundation of Lady Katherine Leveson is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been in post for three years.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We requested feedback from the Local Authority quality monitoring officer. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service. Some people were unable to tell us about their experience of care at the home, so we observed their interactions with staff and support. We also spoke with five relatives. We spoke with one member of care staff, two senior care staff, an activities co-ordinator, the cook, a kitchen assistant, a fundraising and marketing officer and the registered manager. We reviewed a range of records including four people's care records and three medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We did not look at staff files on this occasion as we found staff were recruited safely at our last visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. Some aspects of the service were not always safe. There was an increased risk people could be harmed.

### Assessing risk, safety monitoring and management

- Some risks associated with people's health and wellbeing had been identified, assessed and documented. However, we found some information about how individual risks should be managed was conflicting or missing. For example, one person was at risk of choking and professional advice had been given about adding thickener to drinks. However, this information was conflicting in care records in relation to how much thickener to use, and staff understanding of this varied. This posed a risk the person would not be supported correctly and safely.
- Additionally, thickener had been left out in the person's bedroom which posed a risk this could be accessed and ingested by other people at the home, some of whom were living with dementia. We raised these concerns with the registered manager who took action to ensure this risk was mitigated.
- For one person at high risk of skin problems, staff told us conflicting information about how frequently they should be moved, to ensure their skin remained healthy. Records showed gaps in the times they were moved which did not accurately reflect the staffs understanding. This posed a risk the person might not be supported correctly, and their skin could deteriorate. We discussed this with the registered manager and senior carer who confirmed the person had been moved correctly by staff and their skin was intact, however staff had not always recorded this accurately and this would now be addressed.
- Staff had been trained in fire safety and regular fire alarm tests and drills took place. Personal emergency evacuation plans documented how people should be supported in the event of a fire.
- An on-call system ensured staff could contact managers for advice and support out of office hours.
- Safety checks were completed in relation to the environment and the equipment used.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and the provider's policies and procedures provided staff with guidance on how to keep people safe. Staff were confident of actions to take should any concerns be raised about possible abuse. One staff member told us, "If there was an issue I would raise it to the management. I am confident it would be dealt with."

### Staffing and recruitment

- People were supported by enough staff to meet their care needs. One person said, "I have never really had to wait, in the mornings it can be a little longer, but only occasionally, they come quickly." Staff told us, "We have complete staffing levels and sometimes a spare staff member at 9.30am. If regular staff are on holiday, we have agency to support us. These are people who have been here before and know the residents." Care was provided based on people's assessed needs and people received support from one or two members of staff as required.

- Staff had been recruited safely by the provider previously, so we did not check this information at this visit.

#### Using medicines safely

- Medicines were stored correctly, and people received their medicines as prescribed. For example, one person with critical time specific medication, received this correctly.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- Staff were trained to administer medicines and competency checks were carried out by managers to ensure they remained safe to do this.

#### Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, including wearing personal protective equipment such as gloves and aprons when providing care. One person told us this was the first thing staff did when coming into their bedrooms.

#### Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. However, some people's records had not been updated to reflect these. For example, for one person who had fallen and sustained an injury, their paper care records did not reflect this. We discussed this with staff who said the information may have been added to the electronic care system. We checked and saw this information was updated in one area, but it had not been updated in another. Furthermore, the information recorded was contradictory in that it stated the person could walk independently with a frame, however also required support from one staff member when walking, which meant staff may not support them safely. We raised this with the manager who confirmed this information would be updated correctly now.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service which included shadowing more experienced staff.
- Staff completed the necessary training to enable them to carry out their roles, for example, first aid, safeguarding and health and safety. One staff member told us, "If a new resident is due to come in and specific training is needed, they [management] will provide this. We have internal and external training." Training was monitored by the management team to ensure this was kept up to date and staff learning was then tested to ensure training was effective.
- Staff were supported to take further health and social care qualifications. The registered manager told us they focused on staff development and promotion from within the home where possible.
- A daily handover of important information when shifts changed meant staff were up to date with any changes to people's care needs.

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care. One staff member told us, "Not all people have a DoLS in place because they don't need one."
- Decision specific information was recorded in care records and a system was in place to ensure DoLS were monitored and authorised. Best interests were considered in relation to decisions made however, some further detail was required in some areas to better reflect this. The registered manager confirmed this had now been added.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some people's needs were complex, and care and support was provided in line with current guidance, for

example around supporting people living with dementia. One relative told us, "We feel extremely happy with their level of care, it is excellent."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with meals and drinks in line with their needs and choices. Specific dietary needs were catered for such as allergies. One relative said, "I am very impressed with both the choice and the quality of food. It's very much in keeping with the generation. It's nourishing and it's tasty."

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals, including GP's, district nurses and the falls prevention team. Advice given by professionals was documented by staff. One staff member told us, "If someone has a fall I check them over and call rapid response. They decide if the person needs to go to hospital or I dial 999."

Adapting service, design, decoration to meet people's needs

- The premises was a listed building, however was adapted where possible, to ensure people's safety and to meet their needs. Some further plans were in place for refurbishment of the home. A large courtyard and garden were accessible for people using the service. A hairdresser supported people with a salon on site. People had personalised their rooms to their individual tastes.

Supporting people to live healthier lives, access healthcare services and support

- Checks of people's weight and other health checks were completed to ensure people remained healthy. However, records did not always reflect checks which had been completed. For example, it was recorded for one person to be weighed weekly however this had been monthly and was now not happening. The registered manager confirmed the person no longer required weighing and the records would be updated to reflect this.

- Care plans provided information of the support people needed to maintain good oral hygiene using an assessment tool.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very happy living at the home and we observed some positive interactions between people and staff. One person told us, "It is nice, warm and comfortable here. A pleasant place." Another person said, "It's lovely surroundings, the people are very nice and kind. It's a nice place to be." One person told us how birthday cakes were made for people and they had recently celebrated a person's 100th birthday there.
- All relatives were very happy with the service. One relative said, "They look after my [family member] well, they love them to bits. It is a lovely place, [person] is happy there and they are happy with them." Another relative told us, "It is great for us, we know everyone there and we love it, all the ladies (staff) are friendly."
- People were supported to stay in touch with family members and some couples lived together at the service. For one person, staff had supported them to visit a family member who was unable to come to the home, so they could celebrate together on a special occasion.
- Staff gave us positive feedback about working at the service. One staff member told us, "I love to work here, I treat the residents as my family. When people pass away, I cry, I get so attached to them." Another staff member said, "I love the people living here, it is so homely, like a second family. We get time to speak with people and give people plenty of time when helping them."
- Staff supported people to attend hospital appointments with additional staff supporting people on those days.
- Staff completed training in relation to equality and diversity. The registered manager explained how they supported staff and people in line with their religion and cultural needs or in relation to areas such as sexuality, and discrimination was challenged by staff. Festivals were celebrated such as Diwali, and at Easter time, a bonnet parade had taken place. On a Sunday people were supported to visit the local church if they chose to, or their preferred place of worship on other days. A reflection room was available for people, should they wish to use this.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of people's views, wishes and choices being respected, for example when they chose to eat meals or get up in the morning.
- One person was supported by an advocate in relation to their finances and staff were aware of when this might be required.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be more independent. One relative told us, "[Person] likes to be independent and staff do respect this."

- Staff supported people with dignity and respect. We observed staff talking with people discreetly when they required assistance with personal care. However, some staff used terminology at times which was not always as respectful to people's needs, for example use of the word 'feeding' when describing supporting a person to eat a meal. We raised this with the manager who assured us this would be discussed with staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has deteriorated to Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and professionals had shared people's needs with staff before care started which formed part of a person's care plan.
- Staff knew people well and supported them in line with their wishes. One relative told us, "I am very impressed with the carers, there is a continuity of staff and if they have new staff, they introduce themselves." Care records were very person centred and contained information which enabled staff to understand people's likes, dislikes and preferences. One person explained staff knew their 'idiosyncrasies' and what they did and did not like.
- People were supported by staff in relation to their individual care needs. One person who was living with dementia was supported using a baby doll, which had proved successful in providing them with reassurance.
- People's care and support plans had been reviewed and review meetings took place. However, some information remained inconsistent across records, was out of date or lacked detail, which posed a risk staff could support people inconsistently. For example, at the review of October 2019 one person's care record stated their food was 'blended' as they were at risk of choking, however this was incorrect; it was confirmed by staff during our visit they required a soft diet and there was no risk of choking. We discussed this with the manager who addressed this following our visit.
- People had opportunities to follow their interests and several activities took place at the home with families encouraged to be involved too. The activities co-ordinator told us, "We go around asking people what they would like, they love doing the yoga. Our activities are aimed at everyone. We have our own minibus, people like going to the garden centre for tea and cake." One person joked, "I don't think anybody gets bored." One relative told us they felt activities had improved, and said, "A lot more goes on now and there is more interaction with the residents."
- Group activities such as a singer, scrabble competitions and karaoke took place. People cared for in bed were supported with one to one social interaction. A weekly news sheet was produced to keep people up to date with events. An artist visited the service and had involved people in some projects and artwork for example around Armistice day. People were involved in gardening and planting. A cookery class was starting for people to get involved with if they chose to.
- Every day through December staff and people engaged in activities together culminating in a staff pantomime which was 'Sleeping Beauty' this year. The registered manager explained how staff were supported with overtime to do rehearsals and everyone really enjoyed and benefitted from this event.
- A fun competition had been held between staff covering different 'houses' within the service, to think of

new, creative and individual ways to support people. Life stories for staff were being written which helped people get to know the staff that supported them better, find out about their interests and to help identify what they may have in common.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format they could understand. The registered manager had some understanding of the AIS and confirmed they considered this when people first started at the service.

#### Improving care quality in response to complaints or concerns

- Staff were aware of the process to follow if a complaint was made. Where complaints or concerns were received by the provider, they were followed up and information was used to make improvements if required. Compliments had been received about the service. Comments included, 'Please thank all the staff who have been so kind to [person], they all work as an excellent team,' and, 'Such a hardworking, knowledgeable and dedicated staff. Throughout the whole time nothing was too much trouble to ensure my comfort and well-being.'

#### End of life care and support

- No one at the service was receiving support with end of life care currently. However, end of life care plans were in place if people chose to discuss this and staff had received training in relation to this.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has deteriorated to Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed and passionate about providing people with the best care and told us, "I don't see this as a care home, it is their home...my main aim is to see people smiling and happy."
- The management team consisted of the registered manager, a fundraising and marketing officer and a deputy manager. The management team worked flexibly to ensure they were available to support staff at different times.
- The registered manager told us challenges at the service remained in meeting people's changing and increasing care needs
- People and relatives gave positive feedback about the service. Comments included, "It is a very nice place to be, it's a bit exceptional." One relative said, "We looked at lots of different homes, this home as far as I can concerned providers everything my [family member] can expect, sympathetic care and of the kindest nature you can imagine."
- There were some mixed views about communication. One relative told us, "Sometimes admin is not the best and maybe communication could be better." However, another relative felt communication was good, for example if there were changes to their family members medication they were informed, and they described senior staff as 'proactive'.
- Staff were very positive about management support and morale was good. One staff member said, "[Registered manager] does fight for our cause. She is very good at talking to us staff. She has a lot of meetings too and paperwork to do. We have recently had a core of new staff who have stayed. These are people who want to be here. The calibre of staff at recruitment selection is tighter now and we performance manage staff to bring about improvements." The registered manager told us they were proud of the staff team, the way they worked together, and staff had a good knowledge of the people living at the home.
- The provider understood their responsibilities in relation to duty of candour and being open and honest and accepting responsibility when things went wrong. A senior management meeting was held weekly to ensure important information was shared across departments.

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

- Quality and safety checks were completed however had not always identified some areas for improvement which we found during our visit in relation to care records. The registered manager explained some information was being stored on electronic systems and they were in the process of staff moving over

to use electronic tablets currently. They confirmed records would be reviewed further now and felt confident these issues would be addressed with the new systems fully in place. Following our visit further information was provided to show information had been updated. One staff member told us "I do feel we need more time for the paperwork." Other areas were audited such as medicines and infection control practices and these had proved successful in identifying any areas for improvement.

- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Views of people and relatives were gathered at bi-monthly meetings. One person told us they felt listened to and could make suggestions at the meetings. Recent surveys had been sent out. Comments included, 'Excellent care, second to none,' and, '100% happy with care received.'
- People were involved in the recruitment of staff to ensure they were suitable.
- Social media was used to engage people, visitors and staff to enable people to stay in touch with events at the service.
- Staff meetings and one to one meeting's were held, where staff had opportunities to raise any issues, concerns or put forward suggestions. An employee of the month scheme encouraged staff further by celebrating successes.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff worked with a variety of professionals including dieticians and social workers to support them in meeting people's needs.
- Links were in the community with the local church, school and nursery. Past events had included a Heritage weekend (the home dated back to 1654) and people from the local community were invited to attend a luncheon club there.