Bupa Care Homes (CFChomes) Limited

Leominster Care Home

Inspection report

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Leominster
Herefordshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Leominster Care Home is located in Leominster, Herefordshire. The service provides accommodation and care for up to 51 older people. On the day of our inspection, there were 36 people living at the home, some of whom were living with conditions such as dementia and Parkinson's disease.

The inspection took place on 26 August, 1 September and 6 October 2016.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety and wellbeing was promoted by staff. People were encouraged to raise any concerns about their safety. People were involved in decisions about keeping them safe. People's individual risks associated with their care and support were known by staff.

There were sufficient staff to safely meet people's needs. People were cared for by staff who knew how to recognise signs of abuse or harm and what action to take.

People received their medicines safely and as prescribed.

People were supported by skilled and competent staff. Staff received the training and on-going support required to enable them to meet people's needs.

People were encouraged to eat a varied and healthy diet, including fruit and vegetables they had grown themselves. People's views and suggestions were sought about meals and these were used to plan the food provided.

People's health was maintained. People saw a range of healthcare professionals as and when required.

People enjoyed positive relationships with staff. People were involved in decisions about their care. People were treated with dignity and respect and their privacy was maintained.

People's individual preferences were known by staff. Staff adapted to meet people's changing needs.

People were encouraged to maintain their hobbies and interests, as well as take part in a range of in-house social and leisure opportunities.

People's opinions, comments suggestions were valued and acted upon. Where complaints had been made, these had been investigated and action taken.

The registered manager had created a positive and inclusive atmosphere in which people's and staff's views mattered. People had decided on the home's visions and values, which were known and shared by the staff team.

The registered manager and provider maintained oversight of the quality of care provided to people, and sought to continually improve this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is safe.

People were supported by staff trained in how to protect them from harm and abuse. The risks associated with people's care and support needs had been assessed, recorded and managed. The provider followed safe recruitment procedures. People's medicines were handled and administered safely.

Is the service effective?

Good

The service is effective.

Staff had the knowledge and skills need to meet people's needs. People's rights under the Mental Capacity Act 2005 were recognised and protected by the provider. People had the support they needed to eat and drink. The provider supported people's access to healthcare services.

Is the service caring?

Good

The service is caring.

The management team and staff took a caring approach towards their work with people. People were supported to voice their opinions and their views were taken seriously. People were treated with dignity and respect and their rights were protected.

Is the service responsive?

Good

The service is responsive.

People's individual preferences and needs were known and respected by staff. People's changing needs were responded to.

People's comments and suggestions were encouraged and acted upon. Complaints were investigated appropriately and used to improve the quality of care provided.

Is the service well-led?

Good

The service is well-led.

There was an inclusive atmosphere in which people, relatives and staff felt comfortable approaching the registered manager. People were involved in decisions about how their home should be run.

The registered manager had established links with the local community and these were used to benefit people living at the home.

Leominster Care Home

Detailed findings

Background to this inspection

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

We made an unannounced inspection on 26 August and 1 September 2016. The inspection team on 26 August consisted of one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care for older people. The inspection on the 1 September was carried out by one Inspector.

We made an announced inspection on 6 October. The inspection team consisted of two Inspectors.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We observed how staff supported people throughout the day. We spoke with 16 people who lived at the home, five relatives, a district nurse and a visiting GP. We spoke with the registered manager, the clinical service manager, the unit manager and six members of staff. We looked at four records about people's care, which included risk assessments, healthcare information and capacity assessments. We also looked at the quality assurance audits that were completed by the registered manager and the provider, and the complaints and comments the service had received.

Good

Is the service safe?

Our findings

The people we spoke with felt safe living at the home. One person told us, "I am very safe living here. It's the whole atmosphere and the attention I get - you can't have it better than that." Other people described how access to the call bell system and the conscientious and caring approach of staff contributed to their feelings of safety. People's relatives had confidence in staff's ability to ensure the safety and wellbeing of their family members. One relative said, "I've got more faith in a place like this than anywhere under the sun."

None of the people and relatives we spoke with had any current concerns about the safety of the care and support provided. However, they knew how to raise any such concerns if they needed to, by approaching a member of staff or the management team at any time. One person told us, "If I was concerned about anything, I would speak with the person (staff) in that area. They have several people in charge of sections."

The registered manager and staff team actively encouraged people to voice any worries or concerns about their own, or others, safety and wellbeing. Each person living at the home had an allocated key worker, who acted as the focal point for the individual and their relatives. Building trust with the person, identifying any concerns they may have and supporting them to raise these was an important aspect of the key worker role. One person told us, "They (key workers) do that extra bit for us and know us more personally, including all our quirks."

People were supported by staff trained in how to protect them from harm and abuse, from their induction onwards. The staff we spoke with understood the different types and potential signs of abuse. They gave us examples of the kind of things that would concern them, such as marked changes in people's mood or behaviour, and any suspicious marks or bruising. The provider had developed formal procedures to ensure a prompt and appropriate response to any allegations of abuse. We saw they had previously alerted the relevant external agencies in line with these procedures. Staff were aware of their responsibilities under these procedures to immediately report and record any abuse concerns. One staff member told us, "I'd report to the nurse and manager. I have never needed to do this."

The management team had assessed the risks associated with each person's care and support needs. The written plans developed to manage these risks were kept under regular review. These plans took into account a range of factors, including the individual's physical and mental health, their mobility, any risks of falls and pressure care management. Staff were aware of the guidance contained in people's risk assessments, and understood the need to follow this. During our inspection, we observed staff working in accordance with these guidelines, as, for example, they safely supported people to eat, drink and move around the home.

People and their relatives told us the provider encouraged their involvement in decision-making about risks affecting them. The unit manager described how they had recently consulted with one person, and their relative, regarding the installation and later removal of a motion sensor in the individual's bedroom. Agreement had been reached to use this device, on a temporary basis, due to an increased risk of falls. The

management team were conscious of the need to manage risks to individuals in a positive manner. The lead activities coordinator described the plans underway to fulfil one person's wish to ride in a helicopter, as an illustration of this. People confirmed that there were no unnecessary restrictions on their freedom at the home.

People's safety and wellbeing was protected because staff were kept up-to-date regarding their health, support needs and any associated changes in risk. The provider had established robust procedures for sharing information on risks on a day-to-day basis. These included daily handovers between staff, daily heads of department meetings and the weekly clinical risk meetings. Key information from these meetings was cascaded through the staff team.

In the event that people were involved in any accidents or incidents, staff followed the provider's procedures for reporting and recording these. Any such events were monitored by the management team on a continual basis. This enabled the provider to identify trends and patterns in events, and take action to minimise the risk of reoccurrence. We also saw how enhanced falls analysis, following a recent successful falls pilot at the home, had led to a dramatic reduction in one person's falls.

People and their relatives felt that there were enough staff on duty during the day and night to safely meet people's needs. One person said, "Someone is always there to help me when I need it, and when I don't recognise I need it!" The staff we spoke with also told us that staffing levels at the home were safe and appropriate. During our inspection, we saw that there were enough staff on duty to promptly respond to people's needs and requests. The provider assessed their staffing requirements on the basis of people's current care and support needs. The current staffing levels and skills mix were kept under ongoing review by the management team, and discussed at the daily heads of department meetings. The use of "floating staff" between the home's floors enabled people's needs to be met flexibly throughout the day.

People were supported by staff whose suitability to work at the home had been checked before their employment started. Staff confirmed that they had undergone a Disclosure and Barring Service (DBS) check, and had been required to provide satisfactory references and identification as part of the recruitment process. The DBS helps employers to make safer recruitment decisions. The provider had taken the decision not to make use of agency care staff, ensuring staff shortages were covered by their bank staff and overtime. Any agency nurses working at the home were required to complete the service's "new nurse safety checklist" before supporting people.

We looked at how people's medicines were managed the provider. People and their relatives were satisfied with the support staff provided in this area. One person told us, "I know what I should be getting regarding my medication and they get it for me and get it right." We observed staff administering people's medicines and reviewed the home's medicines-related records. We also checked the arrangements in place for the storage and disposal of people's medicines. We found that the handling and administration of people's medicines at the home was safe and reflected good practice. The self-administration of medicines was supported, whenever possible.

Staff involved in the administration of people's medicines had received relevant training. Their competence was also checked by senior staff on a periodic basis. Some people took medicines on an 'as needed' basis. Clear, written guidance had been produced to ensure staff understood the specific circumstances in which this type of medicine was to be offered to each individual.

Good

Is the service effective?

Our findings

People and their relatives felt that staff had the necessary training and skills to provide effective care and support. One person told us, "Staff here know what they are doing - such as when using the hoist." A relative said, "I am happy and confident that [person's name] receives the very best care for their condition." The health professionals we spoke with also made positive comments about the competence of the staff team. A district nurse told us, "Staff are really good at managing personal care." They went on to say, "End of life care couldn't be better managed." Relatives we spoke with were also positive about the management of end of life care, and described this as "patient and supportive" and "wonderful." Our observations of the care and support provided confirmed that staff worked in a confident and professional manner.

Before working alone with people, all new staff underwent an induction to the home. During this period, new employees completed initial training, worked alongside more experienced colleagues and had time to read people's care plans. Following induction, staff participated in an ongoing training programme, tailored to their job roles and the needs of the people living at the home. This training incorporated periodic refresher courses and flexible, bite-sized sessions with the clinical service manager and nurses. Staff felt that the training on offer was comprehensive and appropriate. One staff member described the insights gained from their dementia care training. Another staff member spoke about the confidence they gained from first aid training to deal with emergency situations.

Staff had access to ongoing support from the management team. One staff member told us, "The support here is really strong; I get a lot of support." This support included regular one-to-one sessions with a line manager, during which staff could raise any issues or concerns, receive feedback on their performance and discuss further training. The management team also provided staff with on-call support outside of office hours.

We looked at whether the provider was protecting people's rights under the Mental Capacity Act. 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.

The registered manager and staff we spoke with understood people's right to make their own decisions, and the implications of the MCA for their work. One staff member told us, "You don't want to take anyone's decisions away from them. It's about giving people options and gaining their consent." During our inspection, we observed staff seeking people's consent before carrying out a range of care tasks. We also saw evidence of best-interests decision-making in the care files we looked at. One such decision related to the introduction of bed rails to prevent the person falling out of bed. This decision had been made with the person's relative and would be kept under review. Two of the people living at the home had the support of an independent mental capacity advocate (IMCA) to help them make specific important decisions.

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 found that the provider had assessed people's individual care and support arrangements and had made DoLS applications on this basis. Where these applications had been processed and granted by the funding authority, the provider was complying with any conditions imposed.

People and their relatives praised the quality and variety of the food and drink on offer at the home. One person told us, "The food is very imaginative. If you suggest something, they (kitchen staff) will try to provide it." A relative said, "The food tastes beautiful; it is like at home." During our inspection, we observed how staff supported people at lunchtime. We saw people were offered a choice of food and drink, and could request an alternative meal if they did not like what was on the menu. Lunch was a relaxed affair; there was lively conversation around the tables and people ate their meals with enthusiasm. Where people needed support from staff to eat or drink, this assistance was provided in an appropriate and discreet manner. People could choose where they preferred to eat lunch. Some opted to eat in their bedrooms, whilst one person enjoyed having their meal in the reception area, where they could watch the comings and goings. The provider promoted healthy eating and encouraged people to have a balanced diet. People grew their own fruit and vegetables in the home's garden with staff support. Plenty of drinks and healthy snacks were available throughout the day. People were encouraged to provide feedback on the meals served at the home; a comments book was provided for this purpose. We saw that these comments were used to inform the home's menus.

Any risks associated with each person's nutrition and hydration had been assessed, with appropriate specialist input, and plans put in place to manage these. We saw that some people had been seen by the local speech and language team and the outcomes of these assessments recorded. The staff we spoke with were aware of the practical support each person needed with eating and drinking on a day-to-day basis. We saw staff working in accordance with the guidelines in place, as they assisted people to eat and drink during our inspection.

People and their relatives felt that the management and staff team played a positive role in monitoring people's health and ensuring their day-to-day health needs were met. The provider supported people's access to healthcare services. Where required, staff assisted people to arrange or attend medical appointments and routine health check-ups. In the event that people were injured, in pain or unwell, the provider sought prompt medical advice and treatment. One person told us, "They get a doctor out if you complain about being poorly. I've had a doctor a couple of times." This person went on to say, "If we needed to see other people (healthcare professionals), they would come and see you." During our inspection, we observed a nurse arranging a GP home visit for one person, due to their reduced appetite.

Good

Is the service caring?

Our findings

People and their relatives praised the caring and compassionate approach adopted by the management team and staff. One person told us, "Being with staff who care is magic." This person went on to say, "You can tell they (staff) care by the way staff touch you; it's silly little things like that." Another person said, "Almost 100% of the carers are wonderful; they do make a big effort to make you happy." Another person talked about the thoughtfulness of staff who took the time to bring fresh fruit to their bedroom, knowing they enjoyed this.

During our inspection, we observed a number of positive interactions between staff and the people living at the home that demonstrated people were cared for and valued. For example, one person was celebrating their wedding anniversary with their partner. We saw that staff had bought flowers and had signed a card for the couple. This person's partner explained to us how much this gesture had meant to them both. As other people relaxed in the home's garden, staff offered them hats and support to open the garden parasols to protect them from the bright sunlight. Staff took the time to check if one person transferring into a lounge chair was comfortable, offering them additional cushions. We also observed a member of staff enquiring about the current health of one person's family member who had recently been unwell.

Throughout our time at the home, staff addressed people with courtesy and warmth. The registered manager and staff we spoke with knew people's backgrounds, needs and preferences well. We saw they used this knowledge to engage people in friendly conversation on topics of interest to them, taking time to listen to their responses. People were at ease in the home, and chatted with staff freely.

People felt their views were listened to and taken seriously by the provider and staff team. They were satisfied with the extent to which they were involved in their care plans and decisions about their day-to-day care and support. One person described how staff had consulted with them about proposed changes to their prescribed medication, and had respected their decisions on this subject.

People felt that staff treated them with dignity and respect. One person told us, "There's no question about that. I am always spoken to and cared for in a dignified way." The staff we spoke with understood the need to respect people's privacy, dignity and human rights. They described some of the practical ways they put this understanding into practice on a day-to-day basis. This included respecting people's wishes, promoting their independence and protecting people's modesty during personal care. We saw the provider had implemented procedures to protect people's personal information. Staff understood the importance of confidentiality at work. One staff member told us, "We don't discuss residents in front of other residents or outside of the home."

The management team had appointed a "dignity champion" amongst the staff team. Their role, as staff confirmed, was to observe working practices and provide staff with additional guidance and support to further promote respectful behaviour towards people. The registered manager described how this had led to positive changes in the way staff spoke to people.

Good

Is the service responsive?

Our findings

People told us that staff understood their individual needs and preferences, and that these could change. One person told us, "There is an understanding of our needs and an understanding of all of us as individuals, our personalities and dislikes." Another person told us, "When I first moved here, I was asked what I wanted. But the good thing is, they understand that people change their minds. I could change my mind about how I want things done at any time, and they would do as I ask." This was reflected in what other people told us. For example, another person we spoke with told us the timing of their morning personal care routine had been altered, at their request, to better suit their needs.

The registered manager told us that before people moved into the home, a pre-admission assessment was carried out. The registered manager told us how important this process was, both in terms of ensuring the home could meet people's needs but also, ensuring people's preferences were captured. For example, it was very important for one person to have a particular hot drink and a certain time every day; the person had told the registered manager this during the assessment. The registered manager had ensured this information was recorded and known by staff, and this person's preferences had been respected. The registered manager told us, "We cater for people's routines."

We looked at how people's individual hobbies and interests were maintained. One person told us that as their health had improved, "My dearest wish was to see the new town centre in Hereford." They told us how staff had supported them with this, and that they had caught the bus into town themselves. Another person enjoyed attending a bridge club in town, which staff supported them to attend. One person told us they enjoyed going out to a local café for coffee, which staff supported them to do.

We found that in-house social and leisure opportunities were provided for people. Following feedback from people that they wanted a seven day-a-week activities programme, this was now provided. People told us that they were asked what they would like to do. One person told us, "They (staff) keep on asking us what we want to do." Recent social events had included Tai Chi, pottery, day trips and movement to music. One person told us how much they had enjoyed a recent outing. They told us, "We went to Hampton Court recently. It was a lovely afternoon and I was able to walk around the grounds." A relative we spoke with told us, "They (staff) do a lot with them. They go out to Ludlow or Hampton Court and do a lot of quizzes. They always have things going on." On the day of our inspection, we saw a group of eleven people taking part in a music and movement exercise class. People were chatting and laughing and told us they enjoyed the session.

Where people chose to spend time alone in their bedrooms, staff respected this choice, whilst ensuing people were not at risk of social isolation. For example, one person liked staff to read poetry to them in their bedroom, which staff did regularly. The registered manager told us, "We want to reach everyone."

People told us, and we saw that, they were involved in regular 'residents' and relatives' meetings'. These meetings were used to gather people's views and suggestions, as well as those of their relatives. One person told us, "We have meetings and I go. We get a copy of it (minutes). These are detailed. We talk about meals. I

feel I have a voice, here." Where people had made requests or suggestions, these were recorded on a "You Said, We Did" board in the communal area, complete with the action taken as a result. Recent action taken included changing the timing of high tea, and this was displayed on the board for people so they could see what action had been taken. One person told us that new parasols had been bought for the garden as a result of comments made by people in a recent residents' meeting, which they were pleased about.

We looked at how complaints, comments and suggestions were captured and acted upon. People told us that they felt comfortable approaching the registered manager if they were dissatisfied about any aspect of their care. One person told us the best thing about living at Leominster Care Home was, "I feel like whatever I've got to say, I can. We are listened to." There was a "speak up" system in the home, which encouraged people to raise any concerns or make any suggestions; people had the number for the area manager should they wish to contact them directly. Where complaints had been received, these had been investigated by the registered manager and the findings shared with the person who made the complaint. Where applicable, the registered manager had informed the person what action had been taken as a result, as well as offering an apology.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the registered manager and the running of the home. One person told us, "We are told by [registered manager] at each residents' meeting, "don't wait for the meeting, come and speak to us at any time." They told us the management team were approachable and the home was well-managed, with a "calm and pleasant atmosphere." Another person told us the management team did a "good job", and that they could approach them with any issues. A relative we spoke with told us, "I know the (registered) manager. They are very nice to the family. Very approachable, and I can go to them with any concerns."

Staff told us they felt supported in their roles by the registered manager. One member of staff told us, "[registered manager's name] is a brilliant manager, the best I have had. They involve staff in decisions, rather than just dictate to us." Another member of staff told us, "The (registered) manager is very approachable. There's always an open door. Any concerns we raise are acted on and are never disregarded." Staff told us an example of where the registered manager had listened to their feedback and taken action as a result. This involved the altering the time of lunch breaks to ensure that call bells could be responded to without unnecessary disruption to staff on their break.

Staff we spoke with told us communication was good between the staff team and management, which they said was assisted by the use of daily handovers and the use of work diaries, in addition to regular staff meetings. Staff told us there was an open culture in the home, in which the registered manager was receptive to staff challenge. One member of staff told us, "I would not have a problem at all going to [registered manager]. You can challenge them. I have a very good working relationship with them, they are fair and honest."

Staff told us the provider also showed its appreciation of staff and valued them and the work they did. For example, the provider held annual awards, such as nurse and carer of the year. People, staff members and relatives could nominate staff for this award, and staff from Leominster Care Home had been nominated. Staff told us this scheme boosted morale as it recognised the contribution they made.

We saw that people were involved in decisions about how their home should be run. For example, the registered manager told us the home's visions and values had been compiled by the people living at Leominster Care Home. These took the form of a 'Residents' Charter', and were displayed in the home. These values included, "To be looked after in a loving and supportive way", and "To feel safe and secure and to know somebody is always there." We saw that the charter had been discussed previously in a 'residents' meeting' and that people had led this process, and decided on the final charter.

The registered manager told us there was a commitment from them and their staff team to continually improve and to ensure people receive the best possible care. The home had recently won a carehome.co.uk Top 20 Care Home Award 2016. The carehome.co.uk Top 20 Care Home Awards highlight the most recommended care homes in each region of the UK. The awards are based on reviews and recommendations received from people living in homes, from their friends and family. The registered

manager and staff told us their aim was to become an "Outstanding" rated service by the Care Quality Commission (CQC).

The registered manager had established links with the local community for the benefit of people living at the home. A local arts council had recently completed a poetry project with people, which people told us they had enjoyed. There were links with local schools and school pupils regularly came to the home to visit people and spend time with them. The home was also a meeting point for the Carers' Association, and the venue for 'community bingo'.

We looked at how the registered manager and provider maintained oversight of the quality of care people received. We saw the registered manager and provider carried out a range of monthly audits, including of care plans, accident and incident reports, and medication. We saw that quality assurance measures were used to detect issues, as well as the underlying cause, and take the necessary steps to prevent a reoccurrence. For example, the medication audits had highlighted that staff were being disturbed by other members of staff when administering people's medicines, which had resulted in a medication error. As a result, the registered manager had reminded all staff of the importance of not disturbing staff; there had not been a reoccurrence of a medication error.

The registered manager had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.