

Runwood Homes Limited

Leatherland Lodge

Inspection report

Darenth Lane
South Ockenden
Essex
RM15 5LS

Tel: 01708853059

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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

About the service

Leatherland Lodge is a residential care home providing personal care for up to 48 older people, some of whom may be living with dementia. At the time of our inspection, 41 people were living at the service.

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

People's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare. Staff had been recruited safely and there were enough numbers of staff. Medication was dispensed by staff who had received training to do so. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

Staff received training and supervision to enable them to fulfil their roles and responsibilities. People were supported to maintain good health and access health care professionals. People were supported with their nutritional needs.

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; the policies and systems in the service supported this practice

People were supported by staff who were kind and caring and treated people with dignity and respect. People were supported to maintain links with their friends and families. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves.

Care plans were person centred and included information on people's preferences on how they wished to receive their care and support. People had access to a range of activities. There was an effective complaints system in place.

The registered manager operated an open and inclusive culture. Feedback was sought to drive improvements to the service and people, relatives and staff had the opportunity to be involved in the day to day running of the service. Staff felt supported and valued and enjoyed working at Leatherland Lodge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 April 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 safe.

Details are in our safe findings below.

Good ●

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 ●

Leatherland Lodge

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 team consisted of two inspectors, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Leatherland Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, five relatives and one health care professional about their experience of the care provided. We spoke with ten members of staff including the regional operations director, director of dementia services, registered manager, deputy manager, care team leaders, care workers, cook and kitchen assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. We looked at records relating to the management of the service. These included accidents and incident records, minutes of meetings and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received assurance from the registered manager that risks identified as part of our inspection had been sufficiently lessened.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained on how to identify signs of possible abuse or neglect and how to report and, if needed, escalate their concerns to external agencies. Staff confirmed they were confident to raise any safeguarding concerns.
- The registered manager had reported concerns to the local safeguarding team and CQC.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were regularly reviewed. This included risks to moving and handling, pressure ulcers and falls.
- Processes were in place to support people in emergency situations. This included personal emergency evacuation plans (PEEPs) and a business continuity plan.

Staffing and recruitment

- Staff feedback about staffing levels was generally positive. One member of staff said, "Staff here are good, we all work as a team even the [care team leaders] will come on the floor and help." However, one member of staff said, "We've never got enough staff. I feel now like I'm not doing the job I should be doing, it's all rush, rush, rush. You don't get the time with [people]. They're all individual, and everyone's needs are all different and they change day to day."
- The registered manager and regional operations director informed us, and records confirmed, they had recently reviewed and increased staffing levels, so each shift had an additional staff member available. Our observations during our visit were there were enough staff to meet people's needs.
- Safe recruitment systems were in place to ensure staff were suitable to provide safe care and support. This included obtaining references and undertaking checks with the Disclosure and Barring service (DBS). The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.
- Probationary periods and disciplinary policies supported the management of unsafe and ineffective staff conduct.
- No agency staff were used. This meant people received care and support from a consistent staff team.

Using medicines safely

- People's medicines were administered and managed safely.
- People received their prescribed medicines by staff who had received relevant training and had their on-going competency to administer medicines assessed. One person told us, "The tablets are on time and they don't run out. They stay and make sure I take them."

- We observed medicines being administered to people by a staff member who clearly knew people well and was sensitive to their individual needs.
- Regular audits of medicines were undertaken to ensure people received their medicines safely as prescribed.

Preventing and controlling infection

- Staff had received training in infection prevention and control.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. One member of staff said, "We have gloves, pad bags, aprons. The domestic lady will refill and re-stock everything."

Learning lessons when things go wrong

- Procedures were in place for the reporting of incidents and accidents.
- Where incidents had occurred, action had been taken to reduce the risk of reoccurrence. This included cascading information to the wider staff team.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into Leatherland Lodge and continued to be assessed and reviewed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported them to have a good quality life.
- Staff had access to a range of guidance documents to ensure care was delivered in line with best practice.

Staff support: induction, training, skills and experience

- Staff received an induction to the service. One member of staff told us, "[The induction] was good. I was given a booklet and shown where everything was. I had four days of induction and shadowed for three days."
- Staff received training to enable them to fulfil their role and responsibilities. One member of staff told us, "Training is refreshed every six months to a year. We can use a work lap top to do e- learning. I've just started an eight-week medication awareness course. After that I would like to do palliative care."
- Staff received supervision and told us they were able to speak with senior management if they needed any support or guidance. One member of staff said, "[Supervision] is useful because I'm aware of what I need to improve on and if there's positive feedback [on my performance]. [Registered manager] is approachable and I feel able to raise concerns."

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

- People were supported to maintain a balanced and healthy diet. Snacks and drinks were available to people throughout the day.
- People were consulted on menus and feedback was used to improve the quality of the mealtime experience. People were complimentary of the meals. Comments included, "Oh, the food is good. It's all local produce, hot meals and cakes. There's a choice and I think they would give you something else if you didn't like the choices." And, "Meals are hot and look nice and there's plenty of it. There's always a good main meal." A relative told us, "The food is lovely, it's always cooked fresh and they fill the plates up. [Person] wasn't eating at all, nothing. Staff sat with them and persevered every meal and they eat lovely now. They've put weight on. When [person] first came here they didn't fancy a roast, so they did them an omelette."
- Staff had the information they needed to support any special diets, people's weight was monitored for signs of changes and where necessary referrals were made for medical assessment.
- Where people required specialised diets, the service worked alongside the speech and language team (SALT).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with other healthcare professionals, for example, GPs, district nurses and social workers to achieve good outcomes for people.
- People were supported to access health professionals and to attend appointments. Where required, staff accompanied people to appointments. A relative told us, "The chiropodist has been in and the doctor comes straightaway if needed." Another relative told us how staff always contacted them if their family member was unwell.

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

- People were able to access all areas of the building. This included access to communal lounges, dining room and accessible garden.
- Areas of the home looked tired and worn. The registered manager advised us a plan was in place to redecorate the whole home. On the day of our inspection, the ground floor communal areas were being decorated.
- People's bedrooms were personalised according to their taste and choices, such as family photos.

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 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. 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 had received MCA training and understood the principles of the MCA.
- Staff consulted people about their care and supported them to make day to day decisions.
- Where required appropriate DoLS applications had been made. Where conditions had been applied on authorisations, these were being met.

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. This meant 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

- Staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment. One person told us, "Yes, as far as I know staff are kind and caring. I've never heard them to be irritable with anyone." A relative told us, "I've never felt I couldn't talk to the staff. If I'm worried or upset, they say 'we'll ring you' if there's a problem and they would." Another relative said, "I cannot fault this home one bit I highly recommend it. The staff are so caring, and I notice they know everyone's individual needs."
- People were supported to main relationships with their families and friends. This included support to 'face time' family members who lived abroad.
- People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs. We noted care planning documentation did not contain information about people's sexual orientation, for example if they were heterosexual, gay or lesbian. The registered manager confirmed to us people's diverse needs would always be respected and demonstrated when they had done this. They went on to say they would ensure this information is recorded in people's care records.
- Staff were trained in equality and diversity.

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

- People, and where appropriate their families, had been involved in the development, and on-going review, of their care plans. However, one person told us, "I know the care plan is there, but I've had no input." Another said, "Yes, I have a care plan, I've seen it. They check every day, have you got any sores or anything like that. They ask about what I like." Another person told us, "They asked if I wanted male carers and I said no so they don't come to me."
- The service held information on local advocacy services. An advocate supports people to express their views and wishes.
- There was a variety of systems to involve people and relatives in decisions about their home and their care. This included regular resident and relative meetings where people were encouraged to have a say on the day to day running of the home.
- Each person had an allocated keyworker who worked with them to ensure they had all the support they required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy. A relative told us, "Staff always knock and then come in. [Name] had a stomach bug and got in a mess. They were upset, and the carer cuddled and reassured

them saying 'that's what we're here for.'" A member of staff said, "I approach people in a respectful manner, using their preferred name, closing doors, giving privacy."

- Staff promoted people's independence and encouraged them to do as much as they could for themselves.
- People's confidentiality was respected, and care records were stored securely to protect their privacy.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support people. A staff member told us, "The deputy manager and care team leaders will update them. Any major concerns and changes are highlighted in handover."

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.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met. For example, one person had a hearing impairment. We observed staff following the person's care plan including speaking clearly in front of the person and writing things down to enable them to understand what was being communicated.
- The registered manager assured us they would ensure people had access to the information they needed in a format they could understand.

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

- A 'whole home approach' to well-being was taken. The service had recently implemented an initiative where staff, including senior staff, 'downed tools' and had one to one time for half an hour each morning.
- The service employed a well-being lead who was responsible for overseeing the activities programme. A range of activities were available for people to access both within the home and the local community. These included arts and crafts, quizzes, cheese and wine evenings, men's club, and day trips. A relative told us, "Every day [well-being lead] is doing some form of activity; cooking, going out, the garden. Crazy golf has been suggested out in the garden. I can also bring our dog in to see [name]."
- The service had recently won the provider's 'Blooming Marvellous Garden' award. People had been actively involved in this project. A photo book had been produced showing the work people had put into the development of the garden. We saw one person had commented, "It was nice to get back to my hobbies" Another had said, "I enjoyed being part of a team making something important."
- The service had a 'tablet of fun'. This was an interactive tablet used for communicating with friends and families. It also had a range of apps designed to increase cognitive stimulation. Feedback the service had

received about its use included, "Excellent use of technology, I can see and talk to my sister every day". A professional had commented, "The tablet of fun activity has had a massive impact, it's decreased [people's] anxiety, and it's improved their happiness."

- The service had forged strong links with other community groups who visited and engaged with people. This included visits from a local primary school and pre-school group. The registered manager told us this had had a positive impact on the well-being of people who looked forward to their visits.
- Throughout our inspection, staff demonstrated their commitment to ensuring people lived a fulfilled and good, quality of life.

Improving care quality in response to complaints or concerns

- There was an effective complaints system in place and people knew who to go to if they had a complaint.
- The registered manager encouraged people to voice concerns and viewed concerns and complaints as an effective tool to drive improvements, ensuring people received a responsive service.
- The registered manager held weekly 'open surgeries' which people, relatives and staff could access.

End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life.
- The registered manager informed us they would support people with end of life care and work with health care professionals such as the palliative care team, people and families to support good end of life care.
- Two people we spoke with were very complimentary about the end of life care their loved ones had received. One person told us, "[Name] was in hospital and kept saying to nurses 'I want to go home to my girls'. They wanted to finish their time here. [Deputy manager] sorted out everything so they could come back. They totally 100%, listened to [name], and honoured their every wish in the final chapter of their life." They went on to explain how they appreciated staff's ongoing support, they said, "If I have a day I am tearful I can come here, and staff will speak to me and give me a shoulder to cry on."
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although quality assurance systems were in place to monitor the service, we found some checks and audits were not robust. For example, the standard of cleanliness of the kitchen was poor and had not been picked up by the service's checks and audits. We discussed this with the registered manager and regional operations director. They took immediate steps to arrange a deep clean and rectify other issues we identified such as no fly screens on open windows and the external kitchen door and rusty weighing scales. The next day, following the inspection, they sent us photographic evidence of the deep clean. They assured us more rigorous checking of the kitchen environment would be undertaken daily by the management team.

- Whilst we found issues with some aspects of the quality assurance processes, we noted there had not been any significant impact on people living at Leatherland Lodge.
- People benefited from a staff team that worked together and understood their roles and responsibilities. They had handover meetings every day and were kept fully informed of people's changing care needs.
- Staff felt supported and valued and were complimentary of the support they received from both the registered manager and deputy manager who were always available for guidance and support.
- The registered manager was committed to continuous learning and driving improvements. They told us how they kept up to date with changes in the sector and attended training opportunities. They also attended the provider's managers meetings which enabled them to share best practice with managers of the provider's sister services to help improve the service people received.
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good sense of community at the service with people getting along together and we saw people laughing and joking with staff.
- Relatives told us there was a positive culture within the home and the registered manager was always visible and approachable. One relative said, "I had to fight to get [name] in here. I have recommended the home. I don't think you can get better care than here. There's no smell, it's spotless."
- The registered manager was open and transparent throughout our inspection and were committed to providing good quality care.

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

- People, relatives and staff were encouraged to contribute their views on an ongoing basis, informally and through surveys and meetings.
- Annual satisfaction surveys were conducted. The last 2018 survey showed people were happy with the care they received.
- The registered manager held regular staff meetings where staff were provided with information and guidance.

Continuous learning and improving care; Working in partnership with others

- The registered manager promoted person-centred, high-quality care and good outcomes for people, by working in partnership with other professionals to support safe care.
- The provider had quality assurance systems in place to assess and monitor the quality of service provision. Regular audits were completed on all aspects of the service and action plans were in place to work towards continual improvements.