

Bupa Care Homes (CFChomes) Limited

Leominster Care Home

Inspection report

44 Bargates
Leominster
Herefordshire
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Tel: 01568611800

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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: Leominster Care Home 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.

Leominster Care Home accommodates 48 people in one adapted building which is set over two floors. There were 40 people living at the home at the time of our inspection.

Rating at last inspection: At the last inspection the service was rated Good. The report was published 08 November 2016.

Why we inspected: This was a scheduled inspection based on the previous rating..

People's experience of using this service:

- People continued to tell us they felt safe and well supported.
- Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it.
- Potential risks to people had been identified and people had involved with decisions in how to reduce the risk of harm.
- There were enough staff on duty to keep people safe and meet their needs.
- People's medicines were managed and stored in a safe way.
- Safe practice was carried out to reduce the risk of infection.
- People's care continued to be assessed and reviewed with the person involved throughout.
- People were supported to have a healthy balanced diet and were given food they enjoyed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.
- Staff treated people as individuals and respected the choices they made.
- People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team.
- People were supported and encouraged to maintain their hobbies and interests.
- People had access to information about how to raise a complaint. Where complaints had been received, the provider had managed these in line with their policy.
- The registered manager was visible in the home, listened and responded to those who lived in the home

and the staff who worked there.

- The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Leominster Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a scheduled inspection.

Inspection team: One adult social care inspector.

Service and service type: Leominster Care Home 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 was an unannounced inspection.

What we did;

Before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

During inspection:

- We spoke with six people who used the service and one relative.
- We spoke with the activities co-ordinator and domestic staff member, four care staff, two nurses, the clinical lead, and the registered manager. We listened to the heads of department meeting which involved the chef, the maintenance person and the administrator so we could understand what was happening in the home that day. We also listened to the clinical risk meeting which involved the clinical lead and two nurses.

We looked at aspects of three people's care records and other records that related to people's care such as medication records, audits and other records about the management of the service.

After inspection: We spoke with the fire service. This was because during the inspection there were concerns with the server room which the registered manager was managing. The fire service visited the service and confirmed to us that measures in place were safe.

Is the service safe?

Our findings

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

At our last inspection, this key question was rated "Good". At this inspection, we found the provider had remained "Good".

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they continued to be kept safe by the staff who supported them.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager took action and reported safeguarding issues when these were identified.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong;

- Staff supported people in a way which kept them safe but maintained their independence. People shared examples of feeling safe as the building was secure and there were always staff to support them and answer their call bells.
- There was a very good communication system in place for ensuring consistent and timely care was delivered. Weekly clinical meetings were held during which those in attendance discussed people's health which may have declined to ensure risks were being managed, mitigated and reviewed.
- Care staff were aware of people's individual risks and how best to support them.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff communicated information about incidents and accidents. The registered manager and provider monitored these events to help prevent further occurrences.

Staffing;

- People told us there were enough staff on duty to meet their needs in a timely way.
- Staff told us there were sufficient numbers of staff on duty and that they had time to meet people's needs.
- The registered manager understood people's individual support needs and the staff skill mix required to keep people safe. They organised the staffing levels based upon people's individual needs and reviewed this regularly, or when people's care needs changed.

Preventing and controlling infection;

- People told us staff kept the home clean and the home was well kept.
- We saw the home was clean and smelt fresh. Staff understood the importance of infection control and we saw good practice within the home.
- Domestic staff had a rota they worked with to ensure each room was thoroughly cleaned regularly. They

told us they had the equipment they needed to do their job well.

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 "Good". At this inspection we found the rating remained "Good".

Good: 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; Staff support: induction, training, skills and experience;

- People told us they were involved in the assessment of their care from the beginning.
- The provider told us that this approach also meant they got to know the person better, whether they would be able to meet their needs, and whether other people living in the service wanted the person to live with them.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their needs.
- A relative told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.
- Staff shared examples of good practice that they had adopted. For example, where people required antibiotics due to an infection, care plans ran alongside their medicines chart, so nurses could monitor them closely and identify if antibiotics were working effectively.
- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- The provider was introducing a new process of competency assessments and spot checks to ensure staff were applying their skills and knowledge in the right way. The first part of staff assessments had taken place around manual handling and personal care. The registered manager confirmed that any shortfalls would then be picked up in additional training and support.
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as dementia care.

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

- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. People told us they enjoyed the food and the dining experience.
- We spent time with people during their lunch time meal and saw this was a positive experience for people. Where people required assistance, this was done respectfully.
- Staff monitored people's weight to ensure this remained stable. Where people were losing weight, the nurses took prompt action to address this to ensure people were having enough nutrition to keep them healthy.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who

required a softer diet. A nurse told us they had had additional training in dysphagia (swallowing difficulties) and would complete assessments of people's care. We saw in one person's care records where staff had reported a concern, they had been promptly assessed and the consistency of drinks had been altered. Staff reported that the person was doing well on the thickened fluids. Where people required a soft diet and sometimes requested to eat a 'normal diet' the risks had been discussed with the person to ensure they understood.

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

- People told us they saw their doctor if needed or at a weekly round. People told us they were supported to attend health appointments, opticians and dental appointments, so they would remain well and the chiropodist was visiting people on the day of our visit.
- People told us staff promptly helped them to see their GPs if they were unwell.
- Nurses had upskilled their clinical training and knowledge to ensure people received timely assessments and care interventions. Nurses told us they had identified some people experienced delays of assessments for example in skin and wound care and safe eating and drinking and upskilling themselves meant people received timely care and treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Nurses, clinical leads and the registered manager understood and applied the Mental Capacity Act principles in the way they supported people. However, while care staff were up to date with this aspect of training, most care staff we spoke with did not have sound knowledge of how this might affect the way they support people. The registered manager told us that they were in a transitional phase of implementing the knowledge and competency check in this area, and care staff would soon be having this competency check. The registered manager told us that any gaps in knowledge would be addressed through further training.
- The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment. Where it was deemed people lacked capacity authorisations had been requested and where these had been granted nursing staff understood how individuals were to be supported.

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 "Good". At this inspection we found the rating remained "Good".

Good: 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 complimentary about the service they received. One person said, "I love it here. I get on very well with everyone." People told us they felt part of a community and supported each other.
- A relative told us, "It's tremendous here. It's good to know [person's name] is well looked after."
- We found the atmosphere in the home to be calm and relaxed. We heard conversations between people and staff were friendly and supportive. One person told us how they enjoyed a "good banter with staff". From listening to conversations between all staff and people it was clear that they knew people well and what was important to them.

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

- People had opportunities to be involved in their care, through care review meetings, resident meetings or speaking with staff on an ad-hoc basis. People told us they felt comfortable discussing their care with staff and gave examples of changes following conversations.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence;

- People told us they were treated in a dignified and respectful way and we saw staff were always respectful towards them.
- A relative told us their family member were treated well by staff and their privacy was maintained.
- Staff told us they respected the person's privacy by ensuring information about their care and support was only shared with their consent.
- We saw all staff supported people in a dignified way, and respected and promoted their privacy.
- People's confidential information was securely stored, to promote 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 "Good". At this inspection we found the rating remained "Good".

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;

- People continued to be involved in the planning of their care from the beginning and their needs continued to be met. People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- People's care needs were reviewed regularly and any changes in care were identified through assessments and monitoring. Staff knew people well and recognised when they were 'not themselves' so that future action could be taken.
- People had good health outcomes. For example, one person who came into the home with pressure sores had prompt and consistent care which meant their pressure sores improved.
- Staff told us, and we saw there was a good level of information about people's needs and preferences. We saw care plans were detailed and people and a relative told us that staff always kept daily records up to date.
- Staff told us they had a detailed handover and were aware of any changes to people's care and support since their last shift.
- People's care needs were continually reviewed and assessed to ensure the care provided was in line with the person's support needs and wishes.
- People told us they were supported to maintain their hobbies and interests and enjoyed the activities within the home. People spoke with pride about the 'Leominster in Bloom' prize the town had won the previous year and were looking forward to knitting flowers and designing displays for this year's event. Other activities took place in the home, such as card games, exercise classes, and pet therapy which people told us, and we saw they enjoyed. People told us they were supported to continue to practice their faith. The activities co-ordinator told us that one-to-one support was also given to those who wanted to have a chat.
- We saw trips had been planned over the summer months and people told us they were looking forward to the boat trip that was taking place in a few days' time. Staff told us they volunteered to support people on outings to ensure this did not impact of the staffing levels to support people within the home. They said this also meant that they could spend the day out and was not restricted to shift times.
- Children from the local nursery visited people to have lunch with them. People we spoke with told us they enjoyed this opportunity while staff told us that it brought interesting conversations to people's meal time experience.
- People had the opportunity to spend time in their rooms if they wished, and there was a room available for quieter activities, such as reading or board games. People had a selection of books to read from the library within the home, and where people required audio books staff supported them to get these.
- The registered manager told us that the quiet room was set up as a 'sleep room' at night with blankets and

pillows for people to spend time during the night if they had trouble sleeping.

Improving care quality in response to complaints or concerns;

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and the relative told us they knew how to raise a complaint if they needed to but were very happy with the service provided.
- Where the provider had received complaints, these had been investigated and responded to in line with the providers complaints policy.

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 our last inspection, this key question was rated "Good". At this inspection, we found they remained "Good".

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People knew the registered manager well, and felt they listened and were responsive to their requests.
- People told us they felt involved in the running of the service. They told us they had resident meetings where they discussed matters that were important to them. People told us that any issues raised were responded to.
- These meetings also kept people up to date with any changes in the home, such as new staff who were starting. From the minutes of the last meeting we saw that people were satisfied with the service, and while they had the opportunity to suggest improvements people were content with how the service was run.
- People felt the service was well run, by a management team who cared. People and relatives had confidence in the service provided, with a relative saying, "I 100% trust them, that they look after [the person] well. I cannot fault the place and I would recommend [them]."
- Staff confirmed they had regular meetings to discuss any changes and felt they were kept up to date with matters in the home. All staff we spoke with were happy with the way the service was run. They expressed to us how proud they were to work at Leominster Care Home and the positive outcomes they achieved for people.
- Staff felt valued and appreciated for the work they did and how this promoted a culture where staff would do 'the extra mile' to support people who lived in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others;

- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw that communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- Staff were clear of their roles and responsibilities and were given the opportunities to hold additional responsibilities and lead roles, such as infection control. The registered manager told us they had a stable 'heads of department' team who were experienced in their roles. They told us that they had a core group of stable care staff team which provided consistency of care for people.
- Management staff were clear about their roles. They monitored performance of staff through supervisions, spot checks of staff practice and sharing information in team meetings to ensure all staff were consistent in

their approach to the care and support provided.

- Daily heads of department meetings and daily walk arounds by the registered manager meant that those in the leadership roles were aware of what was happening within the home, to address any concerns or issues promptly.
- Where concerns had been raised by the nurses regarding medicine stock arriving from the pharmacy, the registered manager was able to work with the provider to improve this service.
- Call bell waiting times were monitored daily and weekly, and we saw delays in answering bells were minimal. Where these did occur, the clinical lead investigated the reasons as to why, to enable them to put measures in place to reduce the risk of this from happening again.
- Quality surveys returned to the registered manager from people and their relatives were positive with no comments or suggestions for improvement. The registered manager further encouraged people 's ideas and comments though adopting an open-door policy and making a 'suggestions box' available to them.
- The provider completed their own checks and audits of the service. The actions identified were minimal, but where actions were needed we saw the registered manager was completing these, such as keeping staff up to date with their training in food hygiene.