New Century Care (Leolyn) Limited

Leolyn Care Home

Inspection report

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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

Leolyn Care Home provides accommodation and nursing care for up to 34 older people who require nursing care. The top floor of the home is a designated unit for up to seven people living with a dementia type illness. On the days of our inspection there were 21 people living in Leolyn Care Home.

Leolyn Care Home is owned by New Century Care Limited and has six other homes in the South East. Accommodation was provided over three floors, with a further lower ground floor with a passenger lift that provided level access to all parts of the home. People spoke well of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of Leolyn Care Home.

There was not a registered manager in post. The registered manager left the organisation in September 2015. A manager was recruited and came in to post in March 2016 and are awaiting the disclosure and barring check. They have submitted their application to be registered as manager at Leolyn Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection at Leolyn Care Home 10 and 13 April 2015. Breaches of Regulation were found and Leolyn Care Home was rated as inadequate. A further inspection was undertaken on 15 and 16 October 2015 to follow up on whether the required actions had been taken to address the breaches identified. We found that the breaches of regulation had been met but needed additional time to be embedded in to everyday care delivery and Leolyn Care Home therefore was rated as requires improvement.

This unannounced comprehensive inspection was carried out on the 18 and 22 November 2016 to see if the improvements had been sustained. We found that the improvements had been sustained.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made.
Medicines were stored safely and securely so that only those authorised to do so were able to access them. However our review of the medicine administration records (MAR) charts found a number of gaps in the signatories of medicines being administered.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider continues to actively seek new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people moved into the home. We found however that staff deployment in the communal areas was not always consistent during the inspection.

The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs. All staff had attended safeguarding training. Staff demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and the CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe

Care plans reflected people's assessed level of care needs and care delivery was based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking and moving and handling. For example, cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. Staff had received training in end of life care supported by the organisations pastoral team. There were systems in place for the management of medicines and people received their medicines in a safe way.

Nurses were involved in writing people's care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said care staff were being supported to do this and additional training was on-going. Food and fluid charts were completed and showed people were supported to have a nutritious diet.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were complimentary about the caring nature of the staff. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities, music sessions and meal times and were seen to enjoy the atmosphere and stimulation.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the whole day, seven days a week and was in line with people's preferences and interests.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good;

the r manager was always available and, they would be happy to talk to them if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Leolyn Care home was not consistently safe. Whist medicines were stored and administered safely, the recording and the risk of non -administration of medicines needed to be improved.

There were enough staff to meet people's individual needs but deployment of staff to ensure peoples safety in communal areas needed to be improved.

Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased. Comprehensive staff recruitment procedures were followed.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Good

Leolyn Care Home was effective. People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

Staff had a good understanding of people's care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Is the service caring?

Good

Leolyn Care Home was caring. Each person's care plan was

individualised. They included information about what was important to the individual and their preferences for staff support.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good

Leolyn Care Home was responsive. People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.
The opportunity for social activity was available should people wish to participate.

Is the service well-led?

Good

Leolyn Care home was well led. Strong and calm management was visible within the home and staff felt supported within their roles. Systems were in place to obtain the views of people, visitors and healthcare professionals. The manager was committed to making on-going improvements in care delivery within the home, striving for excellence.

There was an open culture, and people and quality care were at the heart of the service.

Staff were well motivated, worked as a team and wanted to make sure they supported people in a caring and person centred way.

There were systems in place to monitor the quality of the service and any areas for improvement identified were dealt with quickly.

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Leolyn 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 checked 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 home, and to provide a rating for the home under the Care Act 2014.

We visited the home on the 18 and 22 November 2016. This was an unannounced inspection undertaken by an inspector.

During the inspection, we spoke with 14 people who lived at the home, three relatives, eight care staff, two registered nurses, two cooks, the area manager, the manager and the activity co-ordinators. We also contacted external health professionals, such as a GP and speech and language therapists to gain their views of the service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) on the 22 November 2016. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also used communication aids that people themselves used, to communicate with them.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at seven care plans and associated risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Leolyn Care

Home This is when we looked at people's care documentation in depth and obtained their views on how they found living at Leolyn Care home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Leolyn Care home. One person told us, I feel very lucky, safe and secure living here." Another person said, "I have no concerns, I'm happy and safe here." Relatives said, "The staff are very good, they make sure people are safe, even when they want to walk around." Another relative told us their family member was safe and settled and they did not worry about their safety. Staff expressed a strong commitment to providing care in a safe and secure environment.

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a Medicine Administration Chart (MAR) chart. We reviewed MAR charts and found a number of gaps in the signatories of medicines being administered. The manager told us they would address this immediately by undertaking a thorough internal audit and that they would also approach the pharmacy provider to undertake an audit. We also noted that one person was consistently refusing their medicines. Over a three week period they had refused their essential medicines 13 times. We were told this had been reported to the GP for advice but not recorded as to what actions staff should do to monitor the health issues that may arise for the person not receiving their medication . Staff therefore had not reflected on the health risk that the omission of medicines may have on that individual. It was also not clear of the reasons for the refusals and the reason not documented on the rear of the MAR chart. So whilst medicine administration practices for the majority of people were safe, there were some areas to improve further to totally mitigate the risk to people.

Stock levels were checked when new supplies were delivered from the pharmacy and recorded on people's individual MAR charts. Between these times, registered nurses checked the stock levels to ensure people received their medicines in line with the GP instructions. When staff gave people their medicine they explained to people what the medicine was for. Staff were mindful of noting any changes in people's health that may be linked to a change in their medicines, such as sleeping more. There were protocols in place for when people took medicine which was taken 'as and when required' (PRN). For example pain relief medicines.

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the manager would be dealt with straight away. A staff member told us how they had raised concerns in the past and felt confident in doing so. They also said if they felt uncertain about anything they witnessed they would question practice and then report if it was unsafe. This meant people were supported by staff who recognised the signs of potential abuse and how to minimise the risk of people coming to any harm.

During our inspection sufficient numbers of staff were on duty to safely meet the needs of people living in the home. The staffing levels meant staff were always available to people, to assist and support as necessary. Staff sat and wrote up daily records whilst sitting and chatting with people in communal areas.

There were times when staff and the activity co-ordinators were not visible in the lower communal areas but this was due to lack of communication between staff rather than insufficient staff. People had call pedants with them so those that could, could ring for assistance at any time. One person told us, "I ring if I need someone and they always respond pretty quickly." Another person said, "Staff are good, sometimes though when it's busy I do have to wait, but I understand that there's other people that need help as well as me."

Recruitment processes were safe. We found staff records included application forms, confirmation of identity and of the person's right to work. The recruitment process included a thorough interview and the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Risks to people's safety were assessed before they came into the service. Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. example, continence care was identified and a plan of action for staff to follow such as regular visits to the bathrooms and application of topical creams was in place. care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure damage.. There were no people with pressure damage or pressures sores.

We observed safe transfers (people being supported to move from a wheelchair to armchair with the support of appropriate equipment). Transfers showed that staff were mindful of the person's safety and well-being. Staff offered support and reassurance and people told us they felt safe whilst being moved by staff. One person said, "I trust them to keep me safe." People's care documentation and risk assessments reflected the lifting equipment and size of sling to be used. People had their own personal sling which reduced the risk of cross infection.

Systems were in place to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks, low bed and a sensor mat. Audits were carried out on the accident/incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with safeguarding policies.

People were supported to be as independent as possible, balancing any potential risk against the person maintaining their level of independence, such as using electrical kitchen appliances in their room and going out independently.

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the lift, fire fighting equipment, lifting and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. People had personal emergency evacuation plans (PEEPs) which detailed their needs should there be a need to evacuate in an emergency. Staff had received regular fire training and evacuation training. Staff told us they felt confident they would be able to manage an

emergency situation and talked of the organisational on call systems in place.

Good

Is the service effective?

Our findings

People and relatives had confidence in the skills and abilities of the staff employed at Leolyn Care Home. One person told us, "They know what they are doing." Another person said, "I see the doctor regularly and the chiropodist also visits." One visitor said, "The staff seem good, they inform me of appointments and let me know if X (name) is unwell." Feedback from visiting health care professionals was positive about the staff and said, "They ask for advice and follow it." People were complimentary about the food and how they were provided with choice and variety. Comments included, "Nice food, plenty of choice and always tasty," and "Hot and usually good, not always my type of food but I enjoy it."

People's needs were met by staff who had access to the training required to support people safely and effectively. Training records confirmed that staff received mandatory training as set by the provider. This included Safeguarding of Vulnerable Adults, Mental Capacity, Moving and Handling practice, the Safe Administration and Management of Medicines and Food Hygiene. More specific training was based around people's individual needs such as stroke care, diabetes care and dementia awareness. Staff told us they were made aware of when their training was due for an update and the training programme evidenced staff undertook such training.

The provider used different methods of learning. This was to ensure it met the learning style of the member of staff and to improve the effectiveness of the training delivered. For example, practical moving and handling training. Other practical learning sessions were devised around the fundamental standards of care and these were based in the home. Learning from observations was also included as was electronic based training and training books. The manager told us they also gained valuable insight into health conditions from the visiting professionals to the home. Staff told us they felt the training undertaken really helped them to develop their skills and abilities.

The management team organised all staff training and worked with staff regularly to underpin what was needed in the training sessions. These sessions contributed towards staff supervisions by giving staff and the registered manager an opportunity to share and reflect on their practice Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed a National Vocational Qualification in Care -Level 2 and 3. We all complete mandatory training." Staff received on-going support and professional development to assist them to develop in their roles. Supervision schedules and staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. Feedback from staff and the manager confirmed that formal systems of staff development, including an annual appraisal was undertaken.

Staffused their training to assist them in their roles within the home. For example, staff assisted people with their meals in a way that ensured they were maximizing their independence, but assisting discretely. We also observed people moving people safely throughout the inspections in hoists and wheelchairs. We saw staff communicate with people by using different techniques displaying empathy and patience.

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 so that they can 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).

During this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for authorisations of a deprivation of liberty had been made to the supervisory body. The manager explained that four applications had been granted, however, they continued to follow up those applications which were still awaiting assessment.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where decisions were made by someone other than the person, details or a copy of the appropriate documents were held by the provider to validate the decision making process was lawful. People and relatives told us they were involved in every aspect of care such as, during their care review or on a day to day basis especially if care and support needs had changed. Staff were clear around their responsibility in ensuring people had a voice regarding their care and support.

People commented they regularly saw the GP and relatives felt staff were effective in responding to people's changing needs. One relative told us, "The staff know what they are doing, everybody is involved in the care as well as doctors." Staff recognised people's health needs could change rapidly and some people may not be able to communicate if they felt unwell. One staff member told us, "As we know our residents well, we pick up quickly when they are not well, if they are unusually sleepy, confused or not as bright as they normally are." A nurse told us told us that if "Someone was having problems swallowing we contact the GP and ask for the speech and language therapist to visit. People told us they had access to chiropodists, dentists, dieticians, opticians and psychologists. People were also supported with attending appointments to hospital.

Records and discussion with staff confirmed that staff had developed links to communicate effectively and co-ordinate a multi-disciplinary approach to care. For example, specialist advice was sought from dementia care specialists who supported staff in providing tailored support to people who could exhibit behaviour that may challenge staff and other people. Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

We spoke with the chef and other staff who were knowledgeable about people's preferences and individual nutritional needs. This included a wide range of diets such as, offering finger foods, pureed meals, diabetic controlled diets to any vegetarian preferences and dishes based upon culture and faith beliefs. People told us about the 'lovely smells' which came from the kitchen and that they always enjoyed their meals. On both days of the inspection we found this to be the case.

People's dietary needs and preferences were recorded in their care plans and the cook kept a record of people's likes and dislikes. If required, monitoring charts for food and fluids were in place to ensure staff could monitor people's nutrition and hydration. We found some inconsistencies in the quality of fluid recording and this was addressed immediately by the introduction of a guidance chart in people's room diaries. Drinks were offered to people throughout the day and they could request a snack if they wished.

Fruit was also readily available. Each day there was a choice of a hot cooked meal at lunch time and a hot meal at tea time. People were also offered supper. Breakfast was either a cooked one or as most people told us, they preferred cereals, porridge, fruit and toast. Snacks were available throughout the day with lots of tea breaks with biscuits or cake.

People chose where they wished to eat. There was a dining room where tables were attractively set and it was a pleasant welcoming environment. At present this was not used by many people. Some people told us they preferred to eat in their room apart from on special occasions. Other people were supported to eat by staff in quiet lounges. The manager said it varied from day to day on who chose to eat in the dining room but were having special themed meal days to encourage people to join in.

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During the lunch time staff were considerate to people's wishes, asking what dish they would like, how much and what drink they would like. Staff asked permission to place an apron on the person to protect their clothes before doing so. They also asked people if they would like help with cutting up their meal to bite sized pieces which were more manageable for them. When staff supported people to eat their meal, this was done at the person's level and eye contact was made. Comments from staff included asking "Is that nice?" and "It is a little bit hot, shall we wait a little while?" Following the mid-day meal there was little food returned. The cook said that staff always told the kitchen staff if someone was not eating or had refused. The cook said there were other options then offered such as scrambled eggs.

The manager said, "The kitchen staff and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy. The cook told us staff kept the kitchen informed of any changes to peoples' dietary needs and also told the kitchen staff of people who needed their food fortified.

Good

Is the service caring?

Our findings

Positive and caring relationships had formed between people and their families with the staff who work at Leolyn Care Home. People, their families and health and social care professionals were complimentary about the caring and compassionate nature of the staff. People told us "The staff are wonderful, very caring", "They [the staff] can't do enough for me, they are always ready with a kind word if I'm feeling a bit low" and "This is a home from home for me because of the staff". A family member told us their relative was loved and well cared for and respected. Other comments included, "Our [loved one] is very happy here, the staff are so patient and tolerant and the care couldn't be better. I have never heard a cross word from any member of Staff."

Health and social care professionals who visited the home said that the staff were knowledgeable of the people they cared for and were respectful towards people. One Health professional said, "The staff always introduce us to the person we are visiting and ensure that they are ready for us." Another said, "Very polite and respectful staff."

People were consulted with and encouraged to make decisions about their care. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support. People told us they felt listened to. One person said, "They ask me my thoughts on things to do with my health and make sure I know what is happening." Another person said, "The staff keep me informed of appointments, they ask me if I'm happy with the support I get. I never worry because I can make my decisions." A relative told us, "They ask us for suggestions and keep us well informed." Staff supported people and encouraged them where they were able to be as independent as possible. Another relative said, "X (name) doesn't have capacity to make decisions, but the staff encourage X to make choices." The manager told us, "People are supported to do what they want when they want."

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed that they were involved in discussions about care plans and changes to the care delivery. One visitor said, "So caring not just to my loved one but to me as well." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them."

Peoples individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. Rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. One person said having their precious bits of furniture and furnishings has made it their home, "The maintenance found me a shelf unit for my books, hung my paintings and found me a coffee table, so kind." People were supported to live their life in the way they wanted. One person told us, "I am happy in my room, I have all my things around me, my photos and bits and pieces." Another told us, "I can do what I want to and they support me and are always ready for a chat."

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking. Two people we spoke with wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the manager would always listen to their point of view and explain if things could not be done. The manager told us, "We support people to do what they want, it's their right." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. Staff ensured that people's modesty was protected when assisting them in personal care in communal areas. One person was moved with an electric hoist. An electrical hoist moves people who are unable to move themselves. This was done with great care and the staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained during this manoeuvre.

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received. People were fond of the care staff. One person said, "They really care here, we are lucky, very lucky," another said, "They're all nice and they look after us well." A visitor said, "It might not be large and brand new but its lovely here, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported. We discussed with staff how they supported people who were nearing their end of life. Staff told us of training they had had in end of life care which included mouth care, positioning and spending time ensuring they were comfortable and not in pain. One staff member said, "We try to spend as much time as possible with them, so they are not alone, pain control is really important and we would monitor for facial changes and breathing changes." This showed us that staff were compassionate and displayed empathy with the people they cared for. We were told that that once the staff team is established that the Gold Standard framework will be introduced for all staff. The Gold Standards Framework gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. Staff spoke of the importance to ensure the support of the hospice should they require it.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are all lovely." Another said, "I help staff sometimes, collect the post, it makes me happy to be useful and they are kind enough to let me."

Care records were stored securely in a lockable cupboard on the lower floor where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

The manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, no problems."

Good

Is the service responsive?

Our findings

It was clear staff knew people well and were able to explain the background of the person such as, what work the person had done, where they had lived, the people who were important to them and their personalities and sense of humour. A member of staff told us "X has such a lovely sense of humour and a wonderful smile". One person told us "I like living here and the staff are wonderful. They really understand my sense of humour, when I pull their leg, they pull mine and we have a really good laugh about it".

People were supported by staff who understood their individual needs and preferences. Each person's individual file held comprehensive information around their care and support needs to guide staff. People's needs had been assessed before they moved into the home. The manager said if people wanted to move into the home their needs were assessed. This ensured they could provide the care and support they needed, and to ensure their admission to the home would not affect the wellbeing and health of other people resident at the time. One person told us their relative had chosen Leolyn Care Home on their behalf and they said they were, "Really happy, it's a nice place to live." Three relatives told us their family member had been assessed before they moved in, to make sure they could provide the support they needed and, they had visited the home to ensure it was appropriate. One relative said, "There has been teething problems, and we have had meetings to discuss them and sort out how to go forward."

The assessments had been used to develop the care plans and the trained nurses had reviewed and updated these so that they included all the relevant information and guidance for staff to follow to meet people's needs. The care plans demonstrated the staff had a good understanding of people's needs, including the way they communicated and their behaviour, with guidance for staff to follow. They showed if people were independent or needed assistance with regard to all aspects of the support and care provided. For example, washing and dressing, eating and drinking and moving around the home. Risk assessments specific to people's personal choices, such as making tea and coffee in their room were completed and guidance was in place to enable people to continue with their choices safely. If a person's behaviour challenged their own and other people's safety there was guidance in the care plans for staff to identify triggers, reassure the person and use distraction to reduce the risks.

People and relatives said they had been involved in the care plan reviews and had signed the care plans to support this. The manager said they would be sending out letters to invite relatives or people's representatives to be involved in the care plan reviews if they wanted to, to evidence that they were able to do so if they wished.

Staff said the care plans were very clear and they had read them, but on a day to day basis they relied on the handover at the beginning of each shift. One staff member used a small notebook to record any changes in people's needs, visitors to the home including health and social care professionals and telephone calls. They said, "I have a good record of what has happened and I can look back to check up on something if I need to." We were told that this was a new idea and that the organisation supplied notebooks and other staff told us they were planning to do this as well, "So that I don't forget anything." Records were kept of appointments by health professionals, family visits and other information like birthdays in the daily records

book and diary.

People were positive about the activities provided, each person had their own preferences and staff supported them to do group and individual activities. External entertainers visited the home regularly, these included Pet Pals and musicians and, the activity staff said they were actively looking for additional ideas. Relatives said the activities were flexible and depended on how people felt each day. They told us, "Staff ask people what they want to do each afternoon." "Some people like to watch TV while they are having their meals, the news is very popular at tea time" and, "Some people are not really interested in joining in anymore." One person said, "I don't really want to join in, but I watch what is going on."

Group and individual activities were offered on both days of the inspection. One person sang along with a member of staff while other people sat watching, listening and tapping their toes to the music. The hairdresser visited weekly and staff spent time with people doing manicures and putting on nail varnish of their choice. The activity staff spent time with people in their rooms. The records for people on the dementia unit identified that activities and one to one sessions were not working at this time. Many entries stated 'asleep so not disturbed'. We discussed this with the management team and found that they had identified this and an experienced co-ordinator from another home was coming to support the activity team. One activity co-ordinator told us she was fairly new to the post and was brimming with ideas, such as therapeutic sensory. They told us of baking sessions which had proved to be successful and more sessions were planned. One person loved gardening and this had been encouraged and that the green house was used regularly by that person.
The organisation were currently decorating and updating the environment of Leolyn Care Home. People had been asked their opinion and involved in the changes. It was acknowledged that there was still work to be done to the dementia unit as it was not dementia friendly and lacked usable communal areas. A sensory room had been created but was not being used to fulfil its purpose at this time. Staff said it was because the people on the unit were very frail physically and mentally. The area manager and manager shared their plans for improvement and this was seen as a positive move.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely had any complaints, and the manager kept a record of complaints and the action taken to investigate them. Those we viewed had been addressed in line with the provider's policies. People told us they did not have anything to complain about, and relatives said they had when they had concerns they would talk to the manager or the staff. One visitor said that when they had complained, meetings had been arranged so they could talk face to face.

Good

Is the service well-led?

Our findings

From our discussions with people, relatives, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on meeting the needs of people living at Leolyn Care Home. People said the manager was always available and they could talk to them at any time. Relatives said the management of the home was good, they could talk to the manager when they needed to and staff were always very helpful. A relative said, "The home seems to be well managed, there has been a lot of changes and things have picked up, especially the environment and the staff seem happier." Another visitor said, "The staff are lovely, very caring and people are safe." A staff member said, "We talk to people and their relatives all the time and we keep up with what is going on through the staff as well."

The manager had informed CQC, through notifications, of any changes that had occurred with the support and care provided in the home and the impact this may have on people. For example, we were informed of accidents and incidents, including the actions taken by the provider to prevent re-occurrences.

Quality monitoring systems had been developed and sustained over the past year. The manager checked and analysed incidents, accidents, pressure damage, weight loss and complaints. The overview was on a spread sheet that was then submitted monthly to the providers senior management. This had been in place for one month. ere were systems in place to audit the MAR charts and care plans, including mental capacity assessments and changes that were made in line with people's needs. The MAR chart audit had been started but had not been fully completed as they were only two days in to the new cycle of medicines and so the gaps and refusals had not yet been identified and followed up.

Improvements made since the last inspections had been sustained and staff were proud of what they has accomplished. One staff member said, "We have come a long way and we continue to improve and give really good care to our residents." another said, "Its been hard work but it really a lovely place to work now."

There was evidence of annual audits of the home's policies and procedures. Satisfaction surveys for people living at the home and their relatives, as well as staff surveys were used to collect feedback about the support and care provided and the results were made available to people, relatives and staff. People, relatives and staff said they were asked to put forward suggestions about improving the support provided and felt involved in developing the service. Processes were still being embedded which meant there was no clear evidence to show how effective they were. Although action had been taken when improvements had been identified such as menu changes and environmental improvements.

Staff said the manager had an open door policy and staff and people were able to go to talk to them at any time. The manager was in the home, available for people and staff, and involved with the provision of care and support, throughout the inspection. Staff said they had confidence in the management of the home and they were encouraged to make suggestions about how to improve the service.

Staff had a clear understanding of their roles and were confident they were able to provide the support and

care people needed and wanted. There were clear lines of accountability and staff were aware of their colleague's role on each shift. One staff told us, "We support different people each day, so we get to know everyone very well." Each shift was flexible in terms of the allocation of support provided by staff and, this depended on how people felt each day and what they wanted to do. Staff said they worked very well together as a team.

The manager told us about their philosophy of care and said they had developed a system that was based on meeting the needs of each person, providing the care and support they needed in a way that they wanted it. If people wanted to do an activity they could, there were no specific times for people to get up or going to bed, and meal times to a certain extent were flexible, so that people could have their meal when they wanted to. Staff provided care based on people's choices and preferences and involved them in decisions about all aspects of the support they received.