1st Care (UK) Limited

Leen Valley Care Home

Inspection report

3 Nottingham Road
Hucknall
Nottinghamshire
NG15 7QN

Tel: 01159640400

Date of inspection visit:
09 August 2016

Date of publication:
14 September 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

At our last inspection of Leen Valley Care Home on 30 July 2015 we found people who used the service were not always protected from the risk of abuse and safe recruitment practices were not always followed. This was a breach of Regulations 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan in August 2015 saying they had made the required improvements. We undertook this comprehensive inspection to confirm that the provider now met the legal requirements in relation to breaches of regulation we found. We found the registered provider had made the improvements they said they would and were no longer in breach of these regulations.

We inspected the service on 9 August 2016. The inspection was unannounced. Leen Valley Care Home is registered to accommodate up to 36 people. The home has two floors with a passenger lift for people to access the upper floor. On the day of our inspection seventeen people were using the service.

The service did not have a registered manager in place at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People were not always supported by enough staff to ensure they received care and support when they needed it. People did not always receive their medicines as prescribed.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff treated them with kindness and listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

People were not always given enough opportunity to follow their hobbies and interests and could not be assured that if they raised concerns these would be resolved.

People were involved in giving their views on how the service was run and there were systems in place to

monitor and improve the quality of the service provided.

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

The service was not consistently safe.

People did not always receive their medicines as prescribed.

There were not always enough staff to provide care and support to people when they needed it.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff treated them with kindness and respected their choices. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity

Is the service responsive?

Requires Improvement

The service was not always responsive.

People could not be assured that complaints made would be resolved to their satisfaction.

People were not given enough opportunity to follow their hobbies and interests.

People were involved in the planning and reviewing of their care.

Is the service well-led?

Good

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Leen Valley Care Home

Detailed findings

Background to this inspection

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

We inspected the service on 9 August 2016. The inspection was unannounced. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. 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.

During the visit we spoke with eight people who used the service. Some people who used the service had limited verbal communication and so we also relied on observations and spoke with the relatives of three people to get their views. We also spoke with a visiting health and social care professional who had recent involvement with three people who used the service.

We spoke with three members of support staff, the acting manager, an area manager and the registered provider. We looked at the care records of four people who used the service, medicines records of ten people, staff training records and a range of records relating to the running of the service including audits carried out by the acting manager and registered provider.

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.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of Leen Valley Care Home on 30 July 2015 we found people who used the service were not always protected from the risk of abuse because the registered provider had not shared information with the local authority and the police when they should have. We asked the provider to send us an action plan telling us what improvements they planned to make. They sent us an action plan in August 2015 saying they had made the required improvements.

We found at our inspection on 9 August 2016 that the registered provider had improved the systems in relation to protecting people from the risk of harm. People told us they felt safe and felt confident to approach staff with any concerns. One person told us, "I had falls before I came here and my family were worrying about me but the staff reassure me and I feel much better about moving around than I did." A relative told us, 'I miss having [relation] at home but I'm happy that [relation] is safe here."

We saw that incidents were recorded and were analysed by the acting manager to ensure all necessary action had been taken and where appropriate information was shared with the local authority. Notifications received from the service showed the registered provider was taking appropriate action following incidents in the service.

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. Staff also knew how to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. This meant there were systems in place to protect people from the risk of harm.

At our last inspection of Leen Valley Care Home on 30 July 2015 we found people who used the service were not always protected from the risk of being cared for by unsuitable staff because the registered provider had not followed safe recruitment practice. We asked the provider to send us an action plan telling us what improvements they planned to make. They sent us an action in August 2015 saying they had made the required improvements.

We found at our inspection on 9 August 2016 that the registered provider had improved their recruitment process and had taken steps to protect people from staff who may not be fit and safe to support them. We checked the records of three staff recruited since our last inspection and the records showed that before these staff were employed the registered provider had carried out checks to determine if they were of good character. The registered provider had also requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People did not always receive the care and support they needed in a timely way. Although most people we spoke with told us they felt there were enough staff to support them, one person raised concerns about how

staff were deployed. They described the small extension on the main lounge and said, "The carers don't come in here very often. If any of the ladies need the lavatory they have to shout across to one of the gentlemen who has a buzzer to ask for somebody to come and help them. It's not very nice having to tell everybody you need the loo."

Additionally we observed occasions when people were not given the support they needed in a timely manner. We saw that one person was sitting in a wheelchair when we entered the dining room at 10am. The footplates were not on the wheelchair which left the person in an uncomfortable position as their feet did not touch the floor. They remained there for almost two hours, at which point they were taken out of the dining room. The person was returned to the dining room for lunch half an hour later, still in the wheelchair. This person was at risk of developing pressure ulcers and being seated in a wheelchair for this amount of time may increase that risk.

The acting manager told us in the PIR that a dependency tool was used to assess how many staff were needed in the service. We were told there was currently a need for three care staff during the day, supported by the acting manager. However, staff we spoke with said they felt there was not always enough staff to support people. One member of staff told us they felt there were enough staff to support people with their personal care but there was rarely time to spend talking to people and engaging them in activities. There were a number of people who needed two staff to support them with personal care and this left one member of staff to support the other people and the staff member told us this resulted in people sometimes having to wait. Another member of staff told us there was not always a cook on duty in the afternoon and care staff needed to prepare and serve the evening meal. We saw a relative had also commented on staffing levels at a recent relatives meeting and had commented that sometimes they 'didn't see staff for ages' when they were visiting.

People had been assessed as needing support to administer their own medicines and so relied on staff to do this for them. Prior to our visit we received information of concern about a person who had not received their medicines when they should and this had been investigated by the local authority. We discussed this with the acting manager and they had made changes to the medicines systems to reduce the likelihood of this type of error occurring again. We looked at the medicines management in the service and found that there had been one occasion when a person had not received their weekly dose of a medicine when they should. The acting manager was aware of this and said that as the medicine needed to be given at the same time each week, staff had not given the medicine when the error was noticed and so this dose had been omitted. However the guidance for this medicine specified that if a dose was missed it should be taken once this was recognised and the administration day adjusted to meet the weekly dose.

We found the rest of the medicines storage and administration was being managed safely. Staff were following safe protocols, for example by completing stock checks of medicines and ensuring medicines were being stored safely. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

People we spoke with told us that staff gave them their medicines when they were supposed to and they were happy with how staff managed their medicines. One person said, "The staff bring me my tablets every day."

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, one person was at high risk of falling from bed and steps had been taken to minimise the risk of this. A specialist lower bed with bed rails had been put in place and the risks associated with the bed rails were being assessed regularly. People's needs in relation to how they mobilised in the service was also

assessed and planned for to ensure staff were giving them the right level of support. We observed staff supporting a person to mobilise using a piece of equipment and we saw they followed safe practice.

People were living in a safe, well maintained environment. Essential safety checks were carried out, such as fire safety and the risks of legionella. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service. People's care plans included a personal evacuation plan to give staff information on what support people would need in the event of an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who were given training in how to support people safely. People who used the service and relatives told us they felt staff were competent and well supported. One relative told us, "The ones (staff) that are here do seem to be well trained."

The acting manager told us in the PIR that staff were trained to meet the health and social needs of people who used the service and that this training was ongoing to ensure staff skills and knowledge was current. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely.

We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Staff told us they felt they needed training in relation to supporting people who sometimes expressed themselves through behaviour due to living with a dementia related illness. We spoke with the acting manager about this and they told us this had already been addressed and the area manager was arranging training sessions for staff.

People were cared for by staff who were supported to gain the skills and knowledge they needed when they first started working in the service. New staff were given an induction before they started caring for people and this included completing the care certificate. The care certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and the acting manager confirmed this in the PIR.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. People told us that they are able to make their own decisions. One person told us, "I get up when I want and I go to bed when I want. Everything I do is up to me." Another person told us, "If don't want to sit in the lounge I can go and stay in my own room. I love my room. I love to watch the birds through the window." We saw that where people had the capacity to consent to aspects of their care and support they had signed consent forms which were kept in their care plans.

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 were supported by staff who had knowledge and understanding of the MCA. Both staff we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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.

The registered manager had made applications for DoLS where appropriate. For example, one person who lived with a dementia related illness kept trying to leave the service but was unable to due to risks to their wellbeing. There was an up to date DoLS authorisation in place for this person.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to avoid this and to respond in the least restrictive way. There were plans in place informing staff of how people's behaviour should be responded to and what may trigger the behaviour. Although staff had not yet been given training in relation to responding to behaviour using least restrictive methods the staff we spoke with had an understanding of people's behaviour and how best to support them. The acting manager told us this training was being arranged via the area manager.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and that they enjoyed what they were offered. One person said, "We get good plain cooking which is what I like. Teatime is really good because we get a good choice of sandwiches or poached eggs on toast." Another person said, "We can have beans on toast or tomatoes and sometimes we have kippers for a change. Then there is always a nice cake to follow." We observed lunch and saw the meal looked appetising and nutritious. People were supported to eat when this was needed and the cook had a good knowledge of people's individual needs and preferences.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw staff had noted when one person had lost weight and they had sought advice from the person's GP. This person had been placed on supplementary food to boost their calorie intake and we saw staff were giving these appropriately. Staff were also recording what the person ate so that their nutritional intake could be monitored. Another person had been assessed as needing a specialist diet and we saw guidance was recorded in the person's care plan and we observed the person was given the specialist diet on the day we visited.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. Staff ensured people had access to their GP, optician and chiropodist. One person told us, "When I'm poorly, they bring the doctor and they let my daughter know as well. It's never a problem because the doctor will come to anybody who needs help."

Staff sought advice from external professionals when people's health and support needs changed. We spoke with a visiting health professional and they told us they visited the service regularly to support staff with the health needs of three people. The visiting professional told us they felt staff were proactive in seeking health

care advice and implemented any recommended actions. We saw there was a range of external health professionals involved in people's care, such as physio therapists and the Speech and Language Team (SALT).

Good

Is the service caring?

Our findings

People told us that the staff were kind to them. One person said, "They (staff) are marvellous. Nothing is too much trouble for them." Relatives and a visiting health professional told us they felt that staff were kind to people.

We observed warm interactions between staff and people who used the service. We saw one person who was distressed and a member of staff quickly went to the person and gave reassurance and we saw this reassured the person and they became calm. We observed a member of staff supporting a person to eat their meal and we saw they were very kind to the person, sitting close chatting to the person throughout the meal.

People we spoke with told us they got to make choices about their daily lives. For example, people chose when and where they ate, how they spent their time and what activities they did. People told us there was a choice of hot meals and alternative options at lunchtime. We observed people's choices were respected on the day of our visit. We saw one person who said they did not want to go for lunch when they were asked and staff respected this choice.

Records showed that activities and food menus were discussed at meetings held for people who used the service. Meal tasting sessions had been held to enable people to try new food and if these were enjoyed they were added to the menu. People completed feedback forms following the sessions to comment on which food they had enjoyed.

A number of improvements had been made to the service to provide a more homely and attractive environment for people to live. This included different lounge areas for people to choose from which had been refurbished to create attractive and comfortable seating areas. Corridors had been upgraded to provide an environment which would support people living with a dementia related illness to orientate themselves, with different colours to separate areas and sensory boards to stimulate touch. The acting manager was in the process of creating memory boxes on the walls outside people's bedrooms to further assist people with orientation and stimulation. The registered provider told us they had plans to refurbish the dining areas to provide a more homely environment and this would be designed to create a more positive dining experience such as the provision of table menus and tables for smaller groups of people.

The garden area had also been improved to create a pleasant accessible area for people to enjoy and there was a raised flower bed which people told us they had recently used to do some gardening. There was also a 'seaside' area with deck chairs. This work had been undertaken by a relative of a person who used to live in the service and the acting manager told us the relative found this therapeutic as they wished to continue their involvement in the service. People described a recent event in the service which had been held in the garden and people told us they had enjoyed this immensely.

The acting manager told us that no-one was currently using an independent advocate to support them with decision making. There was advocacy information displayed to inform people about advocacy services. This

meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful. We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect.

The acting manager told us in the PIR that staff were given training in privacy and dignity values. Two members of staff were dignity champions and told us as part of this role they carried out observations of staff to ensure they were working to the values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and were able to give examples of how they would support people in a dignified way.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with knew what to do if they had any concerns and felt they would be listened to. However people could not always be assured their concerns would be responded to appropriately. One relative had made a complaint to the registered provider prior to our visit and they told us they did not feel their complaint had been responded to appropriately. We looked at the complaint which had been raised and also at the investigation and response from the registered provider. Records showed the complaint had been investigated and changes made to minimise the risk of a further complaint of this nature. However, the registered provider had not accepted any responsibility for the role they played in the error which led to the complaint. This had left the relative feeling dissatisfied with the response.

Additionally the registered provider had not dealt with the complaint in a timely way or in line with the timescales set out in their complaints procedure. The provider's complaints policy stated that all complaints would be acknowledged within five days and within 28 days the registered provider would be in a position to provide an explanation. Records showed the registered provider had not responded to the complaint within the timescale set out in the policy. Another relative we spoke with told us they felt they could raise concerns but when they had, they didn't feel they had been listened to.

Staff we spoke with knew what to do if a concern was raised and understood the need to record it and escalate the information to the management team. We saw that all concerns, whether minor or more significant were appropriately recorded and the registered provider told us they used the records to assess any trends in concerns raised so that changes could be made in the service. We saw some concerns had been raised about missing laundry and the registered provider had held a meeting with people who used the service and their relatives to discuss this and to explore ideas for improving this. There was a complaints procedure on display informing people how they should raise concerns and how the concerns would be dealt with.

People's care and support was not planned in a person centred way, in that some of the support plans were generic and lacked detail which would be important to the individual. For example, we saw from one of the care plans that the name had been changed on a generic plan in relation to a person's behaviour but the gender had not been changed to reflect the gender of the person. This showed that care plans were not written in a person centred way.

Additionally there was a lack of meaningful information to show that the care had been planned for the individual it was intended for. For example, in the care plan of one person staff had written in relation to the person's religious and cultural needs, 'The home celebrates all religious festivals and will invite [person] to attend.' There was no information on what the person's religion was or what support they needed to follow their religion, if any.

We saw people's care was reviewed in a holistic way each month and the review detailed how the person had been in relation to their health and wellbeing and any changes which had occurred. People and their relatives were involved in discussions about the review. One relative told us, "They keep me informed as well

about my relative so even if I've not been able to get in, they always let me know if [relative] is a bit off colour. [Relative] has been much happier since they moved in."

People's care plans contained information on how staff should support them in relation to risks such as developing a pressure ulcer. For example, two people were at risk of developing a pressure ulcer and there was guidance for staff on how to prevent this such as supporting the person to change position and checking their skin regularly. Records showed staff were following the guidance and there was also equipment in place which was being maintained.

People told us they felt there was a lack of regular opportunity for them to follow their hobbies and interests. One person told us, "There is not much going on." Two people told us they played dominoes and cards but they have agreed that between themselves without the support from staff. During our visit we saw one person doing crossword puzzles by themselves but there were no planned activities or opportunities for people to get involved in things which interested them.

There was no activities coordinator employed and staff were supporting people to access activities, however these were limited to the times when staff were available to do this. Staff we spoke with told us they did not get many opportunities to sit and spend time with people. The acting manager told us this had been recognized and there was an additional member of staff starting work in the service imminently and that they felt this would increase the opportunity for people to be provided with activities.

There had been a recent garden party to raise funds for activities and trips out. People spoke about this event and how much they had enjoyed it. One person said, "I did the tombola and we had a raffle. It was good." The acting manager told us that other events had raised funds which had recently been spent on a trip to Blackpool and an in-house pantomime. People also described their enjoyment of external entertainers who visited the service. One person told us, "We sometimes have entertainers coming in and we have had somebody doing exercises with big rubber bands. We all enjoyed that and hope he comes again."

Good

Is the service well-led?

Our findings

There was no registered manager in post. Since we last inspected the registered manager had left the service. However, the provider had taken steps to have a registered manager in place and had promoted a senior member of staff into the acting manager role and at the time of the inspection the acting manager told us they were taking steps to apply to register with us.

People we spoke with commented positively on the acting manager and said they were a visible presence and were approachable and helpful. We observed the acting manager interacting with people who used the service and saw the interactions were positive with people clearly feeling comfortable to approach the acting manager. One relative told us, "The (acting) manager is really good. Things are improving. Everything is out in the open. Nothing is kept hidden which is reassuring." Another relative told us, "This place is really good. It's a complete open door." A visiting health professional told us they felt the acting manager knew the needs of people who used the service and was proactive in ensuring their health care needs were responded to.

The registered provider was notifying us of significant events in the service. One recent notification had not been submitted but when we pointed this out the notification was immediately sent to us. The registered provider told us they had been working hard to include staff in the running of the service and to make them feel valued and motivated. This included a new 'employee of the month' scheme where a member of staff would be recognised for their achievements. A 'kindness' board had also been designed for staff, people who used the service and relatives to carry out a kind act for one another and then write a note on what they had done.

We observed staff working well as a team. They communicated well with each other and appeared motivated in the work they were undertaking. A visiting health professional commented positively on the team of staff, led by the acting manager and said they were always helpful and professional. Staff we spoke with told us the registered provider and the acting manager were open and approachable. They told us they felt they could raise concerns if they needed to and felt they would be listened to. Staff were also given the opportunity to have a say about the service during regular staff meetings and the opportunity to complete a survey every six months.

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say. We saw that feedback forms were sent to people who used the service and their relatives annually and these had recently been sent out and the registered provider told us that once they were received back they would be analysed to see if any changes needed to be made to the service. We saw there was also a comments box in the reception of the service to encourage people to post suggestions for improvements in the service.

People could be confident that the quality of the service would be monitored because there were systems in

place to check the quality and safety of the service. We saw that the acting manager carried out regular audits in relation to accidents and incidents in the service to assess if any action was needed. These were also being used to analyse if there were any trends to assess if any changes needed to be made in relation to the support people needed. For example, one person, who was at risk of developing infections, had fallen and the fall had triggered the acting manager to undertake a test to see if the fall had been a result of an infection.

The registered provider oversaw the running of the service and undertook frequent visits to support the acting manager and to carry out audits. We saw the reports from the most recent visits from the registered provider and saw they had discussions with people who used the service to get their views of how they felt the service was performing. They also spoke with staff and carried out observations of staff practice. The audits covered a range of areas of the service including the environment, food quality and staff recruitment. We saw the audits had been successful in identifying areas which required improvement and as part of the visits the registered provider was measuring the improvement plan to ensure actions were addressed.