

Abbeyfield Buckinghamshire Society Limited  
(The)

# The Leonard Pulham Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

The Leonard Pulham Nursing home providing personal and nursing care to 34 older people. At the time of the inspection 30 people were residing in the service. The service is purpose built over two floors. People share facilities such as the lounge and dining areas.

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

People told us they felt safe living in the service. Improvements had been made to the how the service assessed and monitored risks related to care and the environment. Staff recruitment systems minimised the possibility of employees providing unsafe care to people. Medicines were safely stored and administered by trained staff. Systems were in place to ensure the service was safe.

People's needs were assessed, and the environment was clean and well maintained. People were supported to enjoy their meals and their nutrition and hydration was monitored to enable people to remain healthy.

Staff were supported through training, supervision and appraisals as well as team meetings and daily staff meetings. Supervision wasn't provided as regularly as the provider had wished, but this was being addressed by the recruitment of additional senior staff.

Staff were "Kind and caring." Most people were happy to spend time with staff and interactions we observed were overall positive, meaningful, and respectful. We did observe one incident where a person who was unwell did not have their needs met in a timely way, but this was not the norm. This was because in addition to this incident people were not always offered a choice of what time they went to bed and got up in the morning.

Some people, relatives and staff told us there were not enough staff. The registered manager disputed this. We could find no evidence to support the concern apart from our observation that staff were very busy throughout the time we spent in the service. The registered manager agreed to explore people's concerns more thoroughly.

People's cultural, religious and dietary needs were acknowledged and where possible met. People's preferences and dislikes were documented, however, more detail about people's personal histories would assist staff to have a more holistic understanding of people.

The service supported people with communication and was compliant with the Accessible Information Standards. Accidents and incidents were clearly recorded, and investigations were undertaken to ensure the risk of repetition was minimised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The new management in the service had implemented audits to check the quality of the service, these had been completed and actions had been taken to improve the provision of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (28 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Leonard Pulham Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# The Leonard Pulham Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two nurse specialist advisors, an Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Leonard Pulham Nursing 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 16 people and four relatives and two friends of people living in the service. We spoke with the registered manager and the deputy manager, three nurses, three health care assistants and the maintenance worker. We received assistance from the administrative staff. A trustee from the board of trustee's joined us for feedback at the end of each day.

We reviewed nine people's care plans and 11 people's medicines records.

We examined four staff recruitment records. We reviewed the training, supervision and appraisal records for the care staff team. Additional documents we viewed included safeguarding notifications, minutes of meetings with staff, and incident reports amongst others. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at documents which we requested which included mental capacity assessments, duty of candour policy and a risk assessment.

# Is the service safe?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management; staffing and recruitment

At the last inspection in December 2018 the provider had failed to provide person centred care. This was a breach of Regulation 9 (Person Centred Care and Regulation). During this inspection we found improvements had been made.

- Out of the people we spoke with six people, two relatives and two staff told us there were not enough staff. One person commented, "No, there are not enough staff on duty, it is very clear there are not enough they are always rushed. You often hear the staff talking about the shortage themselves, they are doing their best I suppose, we just have to be accepting."
- Two people told us they had experienced incontinence whilst waiting for staff to take them to the toilet. A third person told us "A lot of us wear pads now so the immediate emergency is less apparent". We checked call bell records for three people who complained, records showed they were responded to quickly. A staff member told us "I wish I had more time to sit and just have a chat, but we can get really busy especially during meal times and personal care".
- The registered manager was surprised by the comments of people. They told us they would be speaking with people to find out what the issues were, as they did not agree there were insufficient staff numbers. The dependency tool used to calculate the staff numbers showed they were overstaffed.
- The inspection team observed staff rushing around, but we could not find any evidence to suggest people's needs were not being met due to a shortage of staff.
- During the previous inspection concerns were identified with the lack of monitoring and up to date information in care plans and risk assessments. During this inspection we found this had improved. Records all appeared clear and easy to read, risk assessments and care plans were in place for all activities of daily living.
- Systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. Where there were gaps in candidate's previous employment histories these were explored and recorded.
- Checks were completed on the environment and equipment by external contractors such as the fire system. Gas and electricity services were monitored and maintained by specialist contractors. Fire equipment was maintained and tested to ensure it would be fit for purpose in an emergency.

### Using medicines safely

- During the previous inspection in December 2018 there were concerns about the lack of recording by staff when administering topical creams and lotions. During this inspection we found this area had improved. The topical creams were in date and the opening date was recorded. We reviewed the audits of the medicine administration records (MAR) sheet which were checked at the end of each shift by the nurse in charge.
- Where people required assistance with medicines these were administered by trained staff. Medicines were stored securely, and only appropriately trained staff had access to them. We undertook checks to ensure the storage, administration and records related to medicines were safe. The Medication Administration Record (MAR) charts were up to date and properly maintained.

#### Learning lessons when things go wrong

During our previous inspection in December 2018 we were concerned about the lack of management oversight of records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

- Accidents and incidents were clearly recorded, and investigations were undertaken to ensure the risk of repetition was minimised. Audits confirmed the action taken was appropriate. Reflective meetings demonstrated a learning culture which allowed staff to share good practice and learn from mistakes.

#### Preventing and controlling infection

- People and staff were protected from infections through regular cleaning. Staff received training and understood the requirement to use personal protective equipment such as gloves and aprons when supporting people with personal care. Food was stored safely in the kitchen area.

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

- Systems were in place to respond to concerns of abuse. Staff were trained and understood what actions they needed to take to protect people from abuse. Safeguarding concerns raised in the service had been dealt with appropriately.
- The provider had a safeguarding adults policy and procedures and staff were aware of this. The staff understood the different types of abuse, how to recognise these and what to do should they witness any poor practice.
- The registered manager and deputy manager planned to attend advanced safeguarding training to enhance their knowledge and skills.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection we found the provider failed to act in accordance with the Mental Capacity Act 2005 and its code of practice. Where restrictions were placed upon people's actions, authorisation had not always been sought. During this inspection we found improvements had been made.

- Mental capacity assessments had been completed for people, however these covered multiple decisions. We discussed with the registered manager how these needed to be decision specific. Following the inspection, we were sent copies of decision specific assessments.
- Where people were deemed not to be able to make their own decisions, records demonstrated best interest decisions were made on their behalf. Where restrictions were in place, applications had been made to the local authority for authorisation. Staff demonstrated a good understanding of the MCA and DoLS and gave clear examples of how people were supported in line with the Act.

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

- A pre-admission assessment was completed for each person prior to moving into the home. This enabled the registered manager and staff to determine if they had the resources to meet people's individual needs before care commenced. From the assessment care plans and risk assessments were drawn up. These instructed staff on how people wished to be cared for and any associated risks with the provision of care.

Staff support: induction, training, skills and experience

- Staff received support through training, supervision, appraisals, staff meetings and from the day to day presence of senior staff. Staff told us they felt supported by the registered manager. Comments from one staff member "I get supervision from the manager and if I have any issues I can talk to my manager or the nurse."
- The provider's supervision policy stated each staff member should receive formal supervision at least six times per year. We could see from the supervision matrix this had not been happening. We discussed this with the registered manager. They told us they had been focussing on providing appraisals for staff, and now the deputy manager was in post, the rate of supervisions for staff would increase.

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

- Where people required assistance by staff to eat and drink this was provided. They could choose what they ate and drank. Specialised crockery was provided to assist people who had difficulties managing the food on their plate or drinking.
- People who had swallowing difficulties were catered for effectively. Staff could contact the speech and language therapist (SALT) for advice and staff were trained to effectively use fluid thickener. (Fluid thickener reduces the risk of people choking.)
- People's comments about the food were mixed, one person told us "You do get a choice at every mealtime, I didn't think I was in favour when I plucked up the courage to say I wouldn't mind having fish tails sometimes rather than fish and chips but to my surprise they arranged for me to have fish tails". Another person told us "The food is alright, I wouldn't rate it higher than that."
- People appeared to enjoy the food they were served at lunchtime. Additional snacks and drinks were provided throughout the rest of the day.

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

- Specialist professionals and agencies were involved, where required, in the lives and care of some of the people living in the service. For example, some people were funded by the local authority.
- People who had specialist health needs for example, diabetes or visual impairments received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs.

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

- People had their own bedrooms which they were able to personalise to their own taste. Signage had been placed around the home to direct people. This had been placed at eye level to assist people who used wheelchairs.
- The day of Inspection saw bright, and sunny weather. The building had a lot of glass and this allowed the interior to be bright and light. There were well maintained gardens to the rear of the service.
- A lift enabled people to access all areas of the home. Where specific moving and handling equipment was required including hoists, wheelchairs and adapted shower chairs and baths, these were available.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now or remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed and received mixed feedback about people's experience of the support provided. For example, we observed one person who told staff they did not feel well. Four staff approached the person, one staff member twice, before the person was given the attention they required by a nurse. We discussed this with the manager who told us they would follow this up. We later checked on this person and found them in bed and looking and feeling better.
- People told us they were not always able to make decisions about what time they went to bed or got up in the mornings. Comments included "They (staff) say when I go to bed, but I go with it. It is a frustration, but it is not a problem".
- One person's relative told us how they had met with the staff to ensure the person's care plan reflected the person's wishes.
- Care plans reflected people's preferences in areas such as food and drinks. Catering staff spoke with people about their preferences and these were recorded. Meetings that involved people in the home allowed people to share their views and ideas for how the service could be improved. Where best interest meetings were held people's, representatives advocated on their behalf.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People had positive relationships with staff. We observed people were relaxed and were seen to be laughing and joking with staff. Staff were kind and caring towards people and used appropriate eye contact and touch when encouraging people with a task such as eating their meal.
- Staff addressed people by their preferred names. Staff respected people's choice for privacy and independence and we noted some people preferred not to join others in communal areas but liked to stay in their rooms or move around the home as they wished.
- One person told us staff were kind and caring. They commented "They do knock the door before coming in, they are not bad at that". However, a member of the inspection team was speaking with people in their rooms, and on several occasions, staff entered without first knocking on the door.
- Staff supported people's independence as much as possible by encouraging them to manage as many aspects of their own care that they could.
- People had care plans which reflected their religious requirements. One person was supported to attend church each week. A visiting vicar visited the home and provided services to people. The registered manager told us of how they had supported a person with their faith, to attend a place of worship of their choice in London.

who was a Muslim was supported by staff to arrange a visit to a mosque of their choice in London.

- People's diverse needs had been identified and where possible had been met. One person had a vegan diet. The head of catering told us "We are trying to educate and encourage them that the vegan food choices these days are a lot wider than they realize or has been used to previously." We saw their dietary needs were being explored with them and met.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection in December 2018 we found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management of the service failed to ensure care plans and risk assessments were monitored regularly.

During this inspection we found sufficient evidence to demonstrate improvements had been made and they were no longer in breach of this regulation.

- There were a variety of care plans and risk assessments in place that recognised people's needs these recorded the provision required to help keep them safe. There were a wide range of assessment tools and care plans in place to mitigate risk. The information in these documents was up to date, accurate and was being monitored regularly.
- People's preferences and dislikes were documented, however, more detail about people's personal histories would assist staff to have a more holistic understanding of people. Daily records were recorded and used to define whether care was appropriately being carried out or not.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS. People who had sensory losses such as a hearing loss or sight loss, had equipment to assist them to communicate with others. The service used white boards to communicate with people who could not hear clearly, along with hearing aids if these were used by people.
- A relative of a person who had a significant hearing loss told us "They (staff) have learned and mum has learned how to show them how they can communicate, and they have all made her feel more confident... They still leave her door open, so she can sense that normal life is going on outside". This protected the person from social isolation.
- For another person who had a visual impairment instead of a standard call bell, they had a large coloured button that they could press to summon assistance they also had a phone with large buttons, to enable them to remain as independent as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- In the morning we observed a "Knitting Club" activity. In practice few residents now knit, this event was more of a low-key chat session with around ten people seated in a circle. A couple of the people were very keen crossword and word puzzle fans and there was some mutual interest, help and support for these people to enable them to complete their puzzle games.
- In the afternoon there was a flower arranging activity. Several ladies and one male resident produced bouquets and neat arrangements. People appeared to enjoy the activities on offer to them.
- An activity organizer planned activities for and with people. One person told us "We do have an occasional outing or trip out from the Home to the theatre in Aylesbury, we go to the big Garden Centre in Wendover". A volunteer, who had previously been employed in the service told us they visited every week to support people with activities and general be-friending. This assisted people not to feel socially isolated and part of the community within the service.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. A complaints log was kept which recorded the nature of the complaint and what action was taken to remedy the situation if this was required. From the records we could see complaints were dealt with in a timely way. When appropriate, information was shared with staff to encourage learning.

End of life care and support

- Staff received training in End of life care. On the first day of the inspection we spoke with two relatives of a person who was nearing the end of their life. They were very impressed with the way all the Leonard Pulham staff had cared for them and their family member. They told us "They phone us up to update us, they rang at 6.50 am this morning for instance to tell us she was comfortable, all was fine and there was nothing to worry about".
- Staff left written notes and sent text messages to the relatives, they told us the communication was reassuring to them. They said there had been no restrictions on the times they had visited. They told us "This week both she and we have been wrapped up in love, compassion and care and respect, they still care and talk to her and tell her what they are doing even though she cannot hear them, they talk gently and touch her softly".
- The person died on the second day of the inspection. We observed the gratitude shown to staff by the person's relatives. The person's needs and preferences had been met which brought comfort to all involved.
- People were consulted about their end of life "Last wishes ". These were recorded in people's care plans. People's end of life needs were assessed, and equipment and anticipatory medicines were in place to ensure people were kept as comfortable as possible.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the previous inspection in December 2018 we had concerns because the management of the service failed to notify the Commission of certain events that had occurred within the service. This was a breach of Regulation 15 (Notice of changes) of the Care Quality Commission (Registration) Regulations 2009. There were also repeated breaches of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and they were no longer in breach of these regulations.

- During the inspection we checked whether the provider had notified us of all relevant incidents and concerns. We found this to be the case. Since the previous inspection the service had a registered manager in place. The registered manager had worked hard to make improvements to the service to ensure they delivered safe, effective and responsive care for people.
- At the last inspection we found there was a lack of management oversight which included a lack of quality assurance. During this inspection we found several audits had been completed these included areas such as personal care provision, health and safety, infection control, medicines and the environment, amongst others.
- Changes had been made to the systems of working to ensure improvements were made to the care provided. For example, each day a meeting was held, to discuss what had gone well and what had not gone well. It gave staff the opportunity to reflect on their practice, seek advice and ensure changes were made when necessary.
- One relative told us "[Registered manager] has made a visible difference since she came here, standards have increased...and communications have improved" Staff told us things had improved in a short period of time. The registered manager was described as "Supportive and approachable."
- During our feedback session with the registered manager it was acknowledged that improvement had been made since the last inspection. However, more work was now needed to build on the foundations that had been put in place. One staff told us "I know there is still some way to go, but we are improving. I am proud to work here." Another told us "We are a good home, we are getting better. It runs well because we care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we made a recommendation the provider found out more about training for staff on meeting the required regulations namely Regulation 20 (Duty of Candour) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements.

- Training had been planned for staff on the duty of candour. Through discussions with the registered manager and the deputy manager it was evident they understood the requirements of the regulation. No incidents had occurred that necessitated a duty of candour notification.
- The provider had a Duty of Candour policy which clearly outlined the legal and ethical obligations of the regulation.

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

- Staff received training in equality and diversity. There was a plan in place to offer training to staff in sexuality and relationships, this was aimed to help staff to respond to situations in a considered and respectful way. The training planned to include supporting people in same sex relationships.
- There was a diverse workforce, it appeared staff and people living in the service were all treated equally.
- Care plans reflected people's cultural and religious needs. People's preferences were documented so staff could provide care in an appropriate way. People and their relatives were able to feedback to the staff and management at any time about the care being provided. Meetings had been held with people, staff and relatives to inform people of changes and to encourage involvement and comments on the care being provided in the service. Minutes of meetings reflected this.

Working in partnership with others

- We were aware the service has worked with the CCG pharmacy team, and the local authority to achieve the changes and improvement to the service since the last inspection in December 2019, where advice had been given this had been taken on board.
- Records provided evidence of joint working with the mental health team, speech and language therapist, and dietitians. This ensured people's health was maintained and where possible improved upon.
- Photographs around the service displayed pictures of people who had participated in a tea party and entertainment hosted by their neighbours on the RAF base. Children from the local school visited the service throughout the year. This enabled the service to be part of the local community.