

Leeming Bar Limited

# Leeming Bar Grange Care Home

## Inspection report

Leeming Lane, Northallerton DL7 9AU  
Tel: 01677 425594

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We carried out this unannounced inspection on the 2 and 5 March 2015. We last inspected this service in July 2013.

Leeming Bar Grange provides residential care for up to 60 people who have a dementia type diagnosis. The service is provided in a purpose built building located in Leeming, with open countryside views, secure private gardens and a large car park.

Leeming Bar Grange has recently been taken over by Brighterkind. Brighterkind is a part of Four Seasons Health Care group of companies.

The home had a registered manager in place and they had been in post as manager since June 2014. 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.

# Summary of findings

People living at the service received good care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the care they received and said that they felt safe.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified.

Staff understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents had highlighted that the majority of falls happened between eight and nine am and four and five pm. The registered manager had arranged for more staff to be on duty at these times and the number of incidents had decreased.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

We found that medicines were stored and administered appropriately. We found handwritten entries were not double signed. Any handwritten entries should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used. Records around "when required" (PRN) medicines and covert medicines needed further information ( covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and

drink). For example one PRN record said Lorazepam to be administered when required, but there was no record of why this medicine would be required, the covert medicine said can be administered covertly but did not explain how.

We looked at the storage and administration of drugs liable to misuse called controlled drugs. We saw these were stored and recorded safely.

We saw that the service was clean and tidy and there was plenty of personal protection equipment (PPE) available. The head housekeeper was the infection control lead and they showed us evidence of audits and schedules they kept.

The registered manager had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Care plans provided evidence of access to healthcare professionals and services. At the time of our inspection care plans were being transferred to Brighterkind care plans. We found these to have little or no information on peoples lives, they were repetitive and had information that was not relevant to the person such as altered states of unconsciousness for someone who was active, alert and mobile.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met.

The services training chart highlighted that not all staff had received training that would support them to increase their knowledge to ensure people's individual needs were met

Staff had not received regular supervisions and appraisals to monitor their performance. The registered manager was aware of this and had put a supervision and appraisal timetable in place.

# Summary of findings

Staff were supported by their manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints. Although the outcome of a complaint was not documented nor were minor concerns.

We saw safety checks and certificates that had been completed within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

We found the provider was breaching a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service provided a safe environment for people who used the service and staff. Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Assessments were undertaken to identify risks to people using the service and others. Plans were in place to manage these risks and protect people using the service.

Medicines were stored securely and administered appropriately. There was work to be done to provide more detail around PRN and covert medication.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Good



### Is the service effective?

The service requires improvement to become effective.

Staff were not able to update their skills through regular training in required topics such as dementia. Supervisions and appraisals were not taking place.

People were supported to have their nutritional needs met and were provided with choice.

The registered manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Requires Improvement



### Is the service caring?

The service was caring.

People who used the service were supported by the staff and had built positive, kind, gentle and caring relationships with them.

People's privacy and dignity was respected by staff.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service responsive?

This service was responsive.

Good



# Summary of findings

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed. The new files lacked person centred information as well as including information that was not relevant to the person.

People had access to activities daily and the activity coordinators were continuously looking for new activities to promote.

We saw that meetings were held with people who used the service and their relatives. A complaints process was in place although no outcome was documented and minor concerns were not documented.

## Is the service well-led?

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring. Incidents were notified to the Care Quality Commission as required.

The registered manager needed to work on how they reviewed practices at the service to ensure the quality of service provision, and monitor the support provided to people that used the service.

Good



# Leeming Bar Grange 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.

This inspection took place on the 3 and 5 March 2015 and was unannounced.'

The inspection team consisted of one adult social care 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. The expert by experience had experience in caring for older people living with dementia.

Before our inspection, we reviewed the information we held about the service. We looked at notifications that had been submitted by the service. This information was reviewed and used to assist with our inspection.

The provider was asked to complete 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 10 people who used the service, the registered manager, deputy managers, two team leaders, four care staff, the head housekeeper, the cook, one activity coordinator and a host. We also spoke with three relatives of a people who used the service and five healthcare professionals (three social care assessors, one pharmacist and a falls prevention practitioner). We undertook general observations and reviewed relevant records. These included five people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "I have never felt unsafe." Another person said, "I am happy, being safe makes me feel at ease and happy."

Relatives we spoke had no concerns about the safety of their loved ones. One relative we spoke with said, "I feel she is very safe, I feel confident that she is here and I have no worries at all."

Staff we spoke with said, "Yes people are safe, we know about hazards." Another staff member said, "People are safe, doors are always locked at night and they are never left on their own."

The service provided a safe and secure environment to people who used the service and staff. There were staff visible in all areas at all times and constant interaction and support was given. The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff said, "I would have no worries taking it further, we are here to protect the people who live here."

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

People who used the service were encouraged to stay mobile and appropriate safe handling techniques were being used to hoist people or assist them to their feet. One person who used the service had a sensor fitted to their bed or chair when they were in their room alone so that staff were alerted when they moved and could quickly respond to prevent falls.

We also saw general risk assessments which included catering, laundry, buildings and visitors.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The

purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents had highlighted that the majority of falls happened between eight and nine am and four and five pm. The registered manager had arranged for more staff to be on duty at these times and noted that the incidents had decreased. All accidents and incidents were logged onto the company's Datix computer system. The registered manager had recently received updated training on this system and wanted to look into further work on how they analysed accidents and incidents.

The falls prevention nurse we spoke with said, "I have no concerns, they are very good with falls prevention, they do the checks required."

We saw a three week staffing rota for two weeks before and one week after the inspection day. It showed there was enough staff on duty at all times. The registered manager said they noticed when they first started that care staff spent a lot of time filling and emptying dishwashers in each dining room, they had four in total, answering the phone and greeting visitors. The registered manager purchased an industrial dishwasher for the kitchen and employed two receptionists. They said this freed up 50 extra hours which has gone back into caring for people who used the service.

The registered manager was about to start using care home equation safer staffing (CHESS). This assessed the dependency levels of people who used the service, using a scoring system.

We spoke to staff about staffing levels who all said there are enough staff, one staff member we spoke with said, "There are always enough staff on duty, staff are flexible and will come in when needed, he (the registered manager) would rather be overstaffed than understaffed." Another staff member said, "Although the shifts were long, 8-8, it meant the residents had the same faces around them all day. We can see what mood the residents were in and adjust our approach accordingly and provide consistent care."

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they

## Is the service safe?

had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

Each new member of staff did a three day induction training, they then shadowed an experienced member of staff until they were able and confident to work alone.

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection but we were shown disciplinary's that had taken place last year where procedures were followed correctly.

We looked through a selection of medication administration records (MARs) on both floors and observed part of a lunch time medicine administration round. Staff administered medicines from the treatment room, rather than taking the trolley round. Staff said "As soon as we take a trolley out we are disturbed, even though we have our do not disturb apron on, people keeping asking us if there medicines are ready, so this is so much easier." We saw medicines were administered correctly and a reason for refusal was documented on the carers notes overleaf, although some reasons for refusal need to be worded more clearly. We saw some handwritten entries on the MAR did not have two signatures. Any handwritten entries should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.

The service had no individual protocols for "when required" medicines (PRN), explaining why and how each PRN should be administered and when to be repeated. This information is important, to ensure that staff can make safe decisions about when PRN medicines are needed and how they should be used. For example one record said Lorazepam to be administered when required but there was no record of why this medicine would be required.

The service had one person who used the service who they could administer medicines covertly, (covert medication is the administration of any medical treatment in disguised

form. This usually involves disguising medicines by administering it in food and drink). There was no information in the MAR folder about what to try prior to coverting any medicines and how to covert the medicine.

We looked at the storage and administration of drugs liable to misuse called controlled drugs. We saw these were stored and recorded safely.

The medicines trolley was stored safely when not in use and the temperature of the room and the medication fridge was checked and recorded daily, ensuring medicines were stored at the correct temperature.

Medicines training was up to date and we saw evidence of six monthly competency checks.

The service was clean and tidy. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke with confirmed they always had enough PPE. We spoke with the head housekeeper who explained that they were the infection control lead. They also showed us the cleaning rotas and audits. The service has what they call the 'resident of the day,' on this day the persons room gets a thorough deep clean.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, the lift and collaboration scales. Water temperature checks were recorded weekly. We saw a certificate for Portable Appliance Testing (PAT. This is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. Two fridges in the show rooms had not been recently PAT tested, the registered manager said these fridges no longer worked and were being replaced.

The service had a book which listed daily, weekly and monthly tasks, we saw that for daily tasks these were only signed for Monday to Friday. We asked the registered manager why they were not signed for on a weekend if they were daily tasks. We were told the handyman only worked Monday to Friday. The registered manager contacted Brighterkind's health and safety manager who said that although it states daily tasks these do not have to be carried out every day. We discussed the need to reword what the book said with the registered manager.



# Is the service effective?

## Our findings

We asked relatives and people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “You cannot fault the staff at all, they know what they are doing.”

Another said, “The staff all look after us very well, they have the right skills. Relatives we spoke with said, “They are fully trained, they look after everyone really, really, well, nice girls.” Another said, “They are very experienced staff with all the training.”

Staff we spoke with said, “We get enough training.” Another said, “I am just about to do safeguarding training.” And another staff member said, “I have just done fire and food hygiene training.”

One staff member we spoke with who had worked in the care sector for twenty years before working at Leeming Bar Grange said, “This is definitely the best place I have ever worked. My skills are kept up to date by regular training and I am paid when I come in for that training. The other staff are great and it is a joy working with these people. I get something out of it every day.”

The services statement of purpose said, “Staff are trained to high standards to manage the needs of residents with dementia,” and “All staff are trained in customer care and quality awareness as part of their induction.” We looked at the services training chart and out of the 52 staff named on the matrix only 23 had up to date dementia training. Two staff had received end of life training in 2013, although we were shown certificates for another three staff who had recently had end of life training but this was not included on the chart. No staff had received training on customer care and quality awareness. We discussed this with the registered manager who said the statement of purpose needed updating as staff did not receive customer care and quality awareness training. The registered manager was aware that training needed improvement especially around relevant topics such as dementia, diabetes and end of life. They said, “The company are also engaging heavily in leadership programmes and reviewing all training to ensure the level of care continues to improve and evolve.”

The registered manager was in the process of setting up supervisions and appraisals. We were told staff were to receive five supervisions a year and one yearly appraisal. We looked at the supervision file and saw that since

January 2014 some staff had only received one supervision. The registered manager was aware of this and had put a supervision timetable in place and all appraisals would be done by the end of March 2015. Supervisions and appraisals are important in helping to reflect on and learn from practice; personal support and professional development.

This was a breach of Regulation 23 (Supporting workers), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interests guidelines were followed. At the time of the inspection, one person who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager had informed the Care Quality Commission of the request for a DoLS authorisation and the outcome. Staff were booked on refresher training for DoLS and MCA in January 2015. Staff had not received training on MCA or DoLS, although two staff members we spoke with had a brief understanding of what a deprivation of liberty was.

We saw evidence of consent in the care files, such as consent to administer medication, consent to provide care and consent to photographs being taken and displayed.

We observed two mealtimes, one lunchtime meal and one teatime meal. The registered manager explained that with the people who used the service’s consent, they now had the main cooked meal at teatime. The registered manager said that they found people had a better night sleep. We observed people had a choice at each meal and when one person who used the service did not want to eat the meal they had previously chosen an alternative was immediately

## Is the service effective?

offered. The care staff were supported by hosts at mealtimes. Hosts were employed to set up the dining rooms, make sure menus were available and on the tables, take food to peoples rooms and clear everything away afterwards. People were encouraged to eat, food was cut up and some people who used the service were spoon fed when they would not make the effort to feed themselves. When one person who used the service totally refused to eat, a check was quickly made on their intake at breakfast and snack time to ensure they were not going hungry. People were offered second helpings.

Everyone whom we spoke with praised the choice and quality of food. Hot meals were provided three times a day and throughout the day snacks including biscuits, cakes and fresh fruit were given. Breakfasts were full English, cereal and toast. For lunch people had a choice of six items which were soup and sandwiches, jacket potato with a filling of their choice, toasties, omelette and salad. Other items accompanied these such as chips and beans. On an evening they had two choices which on the day we were there was shepherds pie or beef stroganoff. A choice of deserts were also on offer.

Meals were individually tailored both to their needs and their personal preferences. For example one gentleman wanted a skinned sausage for breakfast, another wanted two ham sandwiches on granary bread for lunch.

Each floor had two dining rooms and two mini kitchens. People could help themselves throughout the day to drinks and snacks. There was a coffee machine in reception and homemade cake for guests and people who used the service. We observed people had choice of where they wanted to have their meals. One saw staff quietly speaking to one person who used the service, this person did not feel up to going into the dining room. Staff quickly brought a table to them so they could enjoy their meal in the lounge.

People who used the service said, "The food is lovely, its always hot." And another said, "You cannot fault the food."

Relatives we spoke with said, "The food is fantastic here, I came for Christmas dinner, it was probably the best Christmas dinner I have ever had."

One staff member we spoke with said, "We try and encourage them to stay up and have supper of more fluids, but it is their choice." Another staff member said, "They get choice on everything, we have show plates so they can choose."

We spoke with the chef who explained that all the people who used the serviced were weighed and their weights with a plus or minus sign were passed to the head chef to check their dietary requirements for the next week. At the time of the visit the chef was preparing five chopped meals, four pureed meals and one plate of finger food. There were also three special requests which were being accommodated. All the main meals were being enriched with extra butter and cream as a matter of course. There were three residents who did not need enriched meals and they had new potatoes and vegetables prepared separately.

The registered manager said they have a tea time meal with the people who used the service every week, one week upstairs and one week downstairs. They said, "This is so I can experience their meal time experience."

We looked around the premises and noted that the dementia suite had a reminiscence room but the environment was not stimulating. There wasn't any manipulative stimulus such as activity cushions, squeeze balls or fabrics of different textures. The only dementia signage we saw was for bathrooms and toilets. We discussed this with the registered manager who was aware of the need to make the suite more dementia friendly and said, "I am wanting to put some wonderful ideas I have in place for dementia, such as meaningful stimulation, I am clear on my vision, I have worked with Sterling University."

# Is the service caring?

## Our findings

We observed the care between staff and people who used the service. People were treated with the utmost of kindness and compassion. Staff were attentive and interacted well with people. Staff were aware of people's likes and dislikes and knew people well. We observed staff throughout the day. One member of staff was pouring drinks for everyone and accidentally spilt some on a person's skirt, this member of staff was horrified that they had done this and could not apologise enough. The staff member was clearly upset that they had done this and quickly took the person away to change clothes. This showed true compassion for the welfare of the person who used the service.

People who used the service that we spoke with said, "Staff are lovely they are very approachable." Another person said, "The staff are very caring."

Relatives we spoke with said, "Care here is extraordinarily good. The staff are always friendly and genuinely caring. A member of staff who was not so good did not last long, she was soon asked to leave." Another relative said, "The attitude of the staff is lovely and we are very happy with the care she is receiving. The staff know both residents and relatives well and they are very responsive. They will ring us up if there is any change in Mum."

Staff we spoke with said, "I get to know the people really well by spending time with them." Another staff member said, "The residents are lovely we get to spend a lot of time with them." One host we spoke with said, "I really enjoy chatting to them (the people who used the service) I always make sure I have a chat when I take their food to their room."

We saw evidence of involvement with external healthcare professionals for example the GP, district nurse and the pharmacist.

The pharmacist we spoke with said, "They are very good at communicating, I have no concerns, we work together to get the best for the residents, when I have visited, staff are very caring."

The social care assessor said, "Staff are always helpful and provide information when needed, staff speak to me when I visit and I have witness that they speak to the residents appropriately."

The service had regular on site interaction with GP's and district nurses and responded quickly to changes in people's health. One family member said, "The home had a real battle with the GPs to get adequate pain relief for Mum but they pursued the matter until a satisfactory result was achieved." Another relative said, "My mother seemed chesty so they quickly got her to the Friarage for an x-ray." One of the people who used the service said, "I had three bad nights but they got the District Nurses out to look at my catheter and I am probably going to the hospital for a check up too."

The service had policies and procedures in place to ensure that staff understand how to respect people's privacy, dignity and human rights. Each member of staff was provided with a pocket sized laminated card stating the services ten point dignity challenge. The points included support people with the same respect you want for yourself or a family member, listen, engage and assist to maintain confidence and positive self esteem.

We asked staff how they promote privacy and dignity. Staff we spoke with said, "I always ensure that the door and curtains are closed and keep people covered as much as possible." Another staff member said, "I always knock on their door and wait for a response."

We asked staff how they promoted people's independence and choice, they said, "I get them to do as much as they can for themselves, if they are struggling I will guide them." Another staff member said, "They are always provided with choice such as what clothes they want to wear and what colour," and "I encourage them to do as much as they can for themselves, we have to respect what they want."

We observed that people's individual wishes were catered for in that they could choose their time for getting up or going to bed and they had a choice of lounge and dining areas on each floor or they could stay in their rooms.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. All bedrooms had a lockable door and people could have a key to their room if they wanted. We were told that one person had requested a key but they then worried they would lose it and handed it back in.

## Is the service caring?

At the time of our inspection, no one in the records we looked at had any end of life wishes and preferences documented. We discussed this with the registered manager who was aware and was putting something in place to address this.

# Is the service responsive?

## Our findings

We looked at care plans for five people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Care plans provided evidence of access to healthcare professionals and services. At the time of our inspection care plans were being transferred to Brighterkind care plans. Four of the five we looked at were Brighterkind care plans and we found these to have little or no information on people's lives, they were repetitive and had information that was not relevant to the person such as altered states of unconsciousness for someone who was active, alert and mobile.

We discussed the new files with the registered manager stating that the files were not person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The registered manager said they were aware that the new care plans did not work as well as the previous ones and at a recent managers meeting the majority of managers also highlighted this.

We did not see much evidence of people who used the service or their relatives involvement with the care plans. We were there during the transition stage of old to new plans and the registered manager is aware that people's involvement was needed.

The service employed two activity coordinators or 'pink ladies' as everyone called them due to their pink uniforms. There was a full timetable of activities within the home, some for groups such as singing and music and others such as scrabble and card games for people in their own rooms, but these could be offered on a small group basis to encourage interaction. One gentleman said, "I went to one musical bingo session but it was really aimed at people with dementia as are almost all the activities here. I do like the shows and visiting entertainers but I would like to play scrabble or card games, though I haven't played bridge since I left the army." The same gentleman commented, "There is only one lady here I can have a conversation with. The others cannot talk and they don't eat their meals without help so when I go to the dining room I just eat my meal and get out again as quickly as I can."

Two people who used the service, formerly from Northallerton, said they missed being able to visit the

shops or the library. They would like to go out of the home occasionally. One said, "People here are OK but it is not like meeting friends." One complained, "There's nothing for me to do here. I go to see what the activities are and I listen to music. I used to like gardening but they have someone to do it here." Another lady was polishing the furniture with her skirt. We discussed this with the registered manager, they agreed that to carry out small tasks to give some purpose to their lives was an idea they were working on.

We observed different activities going on throughout the day, lots of singing with small musical instruments such as tambourines, ball throwing and individual pamper sessions.

The service has what they call the resident of the day, one for upstairs and one for downstairs. The resident of the day has their bedroom deep cleaned, toiletries replenished, their care file updated, a quick inventory of any other needs such as new clothes or personal items. They also get the chance to spend one to one time in an activity of their choosing. The activity coordinator said, "That particular day is for them, they could have a pamper session, massage or just a chat."

The activity coordinator said they tried to maintain links with the community for example they go to a pub around the corner for a pub lunch. One gentleman goes into Bedale in a taxi for a lunchtime pint. They also said they would love a mini bus so they could go for rides out, take flasks and a picnic.

The service has two well maintained, fully enclosed gardens. We were told that these gardens are used continuously in the warmer weather. One person who used the service said, "I have my lunch then I go into the garden for a walk everyday. I then come back in for Countdown."

The activity coordinators produced a monthly news letter, this had included lots of photographs of what had happened the previous month, people who had a birthday that month and what entertainment was taking place. It was a person who used the services birthday on the day of our visit. Their door had birthday banners and balloons decorated on it. Entertainment due for March was aquatic fanatic, pet therapy in twice, two singers, holy communion and OOMPH exercises. Oomph stands for Our Organisation Makes People Happy, and is dedicated to transforming the day-to-day health and quality of life of older people through group-based exercise classes, such as chair

## Is the service responsive?

cheerleading and chair aerobics, that improve mobility, social interaction and mental stimulation. The registered manager said that both of the activity coordinators were being trained to become OOMPH instructors, they said, "So that any moment can be an OOMPH moment."

During a recent relatives meeting a few people mentioned that their children/grandchildren felt unsure about visiting the service. Due to this the service held a grandchildren's day. They put on party food, music, games, chocolate fountain, hired entertainers such as the balloon man. The activity coordinator said the children loved the day as did the people who used the service. They are hoping to run more of these days so children always feel welcome.

We saw the complaints policy and the complaints file. There was information on how to make a complaint on the signing in desk in the entrance hall. The service had received one complaint in the last year, although the registered manager could not explain the outcome of the

complaint as this was not documented. The registered manager said they often sort small concerns out straight away, we asked if these conversations were documented and were told no. A service that is safe, responsive and well-led will treat every concern as an opportunity to improve and will respond to complaints openly and honestly.

We asked relatives and people who used the service if they had ever had to make a complaint and if they knew how to. No one had ever had to make a complaint and they all said they would go straight to the registered manager if they had any problems.

The service had received a number of compliments, such as thank you cards or letters. One was thanking them for putting on the grandchildren's day and another was to thank and praise all the staff for looking after a relative during end of life. The registered manager date stamped all of these to evidence when they had been received.



# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since October 2014. The registered manager was easily accessible for staff, people who used the service and their relatives. Staff felt that they were well supported with consideration given for their own needs when they arose.

People who used the service were complimentary about the registered manager and staff at the home. People told us that they thought that the service was well led. One person we spoke with said, “He (the registered manager) looks after us well.”

Relatives we spoke with said, “The care is brilliant here, I would not have her anywhere else, I always recommend this place to other people.”

Staff we spoke with said, “Leeming Bar Grange is in a much better position now. He (the registered manager) is marvellous, so supportive, the residents love him and he will always join in with things like giving cake out or sitting having a cup of tea with them (the people who used the service).” Another staff member said, “I am so supported, the registered manager is here for us, he supports and motivates us.” Another said, “He is so much more approachable, very calm, the residents know and love him, he is often sat singing with them and he takes his paperwork into the lounge so he can sit with the residents whilst he works.”

The external healthcare professionals we spoke with said, “The new registered manager is much more proactive, more approachable and thorough.” Another said, “This home is supportive of residents and make relatives feel welcome.”

The provider’s values and philosophy were clearly explained to staff through their induction programme and training as well as being on notice boards. Brighterkind’s philosophy is ‘love every day.’ There was a positive culture at the service where people felt included and consulted. One staff member said, “The culture of the home is very open and honest, he (registered manager) feeds back from the managers meetings.”

The registered manager said, “I have spoken in depth with residents and relatives about the Brighterkind values and

plans for the future which are centred around ‘three signature elements’. We are all quite excited about this and looking forward to rolling it out. The three signature elements are focussed on the customer experience, happiness and well-being.” The registered manager continued to say, “Evidence of this happening is now being seen within the home. On a more personal level we have discussed as a group about developing the “paddock” at the rear of the home to possibly include some extra raised planters for those who enjoy gardening and we would like to explore the possibility of maybe having some livestock, such as hens for example.”

There was a system of audits that were completed daily, weekly and monthly but these only included infection control, care plans and medicines. The registered manager was aware that improvements were needed to make sure the quality assurance system was effective and continuously identified and promoted any areas for improvement. The registered manager had set up a quality audit timetable and the deputy manager had started to do some audits at the end of February 2015. These audits needed to be followed up with a robust action plan so lessons are learnt.

The regional support manager completed a monthly visit which looked at incidents and accidents, compliments and complaints, dining, activities, medication and staff supervision and training.

The service held staff meetings every one to two months, these were with all the staff and a separate meeting for the senior team and heads of department. Topics discussed were supervisions and appraisals, values, new staff, policy of the month and communication. Staff we spoke with found the meetings to be useful and said, “They ask our opinion.”

The registered manager had also discussed how CQC inspect, the key lines of enquiry (KLOEs) and the ratings, so all staff were aware.

The service also held relative meetings every two months. People who could not attend sent in any questions they would like asked. Topics discussed were peoples rooms, staff and church services. One relative we spoke with said, “I did not know about the relatives meeting but I have just

## Is the service well-led?

seen a timetable of upcoming meetings in the lift so I will be attending the next one.” The registered manager had recognised the need to inform people of the meetings and was arranging to send letters or emails out to everyone.

People who used the service had monthly meetings. Topics they discussed were activities, garden, entertainment and menus.

The service had not sent out an annual survey since 2013. Brighterkinds head office sent out an annual survey in October 2014, the results had gone straight to the head office, therefore provided no learning's for the service itself. The registered manager tried to obtain a copy during our visit but was unable. The registered manager said, “Views are gathered via a number of sources such as resident and relative meetings, assessments, evaluations comments, compliments and suggestions book as well as comments given in general conversation. We always try to immediately implement requests that we can do with no planning. We then work to develop ways to implement some of the more, longer term requests. We like to evidence this by way of displaying our “you said, we listened, we did” cards at certain points around the building. Our residents are at the heart of everything that we do.”

The registered manager said, “We strive to provide first class quality care within a high standard of, and stimulating environment. An open door policy is in place whereby residents and relatives are able to speak to me or the deputy or team leader 24/7 in confidence.”

We asked the registered manager what they thought their greatest achievement was and their biggest challenge at the moment. They said, “I feel my greatest achievement is the way the home has come together in terms of residents and relatives feeling comfortable to participate in how the service is run and have formed really strong bonds with the staff team. We have openness and transparency throughout and shared aims and objectives about activities, menus, bed provision and a general shared vision of what makes the home ambient and homely,” and “My biggest challenge at present is whilst we are awaiting satisfactory DBS & Reference checks for a number of successful applicants, we have been maintain staffing levels on the floor by utilising supernumerary Deputy Manager hours and team leader hours. This has caused a slight delay in annual appraisals and supervisions. I appreciate the importance of this process and look forward to having the planner brought up to date by the end of March 2015.”



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not able to update their skills through regular training in required topics such as dementia.  
Supervisions and appraisals needed to be put in place.