

The Percy Hedley Foundation Leybourne

Inspection report

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Date of inspection visit:
20 July 2022
21 July 2022

Date of publication:
25 August 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Leybourne is a residential care home providing personal care for up to eight people with a physical and/or a learning disability or autistic people. At the time of our inspection there were eight people using the service.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Right Care

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff assessed and wherever possible mitigated risks people might face.

Right Culture

People received support from staff who were kind and caring. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 October 2019).

Why we inspected

We received some concerns in relation to the management of a transition, communication and the culture of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led

only. We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leybourne on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Leybourne

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Leybourne is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Leybourne is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five staff including the registered manager, the quality manager for residential services, a shift lead and support staff. 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. We spoke with six relatives and received feedback from one professional involved with the service.

We reviewed a range of records. This included care records and medicine records for four people. We looked at two staff files in relation to recruitment and also reviewed profiles and induction records for agency staff. A variety of records relating to the management of the service, including training information and quality assurance processes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse were in place and followed by staff.
- Relatives told us their loved ones were safe and happy.
- Staff had training on how to recognise and report abuse. They knew people well and understood how to protect them from abuse.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it through regular checks and actions to minimise risk. Any concerns or damage to equipment was reported to the appropriate services.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Staff recruitment, induction, and training processes promoted safety, including those for agency staff.
- Agency staff were used to fill staffing vacancies. Wherever possible, consistent staff were provided by the agency and this meant there were enough staff to meet people's needs.
- The registered manager explained how people's support hours were used flexibly to meet their needs.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Some recording of medicines was not consistent, and the system for signing medicines in and out of the home was not robust. The registered manager and quality manager responded to this immediately and made improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The inspector was not asked for evidence of a negative test on arrival. This was discussed with the registered manager who immediately took action to ensure this practice was improved across the organisation.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was supported. Visiting in communal areas had been risk assessed and a decision made to limit visiting to a visiting room and a garden room. People and their visitors, had not been unduly impacted because of this as most people went out with family and friends.

Learning lessons when things go wrong

- The staff recognised incidents and reported them. Accidents, incidents and safeguarding concerns were investigated, and lessons learned identified.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was one of openness and inclusivity. Some feedback from relatives and one visiting professional included that communication could be more open and timelier however they also said improvements were being made.
- The atmosphere was described as being homely, safe and caring.
- Management were visible in the service, approachable and took an interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt supported by the management team and said they felt able to raise concerns with the registered manager.

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

- The registered manager understood the need to be open and honest, to investigate and learn when something went wrong. We discussed the need to apologise if something went wrong and ensure written records were maintained under duty of candour regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the knowledge and experience to perform their role. They had oversight of the service and supported staff to perform their roles and meet people's needs.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. They were able to explain their role in respect of each person without having to refer to care records.
- The provider invested in staff by providing them with training to meet the needs of all individuals using the service.

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

- People, and those important to them, worked alongside staff to develop and improve the support they received.
- There was limited documentation of transition planning and involving families in the review of people's care and support. This was discussed with the registered manager and nominated individual following the

inspection who agreed they would look to improve this.

- The provider sought feedback from staff by a range of means, including through external consultants and used the feedback to develop the service.

Continuous learning and improving care

- The provider and registered manager kept up to date with national policy to inform improvements to the service, for example Oliver McGowan training.
- There was a clear vision for the direction of the service which demonstrated ambition and investment for delivering ongoing improvement.

Working in partnership with others

- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- Staff worked in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.