Lee Mount Healthcare Limited

Lee Mount Residential Home

Inspection report

32-34 Lee Mount Road
Halifax
West Yorkshire
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Tel: 01422369081

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Lee Mount Residential home is a care home located in the heart of a community, close to shops and social centres. The home is registered to provide accommodation and personal care for up to 25 people in one building over two floors. At the time of our inspection there were 25 people using the service.

People's experience of using this service and what we found
The most powerful feature of the service was the management and staff's commitment to providing person-centred care which put people at the heart of their care. There were well thought-out processes in place to capture people's wishes and preferences and make real improvements in people's quality of life. People and staff were empowered to achieve goals which reduced challenging behaviours and improved people's engagement with activities in both the home and the wider community.

People had a very good social life, and the home was a real presence in its local community, hosting events and raising funds for charity. People who used the service and their neighbours had chances to get to know each other. People were able to raise concerns formally and informally, and they told us the registered manager would take immediate action on what they were told.

People were provided with sensitive end of life care that included strong support for relatives and good understanding of people's wishes.

People said they felt safe in the home, and there were good processes in place to ensure risks associated with care, medicines and the premises were minimised. Safely recruited, well trained staff were deployed to meet people's needs at all times. People and staff got on well and there was a caring approach in the home.

There were good systems in place to manage people's lack of capacity to make decisions. 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. Discrimination was not a feature of this service. Diverse needs were met.

People's healthcare needs were well managed, and people had a good diet which they enjoyed. Where adaptations were needed to help people maintain their independence, these were made.

There was good leadership in the home, and the management team had put robust systems in place to ensure the quality of care was monitored and continually improved. People and staff had an equal say in how the home was run.

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 requires improvement (published 7 September 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Lee Mount Residential 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 an inspector, an assistant 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
Lee Mount Residential 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 inspection
We reviewed information we had received about the service since the last inspection. We asked for 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and three visiting relatives to help us understand the quality of care provided at Lee Mount Residential Home. We also spoke with the registered manager, the care manager, and six members of staff including the cook.

We reviewed a range of records. These included three people's care records in detail and two other care plans to look at specific risk assessments and management plans. We checked a range of medication records and stocks of medicines to ensure this area of the service was safe. We also reviewed a variety of records relating to the management of the service including recruitment records, audits and meeting minutes.

After the inspection
We asked the provider to supply us with some additional information to support our judgements. We received this promptly.

Good

Is the service safe?

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. We found some minor concerns relating to information in care plans and inventories of equipment in the home. We did not identify any breaches of regulations. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe living at the home. Relatives said they had no concerns about people's safety or care at the home.
- People were protected from the risk of abuse and discrimination. Staff had received training in safeguarding and whistleblowing principles. They understood how to identify signs of potential abuse and report their concerns appropriately to either the registered manager or bodies such as the local authority or CQC.
- When there were potential concerns about people's safety, the registered manager understood and acted on their responsibility to alert the local authority and CQC. Making timely referrals in this was way is required by legislation to help maintain people's safety.

Assessing risk, safety monitoring and management

- People's care plans contained good assessments of risks, for example those associated with mobility, nutrition and skin integrity, and we saw these were kept up to date.
- There was clear guidance for staff to show how risks could be minimised in ways which were individual to each person.
- Building maintenance and servicing of essential equipment and systems was up to date.

Staffing and recruitment

- Recruitment practices in the service continued to be safe. Background checks were made prior to staff being appointed to ensure they were suitable and safe to work with vulnerable people.
- There were sufficient staff on duty at all times to meet people's needs in a timely way, including at night. Staffing levels were planned according to a detailed assessment of the needs of people using the service.

Using medicines safely

- The administration and storage of medicines was safe. People with capacity to do so safely were asked if they would prefer to manage their own medicines, and gave consent for staff to do this if they did not want to. At the time of our inspection no one had chosen to manage their own medicines.
- People had access to as-and-when medicines such as pain relief when they needed it.
- There were audits and other checks in place which enabled the registered manager to identify and address any errors quickly. We checked documents and stock as part of our inspection and identified one error in carrying stock numbers forward which was corrected immediately.

Preventing and controlling infection

● People lived in a clean environment and staff used equipment such as disposable gloves and aprons when providing personal care or serving food.

● There was an improvement programme in place to address maintenance issues such as repainting of wooden surfaces such as skirting boards and door frames. Some areas of paintwork needed refreshing to ensure they did not cause increased risk of infection. We discussed this with the registered manager and they told us they were aware and were planning to take action to address these.

Learning lessons when things go wrong

● There were good systems in place to review all accidents and incidents in the home, identifying actions which could be taken to prevent the circumstances recurring.

Good

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 good. At this inspection this key question has now remained the same. 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were good processes in place to assess the restrictions needed for people's safety, for example having locked main doors, sensor mats to alert staff to falls from bed and bedrails to prevent falls, and apply for DoLS when people were not able to consent to or understand these protective measures.
- The care manager had an overview of people's DoLS which enabled them to submit timely re-applications when these expired, and to check on any conditions and ensure these were being met.
- People who had capacity to make decisions signed documents in their care plans to show they agreed with them, for example, where staff were routinely administering medicines to people or supporting them with their personal care.
- People's consent to aspects of their care and treatment was clearly recorded. Where people had capacity they signed documents to show they had been consulted and agreed.
- There were robust systems in place to support people who lacked capacity to make specific decisions. Best interest decisions were made on their behalf, and this process involved a range of appropriate people who knew the person and could advocate for them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.
- Through observation, speaking with people and review of policy and practice in the home, we concluded

discrimination was not a feature of this service.

Staff support: induction, training, skills and experience
● New staff undertook a probationary period during which they received a range of appropriate training and had the opportunity to shadow more experienced staff.
● There was a programme of regular training in place to ensure staff maintained and improved their skills. Specialist training had been provided to help staff provide care for someone with a specific health need. Staff confirmed they had sufficient, suitable training to be effective in their roles.
● Staff had regular meetings with managers to discuss their performance and any challenges they faced. Staff we spoke with told us these meetings were planned in advance and helpful.

Supporting people to eat and drink enough to maintain a balanced diet
● Care plans contained good information about people's nutrition and hydration needs, including reference to other health conditions which may have an impact on this area of their care, for example linking mental health conditions and their effect on appetite.
● Kitchen staff were knowledgeable about people's needs and preferences. People were asked at meetings what meals they would like to see on the menu. People also had opportunity to bake and cook when they wished to. One person told us, "I bake cakes together with staff."
● Culturally appropriate diets were provided for people who needed or preferred them.
● People gave good feedback about the food available at Lee Mount. Comments included, "Food is excellent and well cooked," "Meals are usually very good," and, "Good choice."

Adapting service, design, decoration to meet people's needs
● The service was pleasantly decorated and felt homely. People made positive comments about the environment they lived in.
● There was directional signage in place to help people orient themselves around the home, and secure external areas for people to access if they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and relatives told us a range of health professionals supported their care at Lee Mount. People said they were registered with local doctors and opticians and saw them when they needed to. People told us they saw their GP either in the surgery or at the home, depending on their needs.
● People told us they were registered with local dentists, and we saw care plans contained guidance for staff to follow to support people with their oral health, including clear instructions for helping people keep false teeth clean.
● Care records included information provided by other health professionals and evidence this advice was being followed.

Good

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us they were well cared for by respectful, friendly staff, and our observations confirmed this.
- People gave universally positive feedback about the caring, friendly nature of the staff. Comments included, "Staff are kind and nice," "They [staff] are friendly and smiling," and "Staff are absolutely very good."
- Staff spoke with fondness about the people living at Lee Mount, and were proud of the care they provided. One staff member told us about working in the home. They said, "I absolutely love it, I am very privileged. I like making everyone happy and making their day better."
- People who enjoyed a culturally appropriate diet had ingredients bought for them so that meals could be prepared to their taste.
- The provider had arranged for a representative from the Alzheimer's Society to come and talk to families and help them to understand how dementias affected people and their relatives, what it meant to live with the condition and the kind of support people may need. Feedback from those who attended was very positive. Relatives said they had a greater insight into the experience and needs of people living with dementia, and how they could provide more effective support as a result.

Supporting people to express their views and be involved in making decisions about their care
- People we spoke with were able to tell us how they were consulted in the writing and updating of their care plans. One person told us, "Care plan? Oh yes, I am kept well informed."
- People's likes, dislikes and preferences for care and routines were well documented in care plans, evidencing they or their relatives had been consulted.
- People were offered choices in relation to their daily routines, such as when they got up or went to bed, and how and where they spent their time. People who were safe to do so were seen to go out for walks and to local shops when they wished.

Respecting and promoting people's privacy, dignity and independence
- People with sensory impairments were assessed and provided with equipment that enabled them to maintain the maximum amount of independence. For example, one person's care plan contained detail of the colour of cutlery and crockery the person had found easiest to see, which meant they were able to maintain their dignity and independence when eating. We saw this equipment in use in the dining room.
- The provider had approached the Royal National Institute for the Blind (RNIB) for information which helped them and staff understand the experiences of people with visual impairments when using wheelchairs. This guidance had been used to help writing the relevant care plans and staff guidance.

● Staff were mindful of people's privacy and dignity at all times. Conversations with people were discreet and we saw staff knock on doors and wait to be invited into people's rooms.

Outstanding ☆

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

● People were at the heart of the service, and care was planned around a detailed, person-centred model. The management team were passionate about their approach, and this commitment had resulted in strong and consistent outcomes from people. People, relatives and staff worked as partners in this process, and progress was kept under regular and meaningful review. Successes were celebrated and seen as learning opportunities to drive further improvements in the responsiveness of care.

● People were supported to talk frankly about their needs and how they preferred these to be met, and then encouraged to have goals which would enhance their day-to-day experiences of life. A focus on people having positive experiences which were meaningful to them was a powerful feature of this service.

● We reviewed a large number of examples of the positive impact of this approach. One person had become more relaxed and regained a positive mood and engagement through a holistic approach to the review of his care, needs, medicines and input from other health and social care professionals. As a result the person ceased to experience behaviours that challenged them and others and regained a healthy appetite and social connections.

● Another person had received sensitive and encouraging support to accept and take control of their personal care, after a history of self-neglect before starting to live at Lee Mount Residential Home. Successful plans were developed to help the person rediscover an interest in their appearance. As a result, the person had regained confidence amongst other people and had started to engage with social activities in the home and in the community. This had a very positive impact on their overall well-being.

● Staff told us the management team's focus on and enthusiasm for person-centred care had re-energised their understanding of what was possible and how they worked with people and each other to deliver responsive care. Another management initiative, aligned to the CQC key questions about quality of care, encouraged staff to identify ways in which the quality of care could improve. As a result, staff had suggested and led on initiatives which had positive impact on people's well-being, referrals to health professionals and the nutritional health of people who used the service.

End of life care and support

● People received an extremely high standard of care at the end of their lives, and were supported to be comfortable and pain free. Staff told us they felt confident to provide sensitive, person-centred end of life care because they had received appropriate training and understood what people and their relatives needed at this stage of life.

● Staff told us they worked with other health professionals such as palliative care teams to ensure people got good end of life care. They were very knowledgeable about the importance of the enhanced need to

maintain people's dignity during end of life care.
● The home had received touching feedback from a social care professional about person-centred end of life care they had recently provided. This included purchasing the clothing the person had said they wished to be buried in, because the person could not afford this themselves.
● Relatives told us staff provided them with compassionate support when they needed it, and said they were able to spend as much time with people as they wished.

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 management team had a strong understanding of their responsibilities to meet this standard and confirmed they were able to make adaptations to documents if people needed alternative formats to enable them to access and understand the contents independently. Reviews of people's care allowed the provider to understand if someone could benefit from changes to the way information was presented, even if they did not ask for this themselves.
● One person with a visual impairment had told the registered manager that louder and very clear verbal communication assisted them more than adaptation to print. There was good guidance in place for staff to follow which showed how this need could be met, and the person was very happy that they could access documents about their care or the running of the home easily and at any time.

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
● People we spoke with said the staff got to know their hobbies and interests, and tried to provide activities that enabled them to maintain and develop these. People told us about gardening, baking, sitting in the garden to enjoy each other's company, and trips out into the community.
● Needs connected to faith and spirituality were met. No one we spoke with told us about any strong connection to religion, but said they were offered support to practice a faith if they wished. People said they visited a local church for social activities which they enjoyed.
● Most people spent the majority of their days in communal areas. One person needed care in bed, however the activities staff spent time with them on a one to one basis to ensure they were not isolated. The person was encouraged to get up and join in with other people when they felt able.
● The home is situated on a residential street, and the management team had built up strong links with the local community which enabled residents and their neighbours to meet and get to know each other. The home had hosted a number of successful events to raise funds for local charities which people and their families had enjoyed.
● Relatives told us they were free to visit at any time, and were welcome to join in with social activities.

Improving care quality in response to complaints or concerns
● People we spoke with said they had not felt the need to complain, but that they would be able to tell any member of the staff or management team about any concerns and these would be acted on. One person said, "[Name of registered manager] will sort out anything. If I raise any issues he will do something."
● The registered manager was a highly visible presence in the home, and people said they felt comfortable chatting with them about anything, including any concerns.
● There were good systems and processes in place to ensure any complaints were resolved promptly after thorough investigation. Information about making complaints was displayed prominently in the home.

Good

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. We found that systems in place to assure the quality of the service had not always been effective, but did not identify any breaches of regulations. 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.

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

- The registered manager and care manager were passionate about providing person-centred care which focused on positive outcomes for people. They had put processes in place to ensure this approach was well embedded within the service.
- People were able to enhance their daily experience through participation in cooking, gardening and other aspects of life in the home when they wished to.
- The registered manager was often present in the service at night and supported staff to deliver care. This enabled them to monitor the quality of overnight care and ensure the staff who worked at night felt fully integrated with the service.
- Staff told us they enjoyed working at the service. One staff member said, "It is a nice feeling when I walk into the building."
- Staff said they had felt able to change the way the service was run. One staff member said, "I used to dread them [staff meetings] because it was always about 'we need to do better' and felt very negative. We told management we weren't happy with the style of the meetings and they made changes [based on staff suggestions]. Now more people come to the meetings."

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

- People we spoke with said they were very happy with the home and told us it met their needs. One person said, "I would definitely recommend this home. It is like a home." Another person told us, "I will recommend it. It is like a big family, we are all one family."
- Issues identified at our last inspection had been resolved, and these improvements had been sustained. As a result the overall rating for the home has improved.
- There were robust, IT driven systems in place to monitor all aspects of quality in the service. These produced a rolling action plan which ensured the registered manager had a clear overview of what needed to be done, by whom and by when. Staff responsible for actions received alerts on their mobile devices to ensure they knew what they needed to do.
- Staff we spoke with said their relationship with the management team was positive, respectful and supportive. One member of staff said, "It's nice to have a boss that cares as much as [name of registered

manager] does." Staff also told us they had a strong relationship with the care manager, and had really clear instructions about what their individual aims on each shift were. For example, being responsible for monitoring people's fluid intake and reporting any concerns noted.

● Reviews of accident and incident reports showed they contacted families and other relevant people when required. Prompts were included on the forms used to make these reports to ensure duty of candour responsibilities were always met. Statutory notifications to CQC and the local authority were always made.

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

● People were able to contribute to the running of the service through meetings where their suggestions were noted and acted upon.

● Staff were able to give feedback via survey activity aligned to the five key questions CQC asks about surveys. Feedback from staff was very positive in all areas.

● Staff told us they had regular meetings which they really enjoyed. One reason for their enjoyment was the initiatives the management team had put in place to enable them to understand what good and outstanding care looked like, and take control of initiatives that improved the quality of life for people. One staff member said, "Our staff meetings are just brilliant now, informative and fun. It's just more focused and together."

Continuous learning and improving care; Working in partnership with others

● The management of the home attended regular training to maintain and improve their skills and care provision. Recent examples of courses they had undertaken included pressure care management, and training for aspiring leaders in health and social care.

● Throughout the inspection we found the management team keen to act on any feedback they were given.

● There were strong links with the local community and health professionals involved in people's care and support.