

Borough Care Ltd

Lisburne Court

Inspection report

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Date of inspection visit:
20 January 2020
21 January 2020

Date of publication:
11 February 2020

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lisburne Court is a residential care home providing personal and nursing care for up to 48 people aged 65 and over. Accommodation is provided across two floors which can be accessed via a stair-well and passenger lift. There are communal bathrooms, toilets and kitchen facilities as well as social, dining and garden areas that people can access. At the time of this inspection 48 people were living at the home.

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

People received effective care that was tailored around their support needs and areas of risk. People's needs were effectively assessed, areas of risk were safely monitored, and regular care reviews took place. People received support by trained and competent members of staff who were appropriately recruited into their roles. Staffing levels were routinely monitored, we received positive feedback about the levels of staff and support they provided.

Medication processes and procedures were safely in place. The provider ensured medication administration policies were complied with. Safeguarding policies were effectively in place; people were protected from harm and staff were familiar with safeguarding and whistleblowing procedures.

The provider complied with the principles of the Mental Capacity Act 2005 (MCA). 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.

People received timely and effective care and support from Lisburne Court staff as well as external health and social care professionals. Positive working relationships meant that people received a holistic level of support in relation to many aspects of their health and well-being. People were supported to maintain a healthy, balanced diet; preferences and dietary support needs were established from the outset.

Regular and consistent staff meant that people received person-centred care that was tailored around their individual preferences, wishes and likes. Staff provided kind, caring and compassionate support in a sensitive and dignified manner. Positive feedback we received included, "I wouldn't like to leave here I love it here" and "They [staff] are very kind to me here. I have been to other places and it wasn't like this. This is like my second home."

People were encouraged to remain as independent as possible and to share their views and suggestions on the provision of care being delivered. There was an up to date complaints policy in place, any complaints were responded to and managed in line with company policy. Activities were regularly scheduled, people were encouraged to participate and engage in activities that were stimulating.

Effective quality assurance systems were in place. The quality and safety of care was routinely monitored, analysed and where necessary, improved upon. Lessons were learnt, measures were in place to effectively

manage risk and the manager was aware of their regulatory responsibilities. Newly implemented electronic systems enabled the manager and senior managers to maintain a good level of oversight in relation to the provision of care provided. Positive comments we received about Lisburne Court included, "I would recommend the place to anyone" and "There is a good atmosphere here and when I go home I am not worrying about [relative] which gives me peace of mind."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 February 2017). There was also an inspection on 24 September 2018. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

At this inspection we found the provider was not in breach of any regulations.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

Good ●

The service was 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.

Lisburne Court

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 team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lisburne Court 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 did not have a manager registered with CQC at the time of the inspection. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. The appointed manager had submitted the relevant registration applications as required; they were in the process of waiting for correspondence from CQC.

Notice of inspection

This inspection took place over two days and was unannounced on the first day and announced on the second day.

What we did before 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. 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 nine people who used the service and six relatives about their experience of the care provided. We spoke with four members of care staff as well as the manager, deputy manager, two area managers, learning and development manager, property manager, catering manager and three external healthcare professionals. 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 reviewed a range of records. These included five people's care records, multiple medication records as well as staff personnel files and a variety of records relating to the management of the service.

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. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure people's level of risk was safely managed and monitored. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People's level of risk was assessed, monitored and safely managed. One relative told us, "[Relative] is safe, clean and when I come there is a smile on her face."
- Care records contained relevant and up to date information in relation to the support measures that staff needed to follow.
- A newly implemented electronic recording system meant that support measures and levels of risk were updated in a timely and efficient manner.
- Health and safety checks and audits were carried out; environmental risks were routinely monitored, and regulatory compliance certificates were in place.
- Fire safety and awareness procedures were well managed; people had the necessary personal emergency evacuations plans (PEEP) in the event of an emergency and fire awareness training was provided.

Using medicines safely

- People received medicines support as required.
- Medication processes were in place; medication was safely stored, administered and disposed of in accordance with the medication administration policy.
- Staff received the appropriate medication training and regularly had their competency levels checked throughout the year.
- The manager and deputy manager completed regular medication audits to ensure policies and procedures were complied with.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing procedures were in place; staff had access to safeguarding and whistleblowing policies about how to protect people from the risk of abuse.
- Staff completed safeguarding training. They explained the safeguarding reporting procedures they would follow if necessary.

- The manager ensured that all safeguarding referrals and notifications were submitted to the Local Authority and CQC accordingly.
- People told us they felt safe. Their comments included "I do feel safe the staff are very good and kind" and "I have been to a lot of places and this is the safest and happiest I've been."

Staffing and recruitment

- Staffing levels were routinely monitored in line with the dependency support needs of people who lived at Lisburne Court.
- A recent recruitment drive meant that all staff vacancies had been filled and people received support from consistent members of staff.
- Staff told us that staffing levels were well managed and people received support in a timely and effective manner.
- We received positive comments about staffing levels from people and relatives. Their comments included, "I think there are enough of them there is always someone to ask if I want anything and they stop and talk to you", and "I think there is enough staff and the residents are well supported."
- Safe recruitment procedures were in place. Essential pre-employment checks were carried out prior to an offer of employment.

Preventing and controlling infection

- The home was clean, hygienic and free from odour.
- Domestic cleaning schedules were in place; People said, "I think the place is lovely and clean" and "It's very good here the place is clean, secure and the staff are brilliant."
- Staff followed good practice to minimise the spread of infection. They used personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- There was a robust accident and incident reporting procedure in place.
- Accidents and incidents were recorded and analysed; this enabled the manager to establish if trends or patterns were emerging so further support measures could be implemented to prevent future occurrences.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were receiving appropriate supervision and appraisal opportunities. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff were supported with a variety of training, learning and development opportunities. One to one supervisions and annual appraisals were also taking place.
- Staff told us they felt supported on a day to day basis. One staff member said, "You've got the support there if you need it."
- A dedicated learning and development manager ensured staff completed the training they needed.
- New staff were thoroughly inducted, received the required amount of support and encouraged to develop essential skills and qualities to provide care and support people needed.

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

- Staff worked effectively with other healthcare agencies to ensure people received a holistic level of support.
- Positive, effective working relationships meant that people received the required level of support in a timely and effective manner.
- Staff regularly made referrals to healthcare professionals. One healthcare professional told us, "The staff are hot (very good) at noticing any changes, they'll refer and re-refer, any concerns are followed up."

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

- People's individual needs and choices were assessed before they moved into Lisburne Court.
- Assessments were completed in appropriate detail and used to develop care plans.
- Staff knew people well; they provided care and support that was tailored around people's needs, wishes and preferences.

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

- People were supported to eat a balanced and nutritious diet based on their individual likes and preferences.
- Lisburne Court worked in collaboration with an external catering company. The catering company provided nutritious meal options to meet people's needs, including meals for people who required specialist diets.
- We received positive feedback in relation to the quality and standard of food. Comments included, "The food is always excellent" and "The food is good I had soup and sandwiches today and banana and custard."
- People's nutritional needs were assessed from the outset; any risks relating to their eating and drinking was regularly reviewed and monitored. People's weight was also monitored as a measure of managing risk.

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

- Lisburne Court had been designed, adapted and decorated to meet the needs of the people who were living there.
- There was clear signage, different coloured walls and doors to help people independently navigate themselves around the home and assistive equipment for people who required specialist support.
- People's bedrooms were individually designed and personalised to meet their own taste and preferences.
- Plans were also in place to further renovate aspects of the home. For instance, a 'family room' was in the process of being designed and improvements were being made to the ground floor dining room.

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.

- People's level of capacity was appropriately assessed; measures were in place to gather consent from people before providing care.
- DoLS applications had been submitted to the relevant Local Authority (when needed) and were regularly reviewed.
- People were not unlawfully restricted. Care records contained records of meetings and decisions that were made in the best interest of people.

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 were treated with kindness, compassion and dignity. People told us, "They [staff] are very caring" and "The staff now know me, and they are going out of their way to help me."
- Positive and caring relationships had been developed between staff and people living at Lisburne Court. One healthcare professional told us, "The staff are so lovely; so patient."
- People's religious and cultural needs were assessed and supported.
- Relatives told us they were happy with the care and support their loved ones received. Comments included, "The staff are very caring and treat [relative] properly" and "Staff are very caring."

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

- People were encouraged and supported to share their suggestions and views about the provision of care they received.
- Residents' and relatives' meetings were regularly scheduled; feedback and suggestions were encouraged and considered as a way of improving the experience of people living at Lisburne Court.
- Staff involved people in day to day decisions. For example, people were asked where they would like to sit during lunch and what type of food and drink they would like to have.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy as well as providing care and support in a dignified and respectful manner.
- People were encouraged to remain as independent as possible. Staff encouraged people to safely mobilise around the home without being rushed or disrespected.
- Staff understood the need to protect people's privacy and dignity when providing care. One person said, "They [staff] are very respectful when they give me a shower." One relative told us, "They encourage [relative] to eat and get up in a morning and are very proactive and attentive."
- Confidential information was stored and protected in line with General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

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

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

At our last inspection the provider had failed to ensure care records were sufficiently updated and contained relevant information. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Personalised care records were in place for each person who was living at Lisburne Court.
- Care records contained specific details about people's backgrounds, social and cultural needs as well as their likes, dislikes, wishes and preferences.
- Care plans were regularly reviewed, and staff were familiar with the most up to date information. The electronic care planning system indicated when reviews needed to be completed.
- Electronic daily records were maintained by staff. These contained details about the care that had been provided, interventions which had taken place and people's health and well-being. Significant information was used as part of the staff daily handovers during shift changes.

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.

- People's communication needs were assessed, and measures were put in place to provide the relevant support people needed.
- 'Communication' care plans were in place and contained important information that staff needed to consult and familiarise themselves with.
- The manager told us that 'easy read' material and important information could also be provided in different formats if requested.

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

- A dedicated activities co-ordinator helped to plan and schedule a range of different activities that people

could access and participate in.

- Activities were arranged around people's likes and preferences. People told us, "They have concerts every few weeks and there is a singer on this afternoon. I like to dance especially the jive and I used to do tap and ballet" and "Some days I go to the activities particularly if it's the bingo."
- People and relatives spoke positively about Lisburne Court and how they were made to feel welcome. One relative said, "The staff make me very welcome and I like coming to visit."

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy in place; complaints were managed and responded to in line with company policy.
- Complaints were reviewed, and trends were established to see if lessons could be learnt.
- The manager told us that an 'open door' policy was in operation which helped to manage any concerns or complaints that occurred. One relative said, "No complaints, and if I want anything I will speak to [manager] who is very helpful and approachable."

End of life care and support

- People's end of life wishes were considered and supported.
- Care records contained the relevant information in relation to people's end of life preferences and wishes that needed to be respected.
- Staff had access to end of life training; the manager also informed us that they were in the process of sourcing the 'Six Steps' training programme to further enhance the skills of the staff delivering this level of care.

Is the service well-led?

Our findings

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

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

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

At our last inspection quality assurance processes did not always effectively assess and monitor the quality and safety of care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were effective quality assurance systems in place to ensure people received high-quality, person-centred care.
- Quality assurance monitoring tools, audits and checks were in place to measure performance and help improve service delivery.
- The manager maintained a good level of oversight in relation to risk; individual and environmental risk assessments were in place.
- Staff and managers were clear about their roles and understood their responsibilities.
- The manager was aware of their regulatory responsibilities and submitted the necessary statutory notifications to CQC regarding important events.

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

- The manager ensured there was a positive learning culture at Lisburne Court; staff were encouraged to reflect on their performance and helped and supported to improve and develop their practice.
- People were included in the day to day care they received, good outcomes were achieved and their overall health and well-being was prioritised. One relative told us, "Overall the place provides good care to people, there is a positive atmosphere."
- The manager and provider constantly monitored the quality and safety of care provided. One healthcare professional said, "I can compare with other care homes, the care here is very good, I see positive differences."

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 manager and provider understood the duty of candour responsibilities; they were open, honest and transparent with the necessary people and organisations when an incident occurred.
- Records confirmed that duty of candour was complied with; relatives, the local authority and CQC were notified accordingly.

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

- People and staff were regularly involved and supported to engage themselves in the provision of care being delivered.
- Regular staff meetings, 'resident and relative' meetings, reviews and questionnaires helped the provider to establish the views, thoughts and suggestions of others.
- People and relatives were provided with information about Lisburne Court in the form of a welcome pack. This contained all relevant information about the care and support they should expect as well as facilities and accommodation provided.

Continuous learning and improving care

- Lessons were learnt, trends were reviewed and established, and improvements were made as and when necessary.
- Quality assurance tools enabled the manager to monitor and improve the quality and safety of care and highlight areas of strength as well as areas of improvement.

Working in partnership with others

- The provider worked effectively with internal and external services and agencies to provide good quality care to people living at Lisburne Court.
- Evidence suggested that working with healthcare professionals and commissioners was helping to improve outcomes for people. One healthcare professional told us, "The care here is fantastic, there's brilliant relationships with staff."