

# Active Horizons Limited

# Leven House

## Inspection report

323 Market Lane  
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Tyne and Wear  
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Tel: 01914476388

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 20 March 2018 and was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors.

Leven House was last inspected in January 2017 and was found to be compliant with the required regulations and rated as Good.

Leven House is a 'care home'. People in care homes receive accommodation and 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. Care is primarily provided to older people requiring residential or respite care and the service can accommodate up to ten people. There were ten people living at the home at time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of our inspection there was an acting manager in post who had applied to be registered with CQC.

We found arrangements were not in place to ensure people were given their medicines in a safe manner.

Accidents and incidents were not always well recorded and were not reviewed for trend analysis.

Risks assessments for people were not robust or reflective of their current risks and needs.

We found an unlocked door which housed a storage area containing items such as liquid paint stripper and a carpet in a corridor that was taped down as it had lifted. These could mean potential hazards. The manager addressed the cupboard immediately and told us they would address the flooring trip risk.

There was a recruitment procedure in place, reducing the risk of an unsuitable person being employed to work with vulnerable people.

Staff who were new to the service told us they underwent an induction period, however this was not well recorded.

We found training records were in place which demonstrated staff had received appropriate training. Staff told us they had received training in moving and handling, administering medicines and first aid.

Records relating to the Deprivation of Liberty Safeguards were not well maintained meaning it was difficult to track if people had current authorisations in place.

The service had considered people's food and fluid intake and put in place specific plans to meet individual people's needs. Relatives were confident people were receiving the required nutrition.

We found staff were now receiving appropriate support through supervision and appraisal and the manager had a plan going forward to address supervisions.

People and their relatives told us the service was caring.

The service supported people to engage in the local community to prevent social isolation and to have pets where they chose to.

Assessment records were not always well completed. Care plans were in place however these were not always up to date or contained information required to support a person safely.

Quality audits had not been in place since July 2017. This meant the provider was not assessing and monitoring the service to improve the quality.

Policies and procedures that we viewed were out of date with many showing no review undertaken since 2010.

People's views had not been sought since 2016 although people we spoke with knew how to raise a concern and told us they felt listened to by the staff and manager at the home.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risk assessments needed to be improved.

There were risks relating to environmental safety that had not been addressed.

People's medicines were not always safely managed.

Staff could recognise signs of potential abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Assessments were not always in place to ensure risks relating to mobility, falls and nutrition were clearly recorded and reviewed.

The documentation linked to the application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was not in good order.

Records relating to staff induction were not always in place.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

Staff knew people well and involved them in conversations about their care.

Staff interacted with people in a way which was kind, compassionate and caring.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans were in place however these were not always up to date or contain information required to support a person safely.

The provider did not have in place arrangements to review people's care plans.

People were supported to access the community and carry out daily living tasks within the home.

**Is the service well-led?**

The service was not always well led.

Audits and checks in the service were not robust and failed to identify issues about environment safety and record keeping.

Service user views had not been actively sought since July 2017.

Recent changes in leadership had a positive impact on how the service was provided.

**Requires Improvement** 

# Leven House

## **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 was a comprehensive inspection which took place on 20 March 2018. The visit was unannounced which meant the service did not know that we were visiting. Two inspectors carried out this inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commissioning group (CCG); their feedback informed this inspection report.

We spoke with four people and two relatives. We also spoke with the acting manager, two senior carers, the cook and two care assistants. We looked at the care records for four people who used the service, people's medicines records and recruitment records for four staff. We also looked at a range of records related to the quality and safety of the home.

# Is the service safe?

## Our findings

We reviewed the management of medicines within the home. We observed people had their medicines when they needed them and in a safe manner. The senior carer was able to describe the process in place for ordering, receiving and returning medicines. Staff had received training in the safe handling of medicines. Although we saw medicine administration records (MARs) for people's timed medicines were completed correctly with no gaps or anomalies. Where 'as and when' medicines were prescribed no entry had been made on the reverse of the MAR to record what had been given and what the outcome was. For example, whether the medicine had been effective.

We found one person's care records indicated staff could administer their medicines covertly. Covertly' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. Where medicines are to be given covertly a best interest's decision meeting should be held with health care professionals and those involved in supporting the person to discuss the reasons for the use of covert administration and whether this is the best option for the person. The MAR did not contain any information about covert administration.

We checked one person's controlled drugs and found the stock balance to be correct. The person had been prescribed a liquid medicine for pain relief. We found one bottle had been opened in June 2017. The instruction on the bottle advised the medicine was to be used within three months of opening. This meant the medicine was no longer safe to use. The manager agreed to dispose of the medicine.

Another person's MAR had an X recorded every other day. We found the new instructions for the person to have the medicine on alternate days' had been written on the reverse of the MAR. We could not be sure that staff would know to check the reverse of the MAR.

Topical medicine administration records (TMAR's) were in place for people who required creams or ointment applied to their skin. The TMAR had a body map which showed staff where the cream or ointment was to be applied. Where people had more than one topical medicine a code was also used on the body map. For example, A = Ibuprofen, B = Zero double cream. We found some people who were prescribed more than one topical medicine did not have the code used on their body map.

We found where people were prescribed 'as and when' medicine, no guidance was available to staff for people who were prescribed this type of administration when carrying out medicine rounds. For example, one person was prescribed medicine to be given when required for aggression. No guidance was available for staff to know when to administer the medicine.

We found some people's MAR contained handwritten entries. These were not signed by two members of staff. National Institute for Health and care Excellence (NICE) guidelines - Managing medicines in care homes March 2014 states that hand written entries must be double signed to verify the medicine has been recorded correctly.

The provider did not have a process in place to monitor the temperature of the room where medicines were stored in. Some boxed and bottled medicines did not have the date of opening recorded.

In the kitchen area we found where food packaging had been opened or food had been stored in plastic containers no date of opening had been recorded. This meant we could not be sure that the food being stored was safe to use.

We found some items of laundry soaking in a bowl in the laundry. Items which are soiled should be washed in water soluble laundry bags to prevent cross contamination. We also found an unlocked cupboard that contained items such as liquid pain stripper. We brought this to the manager's attention and the cupboard was immediately locked.

We found a water temperature check was carried out at the service every three months by an external contractor. We found the temperature of a hot water tap in one person's room had been recorded in excess of the safe 43 degree limit since May 2017. A record also stated the problem had been rectified in February 2017 but the check was still recorded at the higher level. We tested the tap in question and found it was not exceeding the safe limit. We asked the manager to seek confirmation that this had been addressed and the records updated.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some health and safety checks were completed to ensure the environment and the equipment used to support people was safe. For example, electrical installation checks, portable appliance, fire equipment and hoist checks. However no records were available to demonstrate checks were completed on the slings used with moving and handling hoists, bed rails, mattresses and wheelchairs. No infection control audits were in place.

We reviewed the provider's risk assessment for bed rails. The document used pictures to indicate the risk and control measures for staff to follow. The document stated, 'introduce bed rail policy' with a date for completion of 4 May 2011. No signature or date for review was in place. This meant we could not be sure when the policy was last reviewed.

The policy and procedure for medicine management was in need of review. The policy did not contain guidance for staff regarding covert medicines or self-administration.

We found accidents and incidents were not consistently recorded. For example, in January 2018, we saw two people had an altercation that resulted in one person being pushed over. There was however no recorded review or follow up to the incident, nor any risk assessment put in place to avoid a future reoccurrence.

We found a water temperature check was carried out at the service every three months by an external contractor. We found the temperature of a hot water tap in one person's room had been recorded in excess of the safe 43 degree limit since May 2017. A record also stated the problem had been rectified in February 2017 but the check was still recorded at the higher level. We tested the tap in question and found it was not exceeding the safe limit. We asked the manager to seek confirmation that this had been addressed and the records updated.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated



Activities) Regulations 2014.

People told us they felt safe at Leven House. Comments included, "I am safe here", and "Plenty of staff about." We spoke with two relatives who also confirmed they happy that safe care was provided. They said, "I feel Mum is safe, no complaints," and "No one is neglected and it's a nice and warm place."

We saw staffing levels were provided at safe levels. One relative we spoke with said, "The staff to patient ratio is good." On the day of our inspection there was the manager, two senior carers, a carer, cook and domestic. We saw that there were two staff on waking nights including a senior care staff member. Staff told us they covered absences for each other so consistency was provided. One staff member told us, "We used to use agency staff occasionally but not now."

Staff we spoke with knew how to report any concerns or abuse. One staff member told us, "I'd report to a senior or go straight to the safeguarding team." We saw nearly all staff had received training in the safeguarding of vulnerable adults and further training was planned.

Personal protective equipment was used when appropriate and was readily available for staff.

The provider had safe recruitment procedures in place which included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and references. These are carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. The manager told us, "We have changed a lot of the paper work, references were not very professional. Now we ring and verify references."

People had personal emergency evaluation plans (PEEPs) in place in case of emergencies.

## Is the service effective?

### Our findings

We found not all staff files contained evidence of an induction. One staff member's records stated, 'Induction training booked 20 and 27 February 2018', however no induction records were available. Another new member of staff did not have any record of induction on file. We spoke with a new staff member who had been at the service for three months who told us, "I got an induction and two days of shadowing experienced staff. I have also done moving and handling training, first aid and I am about to do my medicines training." The lack of induction records were due to poor record keeping. We saw that the manager had put recently recruited staff through an induction and Care Certificate.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions, no best interest (BI) decision meeting records were available. For example, we found one person who required bed rails to ensure their safety whilst in bed and a lap belt to be used in their wheelchair. Another person had a bed sensor in place to alert staff if they got out of bed. A third person's medicine care plan stated they could have their medicines covertly if they refused to take their medicines. No BI decision meeting records were available to demonstrate any of these decisions were discussed and found to be appropriate for the person.

We also viewed the file for recording DoLS requests and authorisations and found this was poorly maintained and meant it was difficult to track if people were currently subject to a DoLS.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found one person's nutritional risk assessment had not been scored correctly. The person was assessed as a 'low risk'. The person required support to eat and drink therefore should have scored two for this aspect of the assessment. They also had a pressure area which should have scored two. These additional scores meant the nutritional risk assessment overall score should have been recorded as five, which put them at a medium risk. The person had been assessed by the speech and language therapist (SALT) as requiring a fork mash-able diet due to difficulties in swallowing. No risk assessment was in place for choking. The risk assessment for skin integrity stated the person was at high risk of developing pressure areas. The last assessment was dated 12 December 2017.

Another person's nutritional risk assessment record demonstrated they had lost weight over a period of 12 months. No contact had been made with the person's GP regarding the weight loss until recently. This meant the home had not acted in a timely manner in addressing the person's nutritional status. We found records now contained guidance for staff to ensure the person's diet was fortified with high calorie ingredient such as cheese and cream.

The person's skin integrity assessment showed they were at risk of developing pressure areas. This was dated February 2017. We found no review of the risk assessment had taken place despite records identified the person and a sore bottom. The person had also lost weight over a period of time, this would have had an impact on the result of the skin integrity assessment. One falls risk assessment held on file should the person was at high risk of falls. The document stated staff were to implement high risk falls prevention using the 'fall leaf programme'. No records pertaining to the 'fall leaf programme' were on file. We could not establish what this programme was as no guidance was available within the file. A second falls risk assessment indicated the person was at low to moderate risk, this meant records were not consistent and contradicted each other.

We reviewed a selection of food and fluid charts for people who were assessed as being at risk of undernutrition. Where people had refused a meal we did not see any further recording where staff had returned to offer further snacks or to try again with the offer of a meal. Fluid charts contained a target amount for people to achieve, however fluids were not totalled. This meant people may be at risk of not receiving the right level of nutrition or hydration.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with said they felt confident in the staff team. They told us, "Staff know what they are doing," and "There has been a high turnover of staff but it feels settled now."

People we spoke with were positive about the food. One person told us, "The food is very good," and another said, "I get good meals."

We observed the lunchtime meal in the dining room where shepherd's pie and vegetables were served. The cook told us they checked beforehand with people if they wanted anything different. We saw one person had a glass of juice from the tinned fruit served for desert as the cook knew they enjoyed this. In the kitchen we saw on display was an individual list of people's likes, dislikes and preferences in relation to their diet. These included detail like, "I like my tea in my silver handled flask with milk and two sugars," and "I have dysphagia (swallowing difficulties) so I am on a blended diet."

We saw a training matrix which showed that most staff had received mandatory training and the manager told us that they had also booked staff members on a training course relating to supporting people with behaviour when they were anxious.

There was staff supervision matrix now in place and the manager told us this was being rolled out with three staff receiving supervision in February 2018. Staff we spoke with told us about a staff meeting scheduled for the following day and also that they found the manger friendly and approachable.

We found care records confirmed people had access to external health and social care professionals when required. For example, GP's and community nurses.

## Is the service caring?

### Our findings

People who used the service and their relatives gave consistently positive feedback about the caring attitudes of staff. Relatives we spoke with said, "They are lovely", "(Family member) loves all the staff, they are more than helpful," and "They keep us well informed."

People we spoke with told us, "They always stop for a chat", "My room is lovely", "Lovely staff" and "It's nice here, they look after you." One person showed us how to dunk biscuits into their cup of tea, laughing and telling us, "It's like a home from home here."

During our inspection, we saw many caring and respectful interactions between staff and the people living at the home. Staff had developed positive relationships with them. They did not rush people to make decisions and were led by what the person wanted to do where ever possible. People appeared at ease with the staff, looking comfortable and relaxed in their presence. We witnessed one staff member saying goodbye to people at the end of their shift. They went round individually and said goodbye and one person gave the staff member a kiss. They told us they did this every day and said, "She's such a good, nice girl." One staff member told us, "I love it here, it's small so you get great one to one time with people and that matters."

People's privacy and dignity was respected by staff closing doors when supporting people with personal care and ensuring people were supported to eat and drink when appropriate. We spoke with one male staff member who told us, "I ask the ladies if they are ok with me doing care for them. I always double check. One lady doesn't like me showering her so we always make sure there is another female staff around to do this." We saw staff also had a good relationship with relatives and friends who visited the home, staff were open and welcoming offering tea or a coffee.

Staff told us they promoted people's independence, respected their wishes and gave opportunities to provide information. One staff member told us, "We have house meetings, and involve everyone." Staff had taken time to get to know the people they supported, by reading care records and spending quality time with them. One staff member told us, "We have some great times here, I know these people so well, [person] has such a sense of humour we have a laugh and a joke." One relative told us their family member liked to do household chores and the staff supported them to do dusting and peeling vegetables. They told us the provider purchased a carpet sweeper so they can be involved with the cleaning. During the inspection we observed the person with the sweeper.

We saw that information about advocacy services was available to people and was displayed on the noticeboard at the home.

## Is the service responsive?

### Our findings

Care plans were in place however these were not always up to date or contained information required to support a person safely. We saw for one person who had recently moved to the home at the beginning of February 2018 that there was only a care plan in place for continence and medicines. There was no assessment of their needs and no risk assessments in place. This person had a walking stick and a bed rail in place and had also had a fall at the service. This meant that their care needs were not assessed and recorded for staff to follow.

One person's communication plan did not mention they had a sight impairment. Their medicine care plan did not contain the name of the medicine which could be administered covertly, and stated, "with cake" despite the person requiring a fork mash-able diet. Neither did the care plan mention the need for thickened fluids. Thickened fluids are fluids prepared for people who are at risk of choking.

Their nutritional care plan dated 21 November 2017 stated, "Full support, food cut up into small manageable portions, beaker for drinks with straw." The actual care plan had not been updated with the recommendations made by the Speech and Language Therapist. Only the evaluation of the care plan dated 12 January 2018 stated, "Please see attached letter". The letter was not held with the care plan but within the general part of the file. Following a GP visit, staff were advised to increase fluids as the person was dehydrated. Care plans had not been updated to include this advice. Fluid charts were completed but not totalled to ascertain if the person was meeting their target amount. This meant people were at risk of not having their nutritional needs met.

This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a variance in the quality of recording for people's moving and handling and mobility needs. One person's mobility care plan did not set out which hoist was to be used or what colour sling was recommended for the person. Another person's mobility care plan was detailed and contained specific instructions for staff when supporting the person. When we spoke with staff they were clear on what sling they used but this information was not recorded. We also discussed one person's skin integrity needs with staff. The staff were knowledgeable and told us, "We are currently doing one hour turns as (Name's) skin is broken, we have two other people on two hour positional turns and would never go over this." The staff were clear on what people's needs were but records did not always reflect these current needs.

Personal care plans did not contain any reference to people's oral care needs. We asked the manager to address this and they agreed.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us they felt the service was responsive. One said, "I can visit anytime and they

ring me if there are any problems."

On the day of our visit, one person had gone shopping with a staff member to the Metro Centre and other people were playing board games with staff. One staff member we spoke with said, "We have an activity coordinator who does 12 hours a week and we get singers in too. We all do activities with people, like arts and crafts, bingo and dominoes and some people just chose to sit quietly so that is their choice."

The service had a complaints procedure in place. We saw no complaints had been recorded since May 2017. We raised a concern that CQC had received prior to our visit with the manager as we found no record of it. The manager told us that they had not recorded this concern as no formal complaint had been made and they explained the actions they took to investigate it and that they had apologised to the person concerned. We stated to the manager that they should record any concern as good practice to show that the service listened to any feedback and acted upon it as they had done and they agreed to this.

## Is the service well-led?

### Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of our inspection there was a manager in post who had applied to be registered with CQC.

We spent time with the manager who had started working at the service three months ago. They were open and honest about the issues we found and stated they were fully aware of the work needed to bring the service up to standard and to meet all regulations. They had an action plan in place following a recent visit from the local authority where issues similar to those found by ourselves were discovered. We asked the manager to ensure they prioritised issues of safety relating to the environment and care plans and risk assessments and they agreed to action this. We will be meeting with them in due course to confirm this has been addressed.

We looked to see if audits were carried out to ensure service quality. We found there were no audits checks carried out to monitor quality, for example on people's medication or care records. There was a quarterly audit file that was last completed in August 2017. This audit had covered complaints, staff meetings, staff supervision, service user reviews, health and safety monitoring, medicines, incidents and service user views. This meant the provider was not assessing and monitoring the service to improve the quality.

Policies and procedures that we viewed were out of date with many showing no review since 2010. Policies showed out of date information such as referring to the service delivering nursing care (which it did not do). The only policy that was in date was a health and safety policy that had been reviewed in January 2017.

We saw questionnaires to ask people about the quality of the service had not been carried out since 2016. The last recorded residents meeting had been in July 2017.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had developed a revised contingency plan that covered actions to take in event of a fire, nurse call failure, gas, electric and water failures and also regarding deaths and incidents and accidents.

People told us they thought the service they were receiving was good. Comments included, "It's canny here, the staff are all lovely," and "I am happy here."

Staff told us if they had any concerns they would go to the manager and told us they had received positive support. We found records to demonstrate staff meetings were held regularly. A staff member told us the next meeting was scheduled for the day after our inspection. They told us, "I feel able to speak up about anything. [Name] the manager has a good approach, she's friendly." One relative we spoke with said,

"[Manager] has helped us and is always happy to speak with us."

We found the service worked with other professionals to support people's needs. These included occupational therapists, district nurses, care managers and community psychiatric nurses. This meant the service worked in partnership with key organisations to support care provision, service development and joined-up care.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were at risk of not having their care needs met by lack of assessment. Medicines were not always safely administered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of quality review in place. Records were not well maintained.