

Leeming Bar Limited

Leeming Bar Grange Care Home

Inspection report

Leeming Lane
Leeming Bar
Northallerton
North Yorkshire
DL7 9AU

Tel: 01677425594

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Leeming Bar Grange is a residential care home providing personal care to 45 people at the time of our inspection. The service supports older people and those living with dementia or physical disability. The service can support up to 60 people.

The service accommodates people across two floors within a purpose-built building.

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

Staff knew about people's individual care needs and people said they received good support. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

People's medicines were administered safely, and people said these were given on time and when needed.

People told us they felt safe. The provider followed robust recruitment checks, and enough staff were employed to ensure people's needs were met.

Staff followed good infection protection and control standards and people said the service was clean.

Staff had received training and development around management of dementia and demonstrated a good understanding of dementia care. They worked with people's individual strengths to ensure their independence, wishes and choices were promoted.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities and enjoyed the company of others in the service.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 26 August 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Since the last inspection we recognised that the previous provider had failed to submit statutory notifications to CQC. This was a breach of regulation and we issued a fixed penalty notice. The previous provider accepted a fixed penalty and paid this in full.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Leeming Bar Grange Care 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

This inspection was carried out by one inspector, a member of our medicines team 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

Leeming Bar Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was an operations manager running the service and we have referred to them as 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who works 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 eight people, five relatives and two healthcare professionals about their experience of the care provided. We spoke with eight members of staff including the regional director, the manager, team leaders and senior care workers, social activity staff and ancillary staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received written feedback from one family about "The wonderful care" their relative had received at end of life.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. People said they felt safe in the service and were well looked after.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.
- Care plans contained basic explanations of the control measures for staff to follow to keep people safe. For example assessments for risk of choking and falls.

Staffing and recruitment

- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff. One staff member said, "There has been a massive improvement to the service. Staffing levels had gone up."
- There were enough staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. One person said, "It is much better now. They used to be a bit thin on the ground, but they have employed one or two more recently, which has made all the difference."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People were satisfied with how medicines were managed. One person said, "I'm on a few tablets just now. They always give me them on time."

Preventing and controlling infection

- The service was clean and tidy throughout. One person told us, "This place is spotless. I am happy with my room. When the staff have been in you can tell it has been cleaned. It is lovely."
- Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- The manager had introduced aspects of best practice to the care records, including care plans for oral health care and communication.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Staff were up to date with training that the provider deemed as mandatory. Specialist training based on people's specific needs had been completed. For example, dementia care. One staff member said, "The training is much better now. Staff are following better practice and using equipment appropriately to give safe care."
- Staff were supported through supervision and annual appraisals. The manager worked with staff and observed their practice; they received feedback on their performance. One member of staff said, "The manager answers all questions, listens and is fair with everyone."

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

- People had access to a varied and balanced diet. Menus were flexible and were adapted to suit people's preferences and requests. People said the food was nice. One person said, "We are given healthy food, with plenty of fruit and vegetables. Drinks are provided all day and night and we are offered choices each meal time."
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. One health care professional said, "Staff practice has improved since [Name of manager] started to manage the service. Staff are more proactive and giving better care. I have no concerns about people's health and wellbeing."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The environment needed refurbishment and redecoration as a number of communal areas looked 'tired and worn'. The manager said this would be a priority for the provider over the next year and funds had been set aside for a 'makeover'."
- The design and layout of the service met the needs of people who lived there. For example, bathrooms and toilets had aids fitted to assist people with using the facilities. Communal facilities were dementia friendly and had interactive items for people to use.
- People had communal spaces to sit in and take part in activities. There was good access to outdoor space. One person said, "Outside is very pleasant."

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 were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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 positive about their experience of the service. One relative said, "Staff and the manager are absolutely excellent. [Name] is delighted with their care and support and does not wish to move anywhere else."
- Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People had support from their families or external advocates if they needed help with making decisions.
- People were encouraged to make decisions and choices about their care. They confirmed they could follow their own routines.
- People and relatives said they were involved in planning and reviewing the care and support given by staff. One relative said, "There has been huge, positive changes in the service. In the last seven months there has been better contact with families and meetings are taking place."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A person said, "I do what I can for myself and staff encourage this. However, they are there when I need help with washing and dressing."
- Personal information was stored securely which helped to maintain people's privacy.

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 remained the same. 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

- Care plans and risk assessments needed reviewing when people's needs changed. They were not always reflecting current care. For example, mobility care plans needed to include the type of hoist and sling used and respiratory care plans required details of medical conditions that affected people's breathing. The manager had made a start on rewriting some care records and had a plan for how long this would take to complete.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "I can talk to the staff about what I want. They listen to me and do their best to accommodate my wishes."

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 were supported to tell staff about their wishes and views; their care plans included information about how they communicated.
- The manager was aware of the need to make information for people available in formats they could understand. They said most of the documents within the service could be provided in different formats on request. For example, easy read, large print, braille or a different language.

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 enjoyed the social activities arranged for them. They did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons.
- Activities were based on what people wanted on the day, although there were also weekly planned activities. People said, "I like to go in the garden" and, "Activities people come to see me, we just sit and talk - it's my choice to do this."

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them to raise any issues.
- Complaints were investigated and addressed in line with the provider's policy and procedure.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it. One family wrote to us and said, "[Name] was happy in the home, they had wonderful relationships with all the staff. They elected not to go into hospital prior to their death as they wanted to be in the place they considered home. Staff care was exemplary and [Name] died happy and at peace having had their wishes respected."

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 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 in 2017 we found the previous provider had not submitted statutory notifications to CQC as required by the regulations. We issued a fixed penalty notice which the previous provider accepted and paid the fine. At this inspection we found the new provider had audited the systems and ensured notifications were submitted where necessary.
- The manager had submitted an application to register with CQC.
- The service was well run. It was welcoming and friendly; people were treated with respect and staff acted professionally.
- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was committed to providing good quality care to people. Relatives and people were kept up to date with changes in the service.
- Staff morale was high. They felt listened to and told us the manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards of care.
- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- Regular checks were completed by the staff and manager to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service.
- The manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

