Care Quality Commission

Greenleaf Healthcare Limited

Livesey Lodge Care Home

Inspection report

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Tel: 01455 273536

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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 9 April 2015 and was unannounced.

At our last inspection on 30 December 2013 the service was meeting the regulations.

Livesey Lodge Care Home provides accommodation and care for up to 24 people. On the day of our visit there were 16 people at the service. Accommodation is arranged over one floor.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People and relatives that we spoke with made positive comments about the staff. People's privacy and dignity was respected. Staff had a good understanding of how through their daily work they could ensure that this was

Summary of findings

maintained. People had care plans in place that contained information about their preferences. We saw that people's preferences were recorded and respected by staff.

People often had to wait for staff to support them as they were busy carrying out other tasks.

There were limited opportunities for people to be involved in activities and people told us they were bored.

Staff had a good understanding of the types of abuse and how they were to report any concerns. People told us they would be able to raise any concerns. Staff told us that the registered manager was approachable and that they felt well supported in their roles.

People felt that there were enough staff to meet their needs but staff were expected to carry out laundry and domestic jobs within their roles. This led to the time they had available to spend with people that used the service being limited. People often had to wait for their requests to be actioned. The general environment was in need of a deep clean as staff did not have the time to do this.

People were provided with food to meet their dietary needs but people were not provided with opportunities to express their wishes or preferences.

The service had failed to ensure that people's risk assessments had been updated following incidents to ensure that they continued to meet people's needs and reduce the risks of them occurring again. The service had failed to ensure that they had regard for people's wellbeing where they were responsible for meeting people's nutritional needs.

Quality assurance audits that were undertaken by the service failed to identify the concerns that we found. Environmental hazards to people that used the service had not always been identified. The service did not have an effective system in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

We found two 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.

Summary of findings

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 consistently safe.

Staff had a good knowledge of the types of abuse and how to report any concerns. Risk assessments had not always been updated to reflect changes in people's needs or following incidents. Environmental hazards had not always been addressed. People received their medicines as they required them but there were times when medication administration records provided inaccurate information. Care staff were expected to carry out laundry and domestic tasks within their roles.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received regular supervision. The manager and deputy manager had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation and were working to the requirements of them. Changes in people's health had not always been followed through. People were provided with meals to meet their dietary needs and supported appropriately with their meals. Food was all pre-plated with no opportunity for people to help themselves to anything.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff respected people's privacy and dignity. Staff were caring and respectful in their approach but their interactions were limited and task orientated. People were made to wait for their requests to be actioned and there were limited opportunities for people to make decisions.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans contained information about their preferences and we found that these were respected. Activities were very limited and people received very little interaction from staff members. There was a system in place to obtain feedback about the service but people that used the service and their relatives were not aware of this and had not been asked for their views.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff felt that the registered manager was very approachable and they felt well supported in their roles. Audits that were carried out had failed to identify concerns that we found. The registered manager had failed to notify CQC of an occurrence that is notifiable by law.

Livesey Lodge Care Home

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 inspection took place on 9 April 2015 and was unannounced.

The inspection was carried out by two inspectors 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, their area of expertise was for older people with dementia.

We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service to obtain there feedback about the service.

We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We completed a SOFI observation for five people who used the service.

We spoke with four people that used the service and five people that were visiting relatives at the service. We also spoke with the registered manager, a senior carer and two care assistants. We looked at the care records of five people that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I feel safe here." Another two people told us, when asked, if they felt safe, "Oh yes," and "Oh yes, definitely." A relative told us, "Yes [my relative] is safe. [My relative] has had a couple of falls but they don't sit still."

Although people told us that they felt safe we found some concerns relating to their safety. Risk assessments relating to people's care had been carried out and some control measures to reduce the risks had been put in place. However, these had not always been updated to reflect changes in people's needs or following incidents. One person had experienced a fall five days prior to our visit. This had resulted in bruising to their face and this bruising was still clearly visible at the time of our visit. No falls risk assessment had been completed since this serious event and no changes had been made to their care to help prevent a similarly serious fall occurring again. Another person had experienced a fracture as a result of a fall and no action had been taken to understand how or why they had fallen so that a similarly serious fall could be prevented in the future.

We found that for one other person risk assessments had not been updated following a number of falls they had experienced and there were no additional control measures put in place to prevent any further falls occurring. We discussed this with registered manager who confirmed that no further action had been taken to prevent the person from falling.

The provider had failed to ensure that people's risk assessments and risk management plans were updated following incidents. In this way the provider had not ensured that care reduced the risks of such incidents occurring again and met people's needs.

Within a 22 day period one person had lost over 10 per cent of their body weight. The monthly analysis of their care records relating to their weight detailed 'weight loss this month' but no action had been taken to understand the loss of weight or to seek advice from external professionals. A significant weight loss like this would have an effect on a person's well-being and could have signalled health needs that required attention.

Another person had lost over 10 per cent of their body weight over a three month period and no action had been taken. This person had previously lost a significant amount of weight and the service had involved a dietician as a result of safeguarding investigation. However no further action had been taken following the second period of weight loss.

Two people had experienced significant weight loss and the service had failed to take any action in response to it. The service had failed to ensure that they had regard for people's wellbeing where they were responsible for meeting people's nutritional needs.

These matters were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9 Person-centred care.

We saw that checks were carried out on equipment to ensure that it was safe for people to use. There was a business continuity plan in place and a general evacuation list that provided details about people's needs and could be used in the event of an emergency. However we found that a number of radiators and associated pipes in both communal areas and within people's bedrooms were very hot to touch. There was a risk that people may have come into contact with the hot surface and be unable to either summons assistance or move away from it independently. This was particularly concerning due to the needs of the people using the service. Some people had limited physical abilities and would have been unable to move away from a hot surface independently if they fell onto it. Others had sensory impairments and/or dementia and may not have recognised the radiators as a danger and/or have the ability to avoid or move away from them. The provider had not ensured that the premises were safe to use. The registered manager told us they were going to take immediate action in relation to the radiators and pipes.

We also found two fire doors were not secure and could easily have been forced open to allow people access to the service. We discussed this with the registered manager who advised us that following our inspection they had contacted two carpenters to get quotes to replace the fire doors.

There was a safeguarding and whistle-blowing policy in place. The safeguarding policy did not contain information about the various types of abuse or details of how and where it should be reported. However when we spoke with staff about abuse they had a good understanding of the various types of abuse and knew how and where they

Requires Improvement

Is the service safe?

should report it. This included both internally and externally to the local safeguarding authority, police and/or the Care Quality Commission (CQC) as required. Staff were aware of whistleblowing and knew how they were able to escalate concerns should they need to. The whistleblowing policy was in need of updating as it referred to the regulator's predecessor, the Commission of Social Care Inspection (CSCI).

People told us that they felt that there were enough staff on duty at the service but they were very busy. A relative told us, "For the most part they are adequately staffed." Staff told us that the staffing levels at the service were low. One staff member told us, "We cope with the amount of staff. People do have to wait to move from the table or to go to the toilet." Another staff member told us, "Staffing is low. I could be in one reception room and something could be happening in the other. We can't keep an eye on the people that walk around. We try to be here, there and everywhere. I do feel rushed when I'm with people and others have to wait for things." All staff members that were on duty attended the handover between shifts so during this time there were no staff readily available to meet people's needs.

We looked at staff rotas and discussed staffing levels with the manager of the service who advised that they were continuing to recruit care staff and there were no domestic or laundry staff at the service. They explained that care staff carried out laundry and domestic tasks when they could. We saw from the general cleanliness of the service that deep cleaning was not carried out on a regular basis. This was because care staff did not always have the time. The registered manager told us that they would take our comments on board and that they would look at employing a domestic member of staff. The registered manager also told us that they were continuing to recruit care staff to the service and in the interim they were using agency staff to cover shifts.

People told us that they received their medicines as and when they required them. They told us that they were able to ask for pain relief if they needed it and it was then provided. We saw that where medicines were prescribed on an as required basis there were protocols in place for staff to follow. We observed medicines being administered over the lunchtime period. We saw that a non- touch technique was used and that the staff member approached people individually and explained what their medicines were for. A non-touch technique is a good practice way to administer medicines where staff do not physically touch medicines that they are administering. Medicines were stored appropriately and the medicine trolley was kept locked when it was not attended. We saw that the majority of medicines were signed for as administered on the Medication Administration Record (MAR) chart when staff observed people taking them.

We noticed that staff left a person with their tablets for them to take when they got up but signed the MAR sheet to say that they had been administered. This was a concern as the records showed that the person had actually taken their medicine but the staff could not be certain of this. During our visit we found a tablet that is prescribed to reduce the amount of cholesterol in the body on the floor in a person's bedroom. We discussed this with the deputy manager who advised us that it was the person's evening medicine and that it must have been from the previous night. We checked the MAR chart and we saw that it had been signed for as administered. This meant that the records showed that the person had taken the medicine when they had not done so. This was a concern as the manager could not be assured that people were receiving the medicines that they needed and could not rely on the administration system for this assurance.

Requires Improvement

Is the service effective?

Our findings

People told us they thought that staff had received adequate training to enable them to meet people's needs. A relative told us, "The staff are confident in what they're doing." Staff told us that they received enough training for them to carry out their roles and that they received an induction when they first started at the service. One staff member told us, "I had an induction over one day and it did help prepare me as I had previous employment in care. I did manual handling and dementia training before I started on the floor." We saw that the registered manager kept a training matrix that included details about training courses that staff required and when they were last updated. We found some courses such as dementia care had been provided to help staff understand and meet people's specific needs. A staff member told us, "The dementia training was really good. It helped you to see things from the point of view of the resident." However not all staff had attended all of the training courses and some staff had attended some of the courses a number of years ago and these had not been refreshed. Staff told us that they had regular supervision with the registered manager. We saw that regular supervisions and an annual appraisal with staff were carried out.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The registered manager and deputy manager had an understanding of their responsibility of DoLS. They had made two referrals to the local authority where there were concerns about restricting a person's freedom. We saw that they had one DoLS authorisation in place where a person was being deprived of their freedom with the least restrictive measures in place. We asked to see the paperwork relating to the authorisation and we were provided with paperwork relating to an authorisation that had expired. We discussed this with the manager and deputy manager who advised us that they had made initial contact with DoLS team at the local authority at the beginning of February 2015 to request another authorisation but they were not aware of any further updates in relation to this. We have since received information from the registered manager to advise that there is another authorisation in place, we spoke with the DoLS team at the local authority who confirmed this. This was a concern as nobody at the service during our visit was aware that this was in place and they were continuing to provide care in the same way without any knowledge of a current authorisation being in place. However, this did show that the manager and deputy manager had an awareness of the MCA and DoLS legislation and were working to their requirements.

There were no mental capacity assessments in people's care records. The MCA legislation states that where people do not have the capacity to make a specific decision both a mental capacity assessment is completed and a best interest decision is made in consultation with other relevant people involved in the person's life and recorded. We discussed this with the registered manager who confirmed that currently there were no mental capacity assessments in place. They went on to tell us that the majority of people that used the service were able to make informed decisions about their care but they were in the process of reassessing everybody's mental capacity to consent to their care to ensure they were working to the requirements of the MCA legislation. Staff told us that they obtained verbal consent from people in relation to their care. One staff member told us, "If residents become agitated I tend to step back, try a different staff, leave it for about 10 minutes and go back. That usually works."

One person told us, "The food is very good," another person told us, "There is always plenty of food." Relatives told us, "The food seems satisfactory and balanced. The staff gave [my relative] complan [a food supplement] when they weren't eating." Another relative told us, "The standard of care is good, if food was more imaginative then we'd be a great deal happier." The menu was not displayed anywhere for people that used the service. The cook told us that they were aware of people's likes and dislikes and they would ask people in the morning if they wanted something different to the dish available if it was something that they disliked. We saw that one person had an alternative meal to other people and she confirmed that this was her choice. The cook did have a good understanding of people's dietary requirements and people were provided with meals to meet their dietary needs. Menus were produced on a four weekly cycle but the cook told us that these were sometimes changed.

During lunchtime we observed that people had varied eating experiences. We saw that for some people their dinner was placed on the table before they were seated

Requires Improvement

Is the service effective?

there. Food was all pre-plated by the cook with no options for people to help themselves to anything. A choice of juice was available. We saw that some people were supported appropriately by staff to eat and staff engaged people in conversation while for other people they were left to eat and did not receive any communication from staff until other people that used the service pointed out that they were not eating.

We saw that a drinks trolley was taken around to people once in the morning and once during the afternoon. People were served with drinks and a biscuit to accompany it on their saucer. We did not see people being asked about their preferences. One person told the care staff that their coffee was too weak to which the staff member responded, "I don't know because I don't drink tea or coffee." Another staff member responded and strengthened the person's coffee.

People told us that they had access to health professional as they required. One person told us how a doctor visited the service regularly and several people told us that the chiropodist visited them. A relative told us, "The girls are very good, if they find anything wrong they soon report it." Another relative told us they felt the service dealt with a recent incident relating to their relative promptly. A staff member told us, "We find out about any changes to resident's needs through handover and the care files are updated." In people's care records we saw that visits from doctors, district nurses, chiropodists and dieticians were recorded. However, for two people who had experienced significant weight loss, we found that no referrals to appropriate health professionals had been made. There was a risk that people were not receiving appropriate healthcare services when their needs had changed.

Requires Improvement

Is the service caring?

Our findings

People and relatives that we spoke with made positive comments about the staff. One person told us, "They [the staff] are tremendous." Another person told us, "I like all of the carers." Relatives were also complimentary about the staff. One relative told us, "The staff are very good and caring," another relative told us, "The staff are approachable, friendly and really nice."

We found that staff interactions with people were limited and were task oriented. We found that when staff supported people with a task, such as supporting them through to the dining area for lunch, they had a caring and respectful approach. Staff used people's preferred names and used appropriate communication skills when talking with people. For example, staff communicated at eye level with people and showed they understood people's individual communication needs.

We found that people were left sitting at the tables in the dining room for a long period after they had finished their breakfast. We saw that people expressed their wish to move but they had to wait until staff were available to physically assist them. There were limited opportunities for people to vocalise their choices, for example people were provided with tea or coffee with a biscuit on the saucer during the morning and afternoon, people were served their lunch with gravy already on it and people were assisted into the lounge area following their breakfast and lunch. People were not actively involved in making day to day decisions about their care.

There was information available on a notice board within a communal area at the service about advocacy services that were available for people. Telephone contact numbers were also included. A relative told us that they were kept up to date with information and developments of the service by the use of the notice board.

One person told us, "When I first came here I didn't like it but now I'm comfortable," they went on to say, "Here I've got company." Another person told us, "I choose what I want to wear." A relative told us, "They encourage [my relative] to be independent and to come to the communal areas and that is important." Staff members told us how they preserved people's privacy and dignity while they were providing care. We saw that staff knocked on people's bedroom doors before entering them and referred to people by their names. We saw that staff used screens to respect people's privacy while they were assisting a person to transfer using a hoist in the lounge area. Staff had detailed knowledge of people's care needs but there knowledge was task, such if people needed assistance to eat or drink or whether people needed assistance in bed.

There were no visiting restrictions in place, relatives confirmed this. Relatives were able to visit at any time, although one relative told us that they weren't able to visit during mealtimes.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "I made all of my own plans to come here." People were not aware if they had a care plan in place and were unsure if they had been involved in any reviews of their care. We received mixed responses from relatives about their involvement in care plans and reviews. Some didn't think they'd been involved and some told us they had been involved in the development of their relatives care plan and subsequent reviews.

We found that people had care plans in place and they included information about people's preferences such as the times they liked to get up and go to bed, the gender of carer that they preferred and the times people preferred to eat. We looked at people's daily records and saw that their preferences were being followed.

One person told us, "I read the paper every day but I do get bored." Another person told us, "They don't sit and have a chat, they're too busy but they talk while they work." A relative told us, "Staff don't always have the time to sit and talk or provide activities," another relative told us, "People don't seem to get stimulated by exercises or other activities." We found that there were very limited opportunities for people to engage with activities of their choice. There was a list of activities that were available on a notice board outside the manager's office, which detailed that one activity took place each day and included skittles, painting and a sing song. The activity that was listed for the day of our visit did not take place. The activity that we saw was one person playing dominoes with a care staff member. We discussed our concerns about the lack of activities and one to one time available for people with the registered manager. They told us that they were in the process of recruiting a staff member to focus on activities but at the present time their recruitment had been unsuccessful.

People were able to raise concerns. We saw this during the morning when a person raised concerns about the strength of their coffee. Although the staff member serving the drinks did not address the problem another staff member immediately dealt with it. One person told us about a time when they'd raised a concern about the way staff had assisted them to move. They reported it to the registered manager and felt that it was dealt with. People told us if they had any concerns they would feel comfortable raising them. A relative told us that one complaint that they had raised had been addressed quickly but another had not yet been resolved. We discussed this with the registered manager who assured us they had taken some action in response to the complaint and they were continuing to address these concerns. We saw that the provider had a complaints policy in place that provided people with details of how a complaint would be dealt with and the where else they could refer their complaint to if they were satisfied with the provider's response. We asked the provider for a copy of any complaints that they had received. We found that where concerns had been raised they had investigated and responded to.

People and relatives that we spoke with could not recall being invited to any meetings or being asked to provide any kind of feedback about the service. The provider showed us some copies of some feedback questionnaires that had been completed under five key headings: premises, daily living, management, personal care and catering and food. We saw that all of the responses received were positive and comments included, "Staff are kind and helpful," and "Hairdressing, chiropody, doctors and opticians have all been available when needed." There were no dates recorded on the forms of when they had been completed. The registered manager told us they had all been completed within the last few months. However, we were concerned that not everybody was aware of this method of the service obtaining feedback or given the opportunity to answer these questionnaires.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were audits carried out in relation to a number of areas at the service such as hygiene and cleaning performance, equipment and fire safety. However, these audits had failed to identify concerns around the general environment at the service that we found such as the lack of deep cleaning at the service, the issues with the fire doors and the risks associated with the hot to touch radiators and pipes. We also saw that the registered manager had started to carry out an audit of falls that people had sustained within the service. There was an analysis of falls, but no action had been taken as a result of the audits to reduce the risks for people who had fallen or others. Reviews by managers of care plans and risk assessments had failed to identify the concerns that we found with people's care and in assessments and care planning. Audits and evaluations that been carried out had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

There were no effective systems in place to ensure that the senior staff at the service maintained an oversight of DoLS authorisations that were in place and ensured that they had the relevant paperwork. There was risk that the service could be depriving a person of their freedom without a current authorisation in place as this was not being monitored effectively.

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

Staff members told us they felt well supported and were able to go to the manager with any concerns. One staff member told us, "I can go to the manager. I feel supported and listened to." Another staff member told us, "I get on with the manager and can ring them anytime. I feel supported." We saw that staff meetings were held on a regular basis and staff had the opportunity to provide any feedback about the service. We also saw that the registered manager raised issues with the staff, such as the importance of care and their expectations about the level of care that people should receive.

We saw that there was an information board in a communal area of the service which the registered manager told us they used to communicate information with people and their relatives. One relative that we spoke with told us, "The communication is exceptional. We keep up to date with what's going on from the notice boards." There were also some questionnaires distributed to enable people the opportunity to provide feedback about the service but not all people were aware of these.

When asked about the service and the visions and values of it a staff member told us, "We want to promote independence, offer support and assistance where needed, offer choice and encouragement." Another staff member told us, "We want to just keep trying to make the residents feel at home and get to know the families." These were consistent values throughout the staff. One staff member summarised the service by saying, "It's good quality care but it could be improved. If someone's buzzing [requesting assistance by using call bell] they have to wait." Another staff member told us, "I'm happy that the girls [the staff] do their best but we need not to feel rushed and so that people don't have to wait."

There was a registered manager at the service who was aware of their responsibilities. The registered manager had failed to notify CQC that they had a DoLS authorisation in place for a person at the service which is a requirement by law. We have still not received an official notification that this is in place. The registered manager had acted appropriately and informed CQC through the notifications process of other reportable incidents as required by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The service had failed to ensure that people's risk assessments had been updated following incidents to ensure that they continued to meet people's needs and reduce the risks of them occurring again. The service had failed to ensure that they had regard for people's wellbeing where they were responsible for meeting people's nutritional needs. Regulation 9 (1) (a) &(b) and (3) (a) & (i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The service did not have an effective system in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (b)