CareQuality Commission

Lee Mount Healthcare Limited

Lee Mount Residential Home

Inspection report

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

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 17 July 2017 and was unannounced.

At the last inspection on 12 December 2016 we rated the service as 'Inadequate' and in 'Special Measures.' We identified six regulatory breaches which related to staffing, fit and proper persons employed, safe care and treatment, need for consent, receiving and acting upon complaints and good governance. Following the inspection we took enforcement action. This inspection was to check improvements had been made and to review the ratings.

Lee Mount is a 25-bed service and is registered to provide accommodation and personal care for older people, including people living with dementia. There are 25 single bedrooms; seven of these have en-suite toilets. There are two lounges and a dining room on the ground floor and an enclosed patio area at the rear of the building. On the day of the inspection there were 13 people living at the home.

There was no registered manager in post. 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. Since the last inspection a new manager had been appointed and they had submitted their application to be registered by us.

The new manager was supported by a care manager and senior care workers. The manager and care manager were providing good leadership and direction to the staff team and had brought about significant improvements to the service since the last inspection.

We saw staff were kind and caring and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the manager and were receiving formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. We saw appropriate referrals were being made to the safeguarding team, however, the provider was not always making sure these were sent to the Care Quality Commission as required by legislation.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and said the food was very good. We also saw there were plenty of drinks and snacks available for people in between meals.

We found the service was working within the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards and that staff had a good understanding of how these principals applied to their role and the care they provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Activities were on offer to keep people occupied both on a group and individual basis.

We saw systems had been introduced to monitor the quality of the service. We saw these had identified areas for improvement and action had been taken to address any shortfalls. People using the service and relatives were being consulted about the way the service was being managed and their views were being acted upon. We saw that the audit systems were helping to drive improvements in the service. It was clear the service had made significant improvements which now needed to be continued with to show the quality of care is sustained. It was too early for the provider to be able to demonstrate that the quality processes were fully embedded and that these improvements could be sustained over time.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

The manager was not always notifying us about all of the incidents they were supposed to. There were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The home was clean and tidy.

People's medicines were handled and managed safely.

Is the service effective?

Good

The service was effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Meals at the home were good offering both choice and variety.

People's healthcare needs were being met.

Is the service caring?

Good

The service was caring.

We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied and trips

out in the local community were also available.

A complaints procedure was in place and people told us they would be able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was well-led.

There was a manager in post who provided leadership and direction to the staff team. This person has submitted an application to CQC for consideration to be the Registered Manager.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

CareQuality Commission

Lee Mount Residential 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 17 July 2017and was carried out by two adult social care 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.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us, for example, notifications from the service and the local authority contract monitoring report. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment records and records relating to the management of the service.

We spoke with four people who used the service, three relative's, one night care worker, the cook, the care manager, home manager and a visiting entertainer.

Requires Improvement

Is the service safe?

Our findings

We saw there were safeguarding policies and procedures in place. Staff clearly and confidently explained the signs of abuse and what they would do to make sure people were safeguarded. Staff said they did regular safeguarding training and would not hesitate to report concerns in order to keep people safe. We saw the care manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

We saw safeguarding matters, accidents and incidents were responded to appropriately. Incident reports were logged and body maps completed. These were recorded and reported to the Local Authority Safeguarding Team. However, we noted, not all of these had been reported to the Care Quality Commission. We spoke with the care manager who told us they thought they were only required to inform the CQC of matters resulting in serious injuries. They assured us they would, along with the manager, make themselves aware of their duties and responsibilities of when they were required to submit notifications to the CQC. This was a breach of The Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

The manager held money for safekeeping for some of the people who used the service. An accounting system was in place to protect people from any financial abuse.

When we inspected the service in December 2016 we found the service was in breach of regulation 19 (Fit and proper persons employed) because new staff were not being properly checked to make sure they were suitable to work at the service.

One member of care staff had been recruited since the last inspection. We found all recruitment checks had been carried out as required. References had been obtained. The provider had carried out a risk assessment regarding the difficulty they had obtaining a reference from the person's last employer.

Identity and other checks such as the Disclosure and Barring Service (DBS) checks were in place to ensure people were suitable to work with vulnerable people. The DBS is a national agency which holds information about people who may be barred from working with vulnerable people.

When we inspected the service in December 2016 we found the service was in breach of regulation 18 (Staffing), because there were not enough staff to keep people safe and occupied in meaningful activities. On this visit we found significant improvements had been made.

We asked relatives if they thought there were enough staff on duty to support the people who used the service. One person told us, "We are confident with the staff here there seems to be enough of them both weekdays and weekends."

The manager told us a dependency tool was used to help calculate the appropriate staffing levels. People's dependency needs were assessed according to the level of support required. They were reviewed monthly

to ensure they reflected current need. The manager said the dependency tool was used as a guide. They said they also listened to staff views to determine whether staffing levels were appropriate. The manager told us when they accepted new people into the home they ensured staffing levels were kept under review. They had also sought advice regarding staffing levels from the local authority.

The current staffing levels within the home were three care staff in the day, plus the care manager and two care staff at night. There was also one member of kitchen staff and one member of domestic staff on duty each day. The provider had employed a member of kitchen staff for an additional two hours in the afternoon to prepare the tea time meal, as they had identified care staff had been fulfilling this role which had taken them away from their caring duties. We looked at the staff rota for July 2017 and saw that all shifts were covered.

The manager told us they do not use agency staff. Any shortfalls were picked up by the staff team, care manager or registered manager. The staff we spoke with confirmed this and told us there were enough staff to meet people's needs.

When we inspected the service in December 2016 we found the service was in breach of regulation 12 (Safe care and treatment) because medicines were not being managed safely. On this visit we found significant improvements had been made.

We found medicines were stored securely in a new treatment room which had been created since our last visit. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

All care workers who administered medicines had received training and competency checks had been made to make sure they followed the correct procedures.

We saw the care worker who was responsible for administering medicines checked the medicines to be given against the medication administration record (MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual, together with a drink. The care worker then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The care worker then signed the MAR to confirm the medicines had been given.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of three medicines and found them all to be correct.

When medicines were prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently.

There were MARs in place for any topical medicines such as creams and lotions which were in use. These gave detailed information about how and where these should be applied.

We concluded medicines were stored and managed safely.

We asked people who used the service if they felt safe at the home. One person told us, "I'm 98 you know and I feel safe yes. I have blinds on my windows and locks on my doors." A relative told us, "I think she is safe here, safer than being at home, and it is safe for me here as well."

We looked around the home and found it clean and tidy and relatives confirmed this was always the case. Liquid soap and paper towels were available in bedrooms, bathrooms and toilets, disposable gloves and aprons were readily available for staff to use. This ensured staff could follow infection prevention procedures.

We saw at the last food standards agency inspection of the kitchen they had awarded the home 4 stars (good) for hygiene. This showed us effective systems were in place to ensure food was being prepared and stored safely.

The accommodation was arranged over two floors. There were two lounges and a dining room on the ground floor and bedrooms, bathrooms and toilets on both floors. There was a passenger lift between floors and an enclosed garden area to the rear of the building.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw there was an up to date fire risk assessment in place. Staff were able to tell us the action they would take if the fire alarms sounded and we saw people had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date. This meant in an emergency staff knew what to do to keep people safe.

Within the care records we saw risks to people's individual health and safety were identified and assessed. This included risks such as falls, pressure sores, and nutrition. The records showed the actions being taken to manage these risks. For example, we saw when people were at risk of falling strategies were put in place to reduce the risk of injury such as sensor mats to alert staff when people were moving about.

Good

Is the service effective?

Our findings

Staff said they had regular opportunities for training which was a mixture of online and practical training, such as moving and handling. Staff told us their skills were kept up to date through regular training. Training needs were discussed in supervision sessions. Training records evidenced staff had up to date training in key areas such as, safeguarding, fire safety first aid and food hygiene. Records showed staff had received a four day induction which included shadowing an experienced member of staff and key areas of training. We saw new staff had their competency checked in areas such as moving and handling, privacy and dignity and confidentiality. This helped ensure staff were competent before working in the home.

We saw staff meeting minutes which showed regular staff meetings were held. These addressed issues of practice to ensure improvements were made to the service. For example, staff were reminded to sign and date when medication creams were opened. Staff were also reminded to put more information within care plans when reviews were completed. Areas such as staffing levels, infection control and complaints were also discussed.

Staff told us they received regular supervision. We saw evidence to show staff received supervision which covered areas such as: staffing levels, training and workload. The supervision matrix planned for formal supervisions every three months. The next supervisions were due the week after the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw 10 DoLS applications had been made to the local authority and nine had been granted. We saw some people had specific conditions attached to their DoLS authorisations and these had been addressed by staff.

Staff told us they had received MCA/DoLS training and we found they were knowledgeable in this area. For example, one staff member told us about using least restrictive options such as a door alarm instead of hourly checks when they were in their bedroom. Staff understood that where people were not able to make decisions they would help them by physically showing clothes or food. They were aware of which people had DoLS in place and there was a list available for staff to view, including the conditions that had been attached to the DoLS. This showed us staff understood the legislation and were acting within the law.

We spoke to the care manager who told us there was no one who had a Lasting Power of Attorney (LPA) order in place for any of the people living at the home. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care.

We saw there were a four weekly cycle of menu's in operation for the summer period. These showed us meals offered both choice and variety.

We saw people's weights were being monitored and these were relatively stable. If anyone was at risk of losing weight food and fluid charts were introduced so staff could check they were receiving adequate nutrition and hydration. We saw one person had recently been referred to the speech and language therapy team (SALTs) regarding concerns about their swallowing. This showed us staff were getting appropriate advice to make sure people were getting the right diet.

We saw jugs of juice and beakers were available in the lounges and hot drinks and snacks were served mid-morning and mid-afternoon. There was also a fridge in the dining room where people could help themselves to snacks and drinks if they wanted to.

People were offered a choice of meal at lunchtime and we saw people enjoying their meal. One visitor told us, "I can stay for lunch with my friend which I do, and it is very nice food here." We concluded people's nutritional needs were being met.

Visitors told us staff kept them informed about their relative's healthcare needs and the outcome of any consultations.

In the two care records we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, speech and language therapists, dentists, opticians and podiatrists. We spoke to one of the district nurse who told us staff were vigilant about people's healthcare needs, contacted them for advice and followed any instructions they gave. We concluded people's health care needs were being met.

Good

Is the service caring?

Our findings

We asked people who used the service about the staff, one person told us, "The staff seem very nice." We asked visitors the same question, one person told us, "I can just sense all is well when I walk in, there is a good atmosphere." Another said, "[Name] she gets good care and attention." A third relative said, "The staff are good as far as I am concerned."

We saw staff were kind, patient and caring. One of the night staff at handover said they were going into town and were going to buy someone new slippers.

The district nurse told us people were well looked after and we saw people looked well cared for, they were well dressed and some attended the visiting hairdresser.

It was a hot day when we visited and during the afternoon people who used the service were offered a variety of ice creams or ice lollies, which we saw they enjoyed.

We saw staff chatting to people and taking a genuine regard for their wellbeing and comfort. Staff used verbal and non-verbal communication skills to interact with people and provide comfort where required. Staff demonstrated they knew people well, their individual likes and preferences.

We saw people's bedrooms had been personalised with photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings.

People's care and support plans showed that the importance of maintain independence was considered during care planning. We saw staff encouraging people to eat independently and to do as much as possible for themselves.

We saw the care plans for people who used the service contained 'Life history' information and details of their interests and hobbies. Staff knew a lot about people and used this information to provide person centred care. For example, one person used to belong to a golf club the activities co-ordinator arranged to take them there for lunch and to meet people they used to know. Staff told us how much they had enjoyed this and what a positive experience it had been. Another person when they went to the park was able to name various flowers and plants and displayed detailed knowledge. The manager had ordered a book about horticulture as they thought this would be of interest to this person. The care manager told us one of the projects this year was to develop a sensory garden involving people who used the service and the local community.

We found information about people who used the service, for example, care plans were stored securely verbal handovers between staff took place where no one but staff could hear. This meant people's confidentiality was maintained.

We found staff helpful and friendly during our visit. Visitors we met told us they were made to feel welcome

when they visited. One person told us, "I come every day and if I don't turn up they check to see if I am OK."

Good

Is the service responsive?

Our findings

Anyone considering moving into the home could go and visit to see for themselves if it was suitable. Prior to any admissions an assessment would be made to make sure the home was suitable. The manager was clear they would not accept people if they felt their needs could not be met. One relative told us, "We looked at quite a few places before we decided on this one."

We reviewed two people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences.

We found the care files we looked at were easy to navigate and followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. The risk assessments had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk.

People who used the service and their relatives were involved in the care planning process. Care plans were reviewed every month by a senior care worker and care worker and we could see relatives had contributed to these reviews. One relative told us, "We are always involved in Mum's care plans they are explained to us and we discuss the way forward."

We saw staff were responsive to people's needs. For example, one person had been asleep in the lounge. When they awoke the care worker who was present in the lounge went over to them and asked them if they were alright. The person asked for a cup of tea and this was brought to them.
We concluded people were receiving person centred care.

When we inspected the service in December 2016 we found the service was in breach of regulation 16 (Receiving and acting on complaints) because complaints had not been fully investigated.

The provider had a complaints policy in place. This was displayed in the entrance to the home. The policy gave contact details for advocacy services and the local authority.

We saw complaints had been recorded and responded to appropriately. The complaints were monitored on a monthly basis and looked at patterns and trends. This helped to ensure the provider improved the quality of service people received. The staff we spoke with told us how they would help people make a complaint if they wished to. For example, they would speak with the manager on their behalf or help them to write down their complaint if they wished. We concluded concerns and complaints were being recognised and responded to appropriately.

We spoke with a visiting entertainer who was present on the day of our visit, they told us, "I come here fortnightly and do an age appropriate quiz and music with the residents, they all seem to enjoy it and join in, I go to many homes and from what I've seen people are happy here and cared for, it is a very much hands on

home." A visitor told us, "We sit outside sometimes in the garden she likes it there. They have different people coming in to entertain and she joins in and likes that, they had an Elvis impersonator come in and he put a garland of flowers round her neck and she wouldn't take it off." We saw staff sitting talking to people and singing with them.

We spoke with the activities co-ordinator who told us, "I work 24hous as a care assistant with five - six hours per week doing activities. Every Tuesday I have a walking club depending on needs I take one to four people out at a time, there is a café and a park nearby where the residents like to go, and we go shopping to the local shops. Going out with the residents is a learning curve for me as well because I get to know more about them when they are away from the home in different surroundings they talk about their past and what they remember, they love to come out with me.

Other activities we do include two hours in house activities such as, armchair football, big ball, bingo, skittles, singing, Play your cards right, putting/golf. We have entertainers coming in once a fortnight, I meet or talk with the entertainers about what they are going to do, we have had a sixties singer and Elvis and quizzes all appropriate to their age group. There are only two men in here and no male staff (apart from the manager) – my son is volunteering at the moment here before he goes to college in September and the men love it, they can talk about male interests. When it is nice we go and sit out in the garden in big sun hats looking glamorous."

The manager had built links with the local community and had recruited three volunteers who would be providing more activities. There was also involvement with the local church and some of the parishioners were making aprons and 'fiddle' hand muffs and cushion covers. (These items have different textures and items attached to them and are very tactile.) During our visit we saw one person was particularly enjoying the texture and feel of a large button. We concluded people were being provided with both entertainment and occupation.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in December 2016 we found the governance systems were not effective and told the provider to make improvements. On this visit we found improvements had been made

There was a new manager in post who was waiting to be registered with us. They were supported by a care manager and senior care workers. Staff told us the manager and care manager worked very well together. The manager worked alongside staff and staff said the management team were, "Hands on and supportive." They also said they were able to raise concerns and any issues were now resolved quickly. One relative said, "I know who the management, they are very approachable and are on the ball and things get done." The district nurse told us they had also seen improvements.

There was an open and transparent culture in the service and staff were keen to tell us about the improvements the managers had made.

Two care workers told us they would be happy for their relative to be cared for at Lee Mount Residential Home. One person told us there had been "Massive improvements" at the home.

The manager subscribed to a company who provided policies and procedures and an up-date service. The managers reviewed the policies and procedures and made any changes which were needed to make them relevant to the service and then 'hard copies' were made available for staff to refer to. This meant policies and procedures were kept up to date and reflected the most current guidance.

We saw a number of audits were being completed, which were effective in identifying issues and ensuring they were resolved. These were some examples; one of the infection prevention audits had identified table covers needed to be replaced due to being ripped and stained. We saw new table covers were in place. Following a mattress audit a mattress had been changed. A cleaning audit had identified an odour of stale urine in one bedroom and this had been addressed. An audit of staff supervisions had picked up supervisions needed to be booked for two members of staff. The weights of people who used the service were audited on a monthly basis. This helped to ensure weight issues were not overlooked and people received the appropriate care and treatment.

Safeguarding incidents were audited on a monthly basis to look for any patterns and trends, for example, poor practice, types of abuse and the individuals associated with the matter. This helped the provider to identify where lessons could be learned, whether specific training was required or a review of a person's care was needed.

A new emergency call bell system had been installed since our last visit and this allows the manager to audit the response time to call bells by staff. It also allows staff to communicate with each other if they require assistance.

The manager had developed a computerised system to analyse accidents and incidents. This allowed them

to see and address any common themes or trends.

Communication within the service was good. There were both verbal and written handovers between each shift, which also had additional checks in place. For example, had the kitchen been left clean and had medicines and creams been signed for.

The manager had put a system in place to alert them and the care manager of any safeguarding issues with in the service as soon as they are documented. This means they can make sure the right action had been taken to keep people safe.

The provider also employed the services of a consultant who also completed appraisals of the service and produced reports on their findings. These reports highlighted areas where the manager needed to take action in order to meet the outcomes assessed.

We asked relatives about meetings at the home. One person told us, "We attend relatives meetings when we can and we discuss the plans for the home."

We saw a residents and family meeting was held in February 2017 where the provider discussed the CQC report and the new management team. This demonstrated an open and honest culture within the home. The kitchen staff meeting minutes recorded that feedback from a recent residents' survey identified people would like more homemade puddings. We saw this was raised with the kitchen staff and taken on board. This showed us people were being listened to and their views were being used to improve the service.

We concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. Whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

This service had been in Special Measures. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to inform The Commission about allegations of abuse. Regulation 18 (2) (e)