Your Health Limited

Leaholme

Inspection report

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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

This inspection took place on the 9 and 10 June 2015 and was unannounced.

Leaholme is registered to provide accommodation and personal care for up to 17 older people including people living with dementia. The accommodation is provided on three floors which are accessible via a passenger lift. There were 15 people living at the service when we visited.

The person managing the service [the acting manager] was in the process of applying to be the registered manager. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Leaholme and the staff team had received training on how to keep people safe from harm.

A recruitment process had been followed when new staff members had been employed. This included checks to

Summary of findings

make sure they were suitable to work at the service. The staff team had received training relevant to their role and ongoing support through team meetings and supervision sessions had been provided.

Risks to the people who used the service had not always been assessed. Where risks had been identified and assessed, these had not always been reviewed regularly so that people remained safe from possible harm.

We found some concerns regarding the management of medicines. Records had not always been completed and staff members hadn't always signed when they had administered someone's medicine.

We were told there were not always enough staff members around to safely meet people's needs. Our observations confirmed this. The acting manager acknowledged this and told us they would look into the current staffing numbers.

People had been involved in making day to day decisions about their care and support and the staff team understood their responsibilities with regard to gaining people's consent. It was not always evident within people's records that formal consent to their care and welfare had been obtained.

People's nutritional and dietary requirements had been assessed and a balanced diet was provided, with a choice of meal at each mealtime. Members of staff were not always recording when they were providing people with food and fluids. This meant they could not demonstrate that people had received the nourishment they needed to keep them well.

The staff team knew the care and support needs of those they were supporting though communication was not always effective.

People's privacy was maintained at all times though their care and support needs were not always met in a dignified way.

People who were able to verbally communicate told us they knew how to raise a concern and they were confident that things raised would be dealt with promptly.

There were systems were in place to monitor the service being provided, though these were not always effective in identifying shortfalls, particularly within people's care records.

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?
The service was not consistently safe.

People told us they felt safe and staff had received training on how to keep people safe from harm. Although people received their medicines appropriately, medication records had not always been completed. Staff members were recruited properly but there were not always enough on duty to effectively meet the needs of the people who used the service.

Requires improvement

Is the service effective?
The service was not consistently effective.

The staff team had the skills and experience to meet the needs of those in their care, though communication and support was not always effective. Staff members obtained consent before providing people's care and support though this was not always recorded. A balanced and varied diet was provided but records relating to nutrition and hydration were not always consistently completed.

Requires improvement

Is the service caring?
The service was not consistently caring.

People's privacy was respected however their care and support needs were not always met in a caring or dignified way. The staff team knew the needs of those they were supporting and they involved people in making day to day decisions about their care.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People's needs had not always been assessed before they moved into the service. This meant the staff team were not properly prepared for meeting people's specific healthcare needs , People who were able, knew how to make a complaint if they were unhappy about something and were confident that this would be dealt with.

Requires improvement

Is the service well-led?
The service was not consistently well led.

The staff team working at the service felt supported by the management team. Auditing systems were in place to monitor the quality of the service being provided though these did not always pick up shortfalls within people's records or other areas of the service.

Requires improvement

Leaholme

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.

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We visited the service on 9 and 10 June 2015. The inspection was unannounced and the inspection team consisted of two inspectors.

We were able to speak with three people living at Leaholme, five members of the staff team and the acting manager. We were also able to speak with the provider's Health and Safety officer and four visiting professionals.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care they received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, people's medication records, staff training records and the quality assurance audits that the acting manager completed.

Requires improvement

Is the service safe?

Our findings

We talked with the people who used the service to find out if they felt there were enough members of staff to look after them properly. One person told us, "They come quite quickly when I ring my bell, as quickly as they can any way." Another person who used the service told us. "In the night or after 8pm when the night staff come on there is only two staff and some people here need two staff to help them so that's difficult at times."

Care staff told us there were not always enough staff on duty to properly meet the needs of the people who used the service. One staff member told us, "We could really do with an extra member of staff, particularly in the mornings." Another explained, "In the afternoons a carer has to go into the kitchen to cover tea times which leaves two on the floor. We need one in the lounge all the time and that leaves one. Some people need two carers to assist them. It's not possible all the time."

On both days of our visit we observed care workers, particularly on the morning shift, working nonstop in order to meet people's care needs leaving little time for meeting people's social needs. People were often left to their own devices. This resulted in some people spending their time continually walking up and down the corridors whilst others were left on their own in the lounges or in the dining room.

We observed and acknowledged throughout our visit that staff were extremely busy. We were told that there should be a member of staff In the main lounge at all times. We saw that this was not always the case. On one occasion we noted that there was no staff member in the lounge area or in the near vicinity for a period of approximately ten minutes. Although this was a short amount of time, we observed one person who required a frame to move safely around the home, taking themselves out of the lounge and down the corridor to another lounge without their frame.

For another person who used the service, a risk assessment had identified the need for them to be monitored whenever they were in the vicinity of another of the people who used the service. This was because they were at risk of causing an altercation, which had happened in the past. Throughout our visit there were times when these two people were left alone together. On one occasion they were left alone together for approximately ten minutes.

We looked at the staffing rota to determine how the service was staffed. We saw that there were three care workers on duty during the day and two care workers on duty during the night. We discussed the staffing levels with the acting manager and asked what staffing tool was used to determine the staffing levels. We were told that there was no tool currently being used. This meant that people's level of need had not been taken into consideration when determining how many care workers were required to work on each shift.

We recommend the provider reviews how they determine that there are always enough competent, skilled and experienced staff deployed, to provide the care that people need and to keep them safe.

People who were able to talk with us told us they felt safe living at the service and felt safe with the staff team who looked after them. One person told us, "I definitely feel safe here; they [the staff team] are very, very good." Another said, "I am safe, I have no worries on that front."

The acting manager was aware of their responsibilities for keeping people safe. They knew the procedures to follow when a concern was raised. This included referring it to the relevant authorities and informing CQC. Information on keeping people safe was displayed in the reception area and had also been given to everyone using the service. This provided people with information on what to do and who to contact if they had a concern of any kind.

The staff team had received training on how to keep people safe and the majority of the staff we spoke with knew what to do if they were concerned about someone or felt someone was being abused. One member of staff told us, "I would report it to the senior member of staff or the manager straight the way." Another explained, "I would report it, it is not acceptable." One member of staff did hesitate when we asked them what they would do, they then told us, "I would most probably report it." This was shared with the acting manager. They told us that the staff team would be reminded of their roles and responsibilities for keeping people safe.

The provider dealt with incidents and accidents that occurred and this protected the people who used the service.

People's plans of care showed us that the risks associated with the care and support they received had not always been assessed. This included one person who had been

Requires improvement

Is the service safe?

identified as at risk of falling. For people whose risks had been assessed, these had not always been reviewed. This meant that the people who used the service were placed at risk of receiving unsafe care and support.

Regular safety checks had been carried out on the environment and the equipment used for people's care. Fire safety checks and fire evacuation drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire taking place. An emergency plan was in place in case of foreseeable emergencies. We checked people's plans of care to see that personal emergency evacuation plans (PEEP's) were in place [These show how each individual must be assisted in the event of an emergency]. We found some of the plans of care included these, whilst others did not. The acting manager assured us that these would be completed as a matter of urgency.

On the first day of our visit we found one person using the back lounge. We checked to see that they had means to call for help as it was away from the main lounge and dining room. We found the call bell had been tied to a wall light out of reach and inaccessible to anybody who needed to use it. Staff we spoke with were unaware why the call bell had been placed in that position. All other call bells within the service were accessible.

The acting manager took the safety of people using the service seriously and therefore made sure that new staff recruited, were suitable. References had been obtained and a check with the DBS (Disclosure and Barring Scheme) had been carried out prior to a new member of staff commencing work. A DBS check provides information as to whether someone is suitable to work at this service.

We looked at the medication administration records and found some concerns. The senior members of staff responsible for administering medication had not signed the relevant records on 15 occasions during the monthly medication cycle. Although we were assured that the people who used the service had received their medicines, the records did not demonstrate this. One person was prescribed a medicine to be taken once a week, we found that it had not been given for two weeks. We asked the acting manager if this should have been referred to their GP, the acting manager acknowledged that this should have happened but the GP had yet to be informed.

Medicines received into the service had not always been signed for or the quantity received recorded. This meant the senior staff had no way of knowing the balance of the medicines being held on the premises.

The provider's medication procedure did not provide staff with the information they needed to handle medicines properly. At the time of our visit there was no information informing staff members of what to do with regard to the ordering of medicines, obtaining people's consent, handling controlled drugs or dealing with covert medication. It did include that medication disposed of should be signed for; however staff members were not doing this. We discussed this with the acting manager as disposed of medicines should be signed for as written in their medication procedure.

One person who used the service was taking charge of their own medicines. They explained that the risks associated with looking after their own medicines had been assessed and this was reviewed every month. This meant that this person was supported to take their own medicines safely.

We observed the mid-morning medication round. Medication was administered from a Monitored Dosage System (MDS) bottles and boxes. Drinks were available for people when they were assisted to take their medicines. Medicines were being handled and administered appropriately and the staff member was warm with the people they were supporting and were not over paced. People were asked if they would like their PRN medicines [medicines taken as and when required] and protocols for these medicines were in place. PRN Protocols explained why the medicine is prescribed and when and how often it should be given.

Requires improvement

Is the service effective?

Our findings

People who were able to, told us that the staff team knew their care and support needs and they had the skills and knowledge needed to look after them. One person told us, "They [the staff team] know what help I need, they are very good."

Staff members told us they had received a period of induction when they first started working at the service and the training record showed us that training had been provided, though not all of the staff team we spoke with could remember what training they had received. They told us they felt supported by the acting manager and team meetings and supervision sessions had been carried out. (Supervision provides staff with the opportunity to meet with a member of the management team to discuss their progress within the staff team and if they have any training requirements or concerns etc). One staff member told us, "We have staff meetings and we can speak and share our views. We have supervisions as well."

We observed the staff team supporting the people who used the service. We saw that communication was not always effective. For example, whilst one member of staff was observed taking time to sit with someone and explain something that they did not understand, another member of staff simply stood over a person telling them what to do.

We saw that whenever possible, people had been involved in making day to day decisions about their care and support and staff members gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "I always ask them [the people who use the service] if they want to get up and if they are happy for me to help them. I let them choose what they want to wear I think It is important to give them choice."

People's records did not show that their consent to their care and support, or their ability to make these decisions, had been properly considered. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Assessment and authorisation is required if a person lacks mental capacity and needs to have their freedom protected to keep them safe.

Where people lacked capacity to make decisions, their plans of care did not show that decisions had been made for them in their best interest or with consultation with relevant health and social care professionals and/or family members. The acting manager was aware of their responsibilities around MCA but had not made sure that the required documentation had been completed.

Training records showed staff members had received training on the MCA, however when we spoke with the staff team on duty during our inspection, it was evident that not all of them understood either MCA or DoLS. The acting manager assured us that the staff team would be reminded of their responsibilities around MCA and DoLS.

The acting manager understood their responsibilities within DoLS and when they had felt someone was being deprived of their liberty a referral to the appropriate authority had been made. On the day of our visit, there was one person who was under a Deprivation of Liberty Safeguard.

People told us the meals served at Leaholme were good. One person told us, "I think the food is very nice. " Another person explained, "We usually get a choice and there are plenty of drinks throughout the day."

We observed mealtimes during our visit. People were given choices for each course. The food was well presented and all the food was home made. People were served different sized portions of food depending on their appetite and the cook was aware of people's dietary requirements. Staff were respectful, patient and warm. Comments overheard included, "Have you had enough." And, "Did you enjoy that." A staff member suggested to one person, 'It might be easier with a spoon than a fork.' There was a calm atmosphere throughout the dining room and people were supported at a pace that suited them.

The cook explained that when they were developing new menus they met with the people who used the service and then monitored what people were eating. This was to make sure they were meeting people's nutritional requirements. At the time of our visit the menu did not show available choices, was not displayed or available in alternative formats. The cook told us they were planning to display the menu on the tables and in the hallway to address this issue. This would provide people unable to retain this information a constant reminder of what they could look forward to at meal times.

Requires improvement

Is the service effective?

Monitoring charts to document people's food and fluid intake were used for those people assessed to be at risk of dehydration or malnutrition. However when we looked at the records belonging to one person, we found that these were not being completed consistently. The chart did not demonstrate that the person was receiving the food and fluids they needed to keep them well. Though the staff assured us that they were. There was no recommended daily fluid intake for the staff team to follow and the fluids being given were not being totalled. Food records rarely recorded how much had been eaten and rarely recorded snacks or supper. The acting manager told us that staff would be reminded of the importance of accurate record keeping.

People were supported to access to all the necessary healthcare professionals including doctors and community nurses. One person told us, "I always get to see the doctor when I want to."

We spoke with three health professionals who were visiting during our inspection and asked them about their experiences of the service. One told us, "I feel confident that things are followed through." Another told us, "The staff are really good, they are doing all the right things." The third explained, "The staff were really helpful when I came to complete my paperwork."

Requires improvement

Is the service caring?

Our findings

People who were able to talk with us told us the staff team were kind and caring and they looked after them well. One person told us, "The staff are wonderful, they look after me very well." Another person said, "Overall I am happy with the care I get. They take their time and don't rush me."

We spoke with the staff team and they gave us examples of how they maintained people's privacy and dignity. One staff member told us, "Before I enter a room I always knock on the door, and I close the door and the curtains when offering personal care." Another explained, "When I ask someone if they want to go to the toilet, I ask them quietly and I always close doors."

We observed how the staff team interacted with the people who used the service. On occasions this was very kind and caring and the majority of the staff team interacted with people in a very respectful way. Staff spoke in a cheerful manner and entered into pleasant conversations. However there were occasions when they were not very respectful. For example, we overheard one member of staff raise their voice and told a person who used the service that they were getting annoyed with them. The manager was immediately informed and the situation was dealt with. They informed us that dignity training would be included in the next staff meeting.

We found that people were not always treated in a dignified or respectful manner and staff members were not always discreet when talking to one another when speaking about people who used the service.

On both mornings of our visit we observed people being brought to the lounge without having their hair attended to. The acting manager explained that this was because people were assisted with their hair once in the lounge as if they were at the hair dressers. Whilst we acknowledged this as good practice in theory, because the staff team were so busy, some people were not getting their hair attended to until lunch time. On the second day of our visit, we observed one staff member going round the dining room brushing a number of people's hair one after the other with the same hair brush. This was neither caring nor dignified.

We looked at people's plans of care to see if they included details about their personal history, their personal preferences or their likes or dislikes. We found that not all of them did. One of the plans did include this information, yet staff members we spoke with were unaware of it. For example, one person's records told us that their favourite flower was a Chrysanthemum, however when we asked staff they were unaware of this. Being aware of this type of information would enable the staff team to provide more person centred care.

On the second day of our visit we observed one of the people who used the service walking around in a distressed manner, this carried on for most of the morning. On seeing this, some of the staff team on duty comforted the person and offered reassurance to them, though other members of the staff team did not seem to notice their distress.

Requires improvement

Is the service responsive?

Our findings

People who were able to talk with us told us they were involved in deciding what care and support they needed. One person told us, "They asked us what help we needed and I know about my care plan." Another person explained, "The manager came and asked us how many times we would like to be checked [during the night]."

Relatives and friends were encouraged to visit and we were told they could visit at any time. One of the people who used the service told us, "Our relatives can come at any time. There are no restrictions."

The acting manager explained that people's care and support needs were normally assessed prior to them moving to the service to make sure that the person's needs could be met. We were told that from the initial assessment a plan of care would then be developed. We looked at the records for the most recent person to move to the service. It was evident that an initial assessment had not been completed and the acting manager had not been aware of all the person's support needs prior to them moving in. This meant the acting manager and the staff team were not properly prepared for meeting this person's specific healthcare needs and this impacted on the care and support of others. The acting manager acknowledged that this was an error on their part and assured us that this would not be repeated.

The plans of care checked during our visit varied in content. Some were more comprehensive than others. Some included people's personal preferences and were person centred but others were not. Some had been reviewed on a monthly basis whilst others had not. We found some of them to be confusing to follow and it was hard to understand what care and support the person needed. The acting manager acknowledged this and told us new care plans were being devised. This would provide the staff team with the information they needed in order to meet people's individual needs.

People were supported to follow their interests and take part in a range of activities. On the days of our visit a number of activities were taking place. Some people were having their nails and hair done and others were having make up applied. All of these activities generated cheerful conversation. Craft sessions were provided and people were supported to make flowers to hang from an indoor tree. Music was playing and people were visibly enjoying this with one person swaying their arm in time to the music and dancing around the lounge. Some people also went with staff into the garden to help water the plants. People were encouraged and supported to be involved in activities they enjoyed.

People who were able to talk to us told us they felt comfortable raising any issues of concern and were confident these would be dealt with to their satisfaction. One person told us, "I would talk to the [acting] manager, she is very approachable." Another person explained, "I would tell the [acting] manager, she would sort it, she is very nice."

We saw a formal complaints process was followed when a complaint had been received and a copy of the procedure was displayed for people's information. Complaints that had been received had been acknowledged and an investigation had been carried out. Where it had been identified that changes to practice were needed, this had been actioned. This showed people were able to share their concerns, they were taken seriously and used as a learning tool to improve the service being provided.

Requires improvement

Is the service well-led?

Our findings

People who were able to talk with us told us they felt the service was well managed and the management team were open and approachable. One person told us, "The [acting] manager is very good, she is very approachable and always around."

A health professional told us, "They [the management team] are very friendly, I can go into the office and discuss things. I think it's a lovely home."

People had been given the opportunity to share their views and be involved in how the service was run. This was through daily dialogue with the staff and management team and through individual meetings with the people who used the service, their families and/or friends. For those who were unable to share their views, their relatives and friends had been able to speak up on their behalf. This showed us that people had the opportunity to be involved in the service in some way.

The acting manager had recently received extra support from the senior management team to enable her to concentrate on managing the service rather than working on the floor, as she was new in post.

The staff team told us they felt supported by the acting manager and able to speak to her if they had any concerns or suggestions of any kind. One staff member said, "We get support from the manager and from one another." Another told us, "[the acting manager] is good, approachable and 99% available, you can talk to her."

The staff team were aware of the provider's aims and objectives and a copy of these were displayed for people's information. One staff member told us, "The aim is to provide person centred care and treat everyone as an individual because everyone is different."

The acting manager had carried out regular checks on the environment and on the equipment used to maintain people's safety. Although environmental audits had been carried out these had not identified issues seen during our visit. This included dirty areas and areas of damp within the basement area and the COSSH cupboard. There was scale to some taps and some extractor fans were dirty. We shared these findings with the acting manager who assured us that these areas would be addressed.

We saw that there had been audits undertaken, to monitor if the service was running in line with the provider's policies and procedures. Corporate audits had been carried out by the regional manager every six weeks and the provider's facilities manager every month.

Whilst audits had been undertaken, they had not been consistent or timely and in some instances had failed to identify gaps in information we found during the inspection. For example an audit on the medication records had last been completed in May 2015. An audit on people's care records had last been completed in January 2015. Some risk assessments had not been reviewed since 2013. It was evident in the records we looked at, that people's needs had changed, but their records had not been updated. We saw one person's record which stated the person used a stand aid even though they were nursed in bed and not able to use this equipment.

An Infection control audit had last been completed in February 2015. This had identified no concerns. Regular checks had also been carried out on the environment and on the equipment used to maintain people's safety. Although environmental audits had been carried out, again these had not identified issues seen during our visit. For example, we found dirty areas and areas of damp within the basement area and the COSSH cupboard. There was scale to some taps and some extractor fans were dirty. We shared these findings with the acting manager who assured us that these areas would be addressed.