

HC-One Limited

# Leeming Garth

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Leeming Garth care home is a residential care home providing accommodation and personal care to 33 older people at the time of our inspection. The service can support up to 45 people in one adapted building.

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

We received positive feedback from people, who told us they were happy living at Leeming Garth. People received personalised care and staff knew people well. The care plans covered all aspects of people's care and included their preferences.

There were systems in place for communicating with people, their relatives and staff to ensure they were fully involved. This included one to one meetings, handovers and team meetings. The environment was clean, safe and maintained to a good standard. It was also adapted to meet people's needs.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

All essential visitors had to wear appropriate personal protective equipment (PPE). In addition, complete NHS Track and Trace information. Additional cleaning of all areas and frequent touch surfaces was in place and being carried out and recorded regularly by staff. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training.

Additional competency checks and spot checks were carried out by the manager with all staff regarding safe use of PPE as well as practice checks.

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

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published on 7 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other

infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe  
Details are in the safe findings below.

### Is the service effective?

Good ●

The service was Effective.  
Details are in the Effective findings below.

### Is the service well-led?

Good ●

The service was Well led.  
Details are in the Well led findings below.

# Leeming Garth

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Leeming Garth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. The manager at the service was in the process of registering with CQC. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time with people living at the service. We spoke with 13 people who used the service, two care staff and the manager. We reviewed a range of records. These included two people's care records, a variety of records relating to the management of the service, audits and procedures.

#### After the inspection

We carried out telephone interviews with five members of care staff and eight relatives. We continued to seek clarification from the provider to corroborate evidence found. We looked at more audits, care plans, reports and policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last rated inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality of the services provided or assess, monitor and mitigate risks to the service user's health, safety and welfare. Accurate, complete and contemporaneous records were not in place for each person. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's risk assessments were regularly reviewed and personal emergency evacuation plans had been improved.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety procedures were in place along with regular checks of equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Accidents and incidents were recorded. The manager and provider analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

### Using medicines safely

- People received their medicines as prescribed, at the right time.
- Medicine administration records were clear and completed fully.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse
- Staff had received safeguarding training and were knew how to raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. One person told us, "If I need anything, there are generally staff around. I don't have to wait long and yes, they're very helpful".
- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended that the provider improved their knowledge of MCA and DoLS. At this inspection we found improvements had been made.

- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control.
- Health professionals and staff completed capacity assessments where required, to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care. Staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the right skills to meet their needs.
- Staff received a robust induction and were supported in their role.

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

- The environment was fully accessible, with a range of adaptations and equipment to meet people's needs.
- The home was maintained to a high standard and reflected people's needs.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People gave us positive feedback about the food. One person told us, "The food has always been good. I've got everything I need here in my room and drinks are brought in regularly".
  - Staff were aware of people's dietary needs and people who required a specialist diet were supported well for example, allergies and food textures.
- Staff working with other agencies to provide consistent, effective, timely care
- Staff worked in partnership with external professionals, such as social workers and GPs to support and maintain people's health.
  - People had personalised care plans covering their healthcare needs. This enabled important information to be shared with healthcare professionals, if needed.

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

- Outcomes for people were met; their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives where appropriate. This was reflected in their care plans.

Supporting people to live healthier lives, access healthcare services and support

- The service enabled people to maximise their independence by working with specialists such as the speech and language therapy team.
- Timely referrals were made to other healthcare professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality of the service. Accurate, complete and contemporaneous records were not in place for each person. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Record keeping had improved. Regular audits of records ensured risk assessments were robust and care practices were carried out and recorded safely.
- Policies, procedures were up to date and in line with best practice.
- The provider had contingency plans for people, to ensure minimal disruption to care in case of an emergency and in response to the COVID-19 pandemic.
- The provider had sent CQC notifications of significant events occurring within the service, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager encouraged people and staff to be open with each other and created a culture of acceptance. One person told us, "Things have improved with the new manager. I think they will go down well. I like the way that when they say they're going to do something they do it."
- The culture at the home was to support people as you would your own family. One member of staff told us, "I love the job, the residents, and I can put a smile on their faces. I would be happy for them (staff) to look after my mum. Everyone here pulls together."

Continuous learning and improving care

- People had built positive relationships with the manager. We observed people interacting with the manager and a positive rapport was noted.
- The manager took on board the opinions and views of people and their relatives to make improvements.

Working in partnership with others

- People were supported by a range of healthcare professionals and the manager had started to develop good working relationships.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and procedures were current and in line with best practice to ensure lessons are learned
- The manager was open with the inspector during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff could approach the manager for support at any time.
- People, relatives and staff were asked for their views on the service.