

The Percy Hedley Foundation Leybourne

Inspection report

30 Leybourne Avenue
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Ratings

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

Summary of findings

Overall summary

About the service

Leybourne is a residential care home providing personal care for up to eight people with physical and/or learning disabilities. There were seven people living there at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received a personalised service from supportive staff. People said they liked the staff and enjoyed being with them. Staff made sure people had enjoyable experiences and a happy social life.

People were encouraged to make their own decisions and staff understood how people communicated their choices. People were enabled to achieve independent living goals. Staff made sure that people were treated with dignity and respect and in a way that was free from discrimination.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff received the relevant training and support to assist people in the right way with their individual lifestyles.

There had been significant improvements in the way the service was managed. The provider had addressed the previous shortfalls in how medicines, complaints and quality assurance systems were managed.

Staff praised the values and ethos of the management and staff team. They were committed to providing high quality, person-centred support for people to be able to live fulfilled lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 August 2018) and there were multiple breaches of regulation. 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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Leybourne

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Leybourne is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that 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 since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We joined six people for a teatime meal to ask their views and observe the support they received. We spoke with five members of staff including the registered manager, senior residential care officer, two support workers and administrative support worker.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

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

Using medicines safely; Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed in a safe way, some checks of the premises were not up to date and risk assessments about people's care were not always clear. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- People needed support with their medicines. Staff made sure these were received, stored and administered safely.
- The provider made sure the appropriate staff were trained and competent to support people with their medicines.
- There had been significant improvements to medicine records. These now included clear guidance for staff about when to offer people 'as required' medicines.
- Potential risks to people were assessed and strategies used to help minimise harm. For example, there were risk assessments about the supporting people safely with their mobility.
- The accommodation and equipment were safe and well maintained.
- There had been improvements to safety equipment for windows and testing of fire and electrical safety.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding adults and understood their responsibilities to protect the people they supported.
- There was clear reporting guidance for staff and the provider encouraged staff to speak up, however minor their concerns.
- Where any issues had been reported these had been robustly investigated and actions taken to remove any risk to people using the service.

Staffing and recruitment

- There were enough staff with the right skills to support people.
- Staff said they had time to support people individually when they required this.
- The provider used safe recruitment practices to reduce the risk of unsuitable staff being employed.

Preventing and controlling infection

- All areas of the home were very clean. There were hand sanitisers and disposable aprons and gloves for

staff throughout the house so they could support people in a hygienic way.

- All staff were very aware of the importance of keeping the home very clean to support the health care needs of people who were prone to infection.
- Since the last inspection the service had employed a domestic assistant to support with the significant cleaning tasks.

Learning lessons when things go wrong

- The registered manager analysed incidents and identified any actions to reduce the risk of these re-occurring.

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.

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

- People's physical, emotional and social needs were fully assessed and there were detailed weekly reports of people's well-being.
- Staff had clear guidance about how to support each person. For example, photographs were used to guide staff in how a person's wheelchair should be positioned.
- The service applied the principles and values of Registering the Right support and other best practice guidance. These ensure that people can live as full a life as possible.

Staff support: induction, training, skills and experience

- Staff said they were well trained and supported in their roles.
- All staff completed regular essential safety training as well as training that was relevant to the specific needs of people who lived there. Staff had regular supervisions and an annual appraisal.
- New staff completed an induction programme and probationary period. There was now a buddy system for new staff members to work alongside established support staff for three weeks, or more if needed.

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

- People told us they were fully involved in choosing menus and preparing meals where their capabilities allowed.
- Since the last inspection everyone's meal preferences and dietary needs had been reassessed. The provider's catering manager had looked at nutritional values and people's eating requirements to make sure meals were enjoyable as well as meeting their dietary needs.
- Where people needed support at mealtimes there were clear mealtime management plans including exactly how staff should support and what adaptations each person used such lipped plates and nonslip mats.

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

- People received support to access relevant health services whenever this was required.
- Staff worked together to ensure that people received coordinated support from all the services involved in their care, including health and day care services.
- People's care records included references to contact and guidance from health care professionals such as GPs, speech and language therapist, occupational therapists and dietitians.

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

- The accommodation was designed to meet the needs of the people who lived there.
- Some people who lived at the home used a wheelchair. All areas were level, had wide corridors for easy access and surface heights were accessible.
- Everyone had a large bedroom with an en-suite shower room that were personalised and well maintained.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff asked for people's permission before they supported them.
- Records relating to people's capacity showed how any decision had been made and who was involved.
- The service involved people, relatives and relevant care professionals in any decisions made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they liked the staff and their home.
- There were lots of friendly, encouraging and positive discussions between people and staff. There were clearly good relationships between them and people sought out the staff they liked to spend time with. People's choices about who assisted them were respected.
- Staff described their colleagues as "very caring". They said, "It's very supportive for people, helping them to feel positive about their lives and opportunities."
- Relatives were encouraged to call in for a chat just as anyone would call in to a family home.

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

- There had been improvements in the opportunities for people to make choices and decisions about their lives.
- Monthly reviews were held with each person, if they chose to be involved. These were very personalised and included photos to help support people's involvement in their own reviews.
- People were offered choices in ways that they could understand. For example, people who were unable to verbalise used VOCA (voice output communication aid), eye gaze, physical choices, body language, pictures, tablets or iPads to show their decisions.
- Since the last inspection each person had their bedroom redecorated in their own choice of colour and individual style, from unicorns to football colours.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted at whatever level they could achieve.
- People were encouraged in positive risk-taking such as using tools, painting walls and putting pictures up. Kitchen equipment was set at wheelchair height so that people could be as involved as possible in household tasks.
- Staff spoke about people in a respectful way and care records were positive about people's abilities and personalities.
- People's privacy was respected. Some people preferred to have some quiet time in their bedroom, so they had sound monitors to let staff know if they required any assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to make sure any complaints received were fully investigated and appropriate action taken. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 16.

- People and relatives had clear information about how to make a complaint in a format they understood.
- People were asked at their monthly reviews if there was something they didn't enjoy or anything they were not happy with. People had also been supported by staff to make complaints about other services, where appropriate.
- The provider took complaints seriously and action was taken to improve the service when any complaints were received. For example, following a couple of comments about missing laundry, the registered manager tightened up on laundry arrangements to make sure people's clothing was discreetly marked for ownership. Since then there had been no more issues.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was based on their individual preferences and needs.
- Staff provided one-to-one support for people wherever this was beneficial to them. They were supported to lead their own daily lifestyle in the way that they wanted.
- Care records had improved and now provided good detail about how to support each person.
- Relatives were invited to be involved in planning people's care where this was appropriate. Staff were keen to keep them involved in whichever way they wanted. For example, some liked a daily text, some liked telephone calls and some were happy with weekly Facetime contact.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in formats that met their communication style.
- Information was presented in easy read and pictures via posters, leaflets, activity board, photographs and iPads. The staff understood the individual communication methods of each person.

- People also received input from speech and language therapists, where needed, to help with personalised communication methods. There were clear communication care plans and passports that provided guidance to staff about how to support each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were assisted to follow their own individual interests.
- People were supported to live fulfilled lives with a range of social activities. People said these included going to football matches, fishing, theatre, musicals, discos, hydrotherapy and fitness classes.
- Staff made sure people were valued as members of their local community. People described how they enjoyed using local shops, social clubs and pubs.

End of life care and support

- The people who used the service were young and most were in good health. It would be the decision of health services about how they were supported at the end stages of their lives.
- The registered manager had plans to develop end of life care plans for people that would include their preferred place of care. End of life training and bereavement support for staff was being considered.

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 the last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to ensure that checks of the quality and safety of the service were effective. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Systems were in place to monitor the quality and safety of the service.
- There were regular audits and checks by the director and internal checks were carried out by the registered manager.
- Staff praised the improvements in management style over the past year and the positive impact this had on people's well-being. Their comments included, "It's 100% better, better than it's ever been" and "[Registered manager] has turned this service around".

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

- Since the last inspection the manager has registered with the CQC. They provided stable, consistent management oversight of the service over the past year.
- The registered manager and senior staff had worked hard to improve the quality of the service people received.
- Staff told us the culture within the staff team had significantly improved over the past year. They said this was now focused on person-centred care and the best outcomes for the people who lived there.

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

- The provider, management team and staff were committed to continually improving the service for the people who used it.
- Personalised care records, reviews and communication had all improved and there were plans to develop these further to look more deeply at 'why is this important to person' and 'what can we do to make it better'.
- The provider understood its duty to be open and transparent. Outcomes about complaints or incidents were reported back in a sensitive and open way. The director reviewed electronic logs of complaints to check if there were any trends, to ensure investigations were impartial and to consider if there was

something else that could be done to overcome the issue that led to the complaint.

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

- People were encouraged to be involved in the running of their home.
- There were regular surveys and meetings to obtain the views of people, staff and visiting care professionals.
- Staff said their views were sought and valued. They commented, "We have an open forum now to discuss any ideas or suggestions to improve people's lives" and "Anything I've suggested has been acted on".

Working in partnership with others

- People had close links with the local community. Staff promoted this so people lived lives as ordinary citizens of their local area.
- There were close working partnerships with other health and social care services involved in people's care.
- The registered manager attended external care forums as well as manager meetings within the organisation to share best practice and provided feedback to the staff team.