

Your Health Limited

Leaholme

Inspection report

8 Springfield Road
Stoneygate
Leicester
Leicestershire
LE2 3BA

Tel: 01162702665
Website: www.yourhealthgroup.co.uk

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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: Leaholme is a residential care home which provides personal care for up to 17 people, some of whom are living with dementia. At the time of the inspection 13 people lived at the service.

People's experience of using this service:

People were happy living at the service. Staff supported people to have a meaningful life and encouraged them to be independent.

Care and support was tailored to each person's needs and preferences. People and their relatives were involved in developing and updating their planned care.

Staff had received a wide range of training. Checks were made on the ongoing competency of staff.

Staff understood how to safeguard people from abuse. The staff team encouraged and supported people to make choices about what they wanted to do.

Appropriate recruitment checks were carried out to ensure staff were suitable to work in the service.

Medicines were managed safely. Records confirmed people received their medications as prescribed.

Staff were encouraging people who were under-weight to eat fortified foods. We found a range of menu choices were available.

The registered manager ensured that all incidents were analysed and ensured lessons learnt were shared with staff.

People who lacked capacity were supported to have maximum choice and control of their lives. Policies and systems supported them in the least restrictive way possible.

Detailed risk assessments were in place to support people and remain safe.

People participated in a range of activities that met their individual choices and preferences.

The registered manager demonstrated a commitment to providing person centred care for people. Staff felt the registered manager was supportive and approachable.

Rating at last inspection: Good (report published 8 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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 ●

Leaholme

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector visited the service to carry out the inspection.

Service and service type: Leaholme 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. We returned announced the following day. Inspection site visit activity started on 19 February 2019 and ended on 20 February 2019.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit we spoke with the registered manager, the cook, a team leader and two care staff. We also spoke with three people, and two relatives. We checked three people's care records, and a sample of medication records and health and safety records. We also looked at two staff files and records relating to the management of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection, the registered manager sent us a refurbishment plan for 2019 which detailed actions required and timescales for improvements needed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "I feel very safe here." "I feel very lucky my [person] is here." And "When I leave after a visit I know my [person] is safe."
- Staff knew their responsibility to report abuse if they were concerned. They could explain what action to take to ensure people were safe and protected from harm and abuse.
- The service had a safeguarding policy in place and the registered manager told us what internal and external processes they would follow to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments identified where people may be at risk whilst reflecting their preferences and encouraging their opportunities to make decisions and remain independent.
- Records used to monitor identified risks such as hydration, nutrition and pressure care were well maintained.
- The environment and equipment were safe and well maintained. ● Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were always sufficient staff on duty to meet people's needs. Staff told us they knew if they were very busy the registered manager would help.
- People told us they thought there were enough staff. One person said, "There is usually someone around if you need help." A relative told us, "You always see staff about."
- The provider had systems in place which ensured staff were recruited safely and only when suitable checks had been received.

Using medicines safely

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.
- Where people were prescribed medicines to take 'as and when required' information was available for staff to follow.

Preventing and controlling infection

- People told us they thought their bedrooms were kept clean and tidy. A person told us, "My bedroom is lovely. Always kept nice."
- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them, such as aprons and gloves.

Learning lessons when things go wrong

- Incidents were monitored and used as learning opportunities. Staff confirmed the registered manager would discuss any issues during team meetings or supervision.

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.

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 needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. A member of staff commented on how non discriminatory the service was. They added, "We work together really well as a big family."

Staff support: induction, training, skills and experience

- Staff had completed a comprehensive induction.
- Staff received regular supervision and told us they felt supported and received training relevant to their role. A staff member told us, "[Registered manager] is really good if we find any training we think might be useful to us they make sure we can do it."
- The provider had a system in place to record which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported. A staff member told us, "[Registered manager] is always there for us. It doesn't matter what it is they will support us even if it a personal problem."

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

- People were involved in meal choices and supported to maintain a balanced diet.
- A new cook had recently been employed and they along with the registered manager had consulted people using the service over meal choices developing a new menu.
- People told us they enjoyed the meals. One person said, "The food is very good here. Always homemade cakes lots of choice."
- Staff understood the importance of monitoring people who were at risk of losing weight. Records showed staff reported weight loss to the GP when there were concerns.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other care professionals and made referrals in a timely manner.
- The registered manager ensured each person had up to date information accessible to give to visiting professionals including paramedics if required.

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

- People told us they liked the homeliness of the service. One person commented, "I particularly like the garden. Last summer we sat outside and it was lovely."
- The registered manager provided us with the provider's environmental improvement plan. This identified

areas where improvement were needed and when they aimed to complete the work.

- We did identify some areas which needed attention. For example, a downstairs toilet and shower room where the flooring had separated from the ground and needed attention. The registered manager said they would report this for the provider's attention.
- The registered manager showed us they were in the process of identifying local resources to improve the service for people living with dementia.

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

- People had access to community healthcare professionals when required.
- Advice given by health professionals was followed, documented and communicated across the whole staff team.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with were happy with the care provided. Comments included: "The staff are lovely. They are all very kind." "I feel lucky to be here." And "I have freedom here."
- Interactions between staff and people living at Leaholme were natural and relaxed. They showed positive relationships had been developed.
- A relative told us, "We visited lots of places before we decided on this home. The staff are lovely and since the new manager has started we have seen a real improvement."
- The registered manager and staff told us how they supported people's human rights and promoted equality and diversity. Care plans included detailed information about cultural beliefs.
- Discussions with all staff showed they knew people very well, including their personal preferences. We saw staff worked in a variety of ways to ensure people received care and support that suited their needs.

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

- People told us they felt involved in their care. One person told us, "Staff always ask me if I need any paracetamol. I can sit where I want to and I couldn't be happier."
- Where English was not a person's first language staff had learnt a few words of the person's language to improve communication. This promoted people's rights and made sure staff treated people in a person-centred manner.
- People were involved in planning all areas of their care. The registered manager ensured they had regular contact with people's relatives to keep them informed of their relative's wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt that all staff were respectful and supported their dignity when providing personal care. One person told us, "I can do a lot for myself but if I need help the staff are there and I don't feel embarrassed."
- Staff explained how they maintained the privacy and dignity of people they cared for. They understood the importance of ensuring people were respected.
- We saw staff knocked on people's bedroom doors and waited to be invited in before opening the door.
- Staff respected people's rights to privacy and confidentiality.
- Records were kept in a locked cupboard. Records stored electronically were password protected.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff understood the importance of supporting people to be socially included and prevented from social isolation. One person told us, "When I first arrived I didn't really want to eat in the dining room with the others but slowly the girls [staff] encouraged me and although I still spend time on my own I think they were right to do that. I really enjoy going into the dining room now."
- Relatives told us they felt activities had improved since the new registered manager had started. One relative commented, "Since [registered manager] started there have been a lot more activities."
- Staff understood what was important to people and supported them to maintain relationships with their family and friends. A person told us, "My family and friends can visit any time and the girls [staff] always say hello to them." A relative commented, "I am always made to feel welcome, no matter what time of day I visit."
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard by providing information in larger print such as the complaints procedure.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and felt very confident the registered manager or any staff member would deal with it.
- People had access to the complaints procedure which was displayed in the service in an accessible format.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- The registered manager understood the importance of ensuring people who were at the end of their lives needed medicines at short notice to ensure they were comfortable and pain free.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives spoke positively about the registered manager. Comments included, "We have seen a real improvement since [registered manager] came." I really like [registered manager]. And "[Registered manager] is very approachable."
- The registered manager had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- The service was well-run. Staff at all levels understood their roles, responsibilities and their accountability. Everyone we spoke with commented on how the service had improved since the new registered manager had come into post.

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

- The registered manager demonstrated a positive culture and promoted a high standard of person centred care and support for people.
- Staff told us they felt listened to and supported by the registered manager. They told us they found them approachable and could discuss any concerns or issue. One staff member told us, "[Registered manager] is very supportive. The best manager I have had. They are very easy to talk to."
- Staff were happy in their work. They demonstrated enthusiasm for delivering person centred care to people and were clear about the provider's vision and values. One staff member told us, "We are like a family, if a shift needs covering and it is your day off we don't mind coming in to support. We want people here to be cared for."
- The provider understood their responsibilities and the legal requirements.

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

- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. People and relatives told us they were involved in meetings and had been asked their opinion. For example, people had been unhappy with the choice and quality of the meals. A new cook was employed and new menus devolved providing people with fresh fruit and vegetables as well a home cooked cakes.

Continuous learning and improving care

- The quality assurance system included regular checks carried out by staff, the registered manager and the

regional manager to support the improvement of care.

- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.

Working in partnership with others

- Links with outside services were maintained to promote independence and wellbeing for people.