

Silver Healthcare Limited

# Leahurst Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Leahyrst Care Home is a residential care home providing accommodation and personal care to up to 41 people. The service provides support to older people and people with sensory impairments. At the time of our inspection there were 36 people using the service.

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

Quality assurance processes were not always effective in identifying concerns and areas for improvement. People's care plans were not always reflective of people's current care needs and risks and care plan audits had not identified areas that required improvement. Environmental risks and some checks had not been regularly documented.

Medicines were safely stored. People received support with their medicines from staff members who had been trained and assessed as competent.

People were supported by enough staff who were available to assist them in a timely way. People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

The provider had assessed the risks associated with people's personal care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm. However, some records contained conflicting information.

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

People were referred to additional healthcare services if needed and staff were knowledgeable about any recommendations or treatments.

People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 5 February 2021). The service remains rated requires improvement.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continued breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Leahyrst Care Home

## 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 Health and Social Care Act 2008.

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

The inspection was completed by 2 inspectors.

#### Service and service type

Leahyrst Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Ridings is a care home with nursing care. 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

Before the inspection we reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at the notifications we had received for this service.

Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people to gather their views about the care they received. We looked at 5 people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, 6 care and ancillary staff.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection we found systems were not robust enough to demonstrate risks to health and safety were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- The service had an external fire risk assessment in March 2021 which stated a fire drill was required as soon as possible. The last recorded fire drill was dated November 2020. Weekly fire checks had last been recorded in October 2022.
- Most other monthly health and safety risks, for example, water, and call bells checks had not been recorded since October 2022. The registered manager informed us, both these aspects of fire and health and safety had been completed but not recorded. This has been reflected in our findings under the well led section of this report.
- People felt safe living at Leahyrst, one told us "I am well looked after and feel fine here."
- Risk assessments were in place for various aspects of peoples' care, including falls and skin damage.
- Risk assessments provided enough information for care staff to provide safe care and manage risks, for example, where people required pressure relieving mattresses to protect their skin integrity.
- Staff told us they knew what to do if someone had an accident or if there was an incident, the procedure to follow, forms to complete and where to report internally and externally.
- Kitchen staff were unable to describe and demonstrate the presence of any potential allergens in the meals provided. This meant people with food related allergies may be at risk.

We recommend the provider source appropriate training for staff on food allergens.

- 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.
- The provider was supporting people to have visitors in line with the most recent government guidance.

Visitors were able to see people in various parts of the home, including in people's rooms. Visitors were able to visit at any time without appointments.

#### Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff. This included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable. However, we found some gaps in the reference and work history information required. The registered manager told us this was a recording oversight which would be rectified immediately.
- There were enough staff to meet people's needs.
- People told us there were enough staff on duty to meet their support needs. One person commented, "When I've used my buzzer they are always pretty quick."
- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I feel safe yes. I have people around me all the time which is a comfort."
- Staff understood their safeguarding responsibilities. One staff member told us, "If I had any concerns I would go to the senior and tell the manager too."
- The registered manager understood their responsibility to report any concerns to the local authority to ensure people's safety and welfare.

#### Using medicines safely

- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. However, temperatures of the medicines room were not always monitored daily to make sure medicines would be safe and effective. The registered manager told us this would be addressed through staff meetings and individual supervision. We have addressed this in the well led section of the report.
- When people were prescribed medicines 'when required' there were protocols in place, some of these required additional information to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. The daily notes also recorded the reason for administering these medicines and the outcome of the administration.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. These were reviewed to observe any patterns or trends and to ensure actions taken had been effective. The registered manager had oversight of all accidents and incidents. Whilst appropriate action was taken to prevent incidents reoccurring such as contacting relevant health professionals for support, not all incidents were considered in monthly analysis. We found 1 fall had been recorded in a persons care plan but not on the monthly falls analysis. We have addressed this in the well led section of this report.



- Staff told us they were made aware of any accidents or incidents via handovers.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's mental capacity had been assessed and where required, best interest decisions had taken place in partnership with the person and their representatives. DoLS had been appropriately applied for.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 governance systems in place to ensure people receive safe and consistent care to meet their needs. This was a breach of Regulation 17 (Good Governance), Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not always have effective quality monitoring systems in place to ensure improvements are identified and sustained. For example, monitoring systems failed to regularly record monthly safety checks for areas such as; hoists, doors and windows, call bells and slings.
- The provider failed to record fire drills, as recommended by an external fire risk assessment. The registered manager informed us the fire drill had been completed but not recorded.
- We found some care plans were contradictory. For example, monthly dependency assessment scores changed, demonstrating changes to people's care needs. However, the relevant care plan reviews indicated no change.
- The provider's audit systems had failed to identify the issues highlighted regarding medicines room temperatures and gaps in recruitment information.
- The staff team received supervision and felt this was beneficial. Staff told us they felt supported by the registered manager. However, records showed gaps in supervision records and staff meeting were not frequent. The registered manager told us the meetings had occurred but not sufficiently recorded and would address this immediately.

Whilst we found no evidence people had been harmed, the providers auditing systems had failed to identify and address these issues.

Managerial oversight and was not robust enough to demonstrate quality monitoring was effective. These issues constitute a continued breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People spoke positively about how the home was managed. One person told us, "I'm happy here, it is well

managed. If I had a complaint, I'd tell them and they'd sort it out."

- Care and support provided by staff achieved good outcomes for people. One person told us about the positive impact moving into the home had had on them. They said, "It will never be home, but I know I am better off here. I am well looked after."
- Most staff felt supported by the registered manager and all spoke highly of the deputy manager. Staff felt there was an openness within the service because the management team was approachable and listened to their feedback. A member of staff told us, "I think the teamwork is great. Everybody comes together and everybody helps everybody out."

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

- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities, the CQC and Government agencies involved in adult social care.
- Staff told us learning from incidents was discussed and shared amongst the team.

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

- People told us they felt involved in decisions around the home and were listened to by the management team. One person told us, "I feel listened to. They are easy to talk to and always have time for me."
- People were able to give feedback on their experience of living at the home through regular meetings.
- Staff took part in meetings to discuss people's needs and give their views. Staff meetings showed safeguarding concerns and complaints were discussed and used to improve staff practice.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurses.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to effectively monitor and improve the quality and safety of the service and to maintain accurate records. The provider did not have robust quality assurance processes in place and lacked management oversight of the service.