

## Berkley Care (Tournament Fields) Limited

# Leycester House

### 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 caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Leycester House is a nursing home providing accommodation and nursing care in one adapted building over three floors. The maximum number of people the home can accommodate is 78. There were 74 people living at the home at the time of our inspection visit, some of whom were living with dementia.

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

Building a sense of community where people could have fun and enjoy spending time with each other and their visitors, was central to the caring ethos of the home. People and their relatives were extremely positive about the caring attitude of staff and how it impacted on their sense of wellbeing. Staff were careful to respect people's need for privacy and took time to know people as individuals which ensured they felt valued. Staff and managers understood the importance of promoting equality and human rights and had a caring approach which was tolerant and non-discriminatory. People and relatives felt involved and listened to when it came to making decisions about their care.

There were enough suitably skilled and experienced staff on duty to meet people's care and support needs safely and effectively. Procedures were in place to identify and manage risks to people and staff understood their role in keeping people safe from harm. People's medicines were managed, stored and administered safely. Accidents, incidents and falls were recorded, and actions taken to minimise the risks of a re-occurrence. The registered manager encouraged a culture where staff could learn from their mistakes.

People's needs were met effectively because staff had the necessary skills and experience and received appropriate training and support from the registered manager. People were offered food and drink which met their nutrition and hydration needs. Staff supported people to maintain their physical and sensory health and referred them to other health professionals to ensure their healthcare needs were met. 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.

Care plans provided staff with detailed information to enable them to deliver person focused care. People and relatives told us staff were responsive to their needs because they had enough time to spend with people and get to know their individual preferences for care. People were offered opportunities to meet their individual cultural, psychological, spiritual, emotional and social needs. People and their relatives had been asked about their wishes for end of life care.

People and their relatives were very positive about the care provided at Leycester House and the registered manager who they described as visible and ready to listen. Staff shared the registered manager's values and motivation to ensure positive outcomes for people. The provider had a strong framework of checks and audits to monitor risks and performance to understand where improvements were required

For more details 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 Good (published 26 April 2017).

#### 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 reinspection 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### 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 ●

# Leycester House

## 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 team consisted of two inspectors, an assistant inspector and a specialist nursing advisor.

#### Service and service type

Leycester House 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 had a manager registered with the Care Quality Commission. The registered manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of our inspection was unannounced. The second day was announced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information

to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and 12 relatives/visitors about their experience of the care provided. We spoke with 14 members of staff including the registered manager, the deputy manager, two senior care staff, six care assistants, the chef, an activities co-ordinator, a host and a receptionist.

We reviewed a range of records. This included four people's care records and a selection of medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and this was supported by their families. One person told us they felt safe, "Just because of the caring staff, that is what makes me feel safe. If they think you are distressed about something they come and try and find out what is wrong."
- The provider had effective safeguarding systems in place. Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse.
- Staff said they would report concerns to the registered manager, the provider or to us and other agencies to keep people protected.
- Staff were confident to report and challenge any poor practice by other staff and 'blow the whistle' if necessary.

Staffing and recruitment

- Overall, people and their relatives felt the staffing arrangements at the home were safe and appropriate. When we asked one person if there were enough staff they responded, "I think on the whole there are because any time I ring the bell they come." A relative told us, "There is always somebody around. They are busy, but they always stop and talk if you have got a question."
- We saw there were enough staff to monitor people's wellbeing and respond to their individual needs and requests. People did not have to wait long for assistance when they needed it.
- Staff told us staffing levels enabled them to work safely and provide the care people needed without rushing. One staff member said, "There is more staff on duty now we have an increase in residents. I don't feel we are running around."
- We did not look at staff recruitment files, however staff told us pre-employment checks were carried out before they started working at the home. Staff said they went through an induction and shadowed more experienced staff before they could support people.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed. Clear guidance was in place for staff to support people in a safe way. Examples of risk management included safely transferring people and regularly re-positioning people to minimise the risks of skin damage.
- Risk management was based on people's individual abilities and reviewed regularly or in response to incidents or changes in people's health. Risks were managed with minimum limitations on people's freedoms.
- Staff were confident and knowledgeable about people's assessed risks and felt communication and how they worked as a team, minimised risks to people. However, the recording and monitoring of pressure relief

mattresses was not always correct. We also found one person at risk of falling, did not have a sensor mat in place as per their risk assessment. We told the registered manager of these examples who took immediate action to improve this.

- Environmental and health and safety risks were managed safely. Fire safety, water quality and utility services were regularly checked and serviced to ensure they remained safe and fit for use.
- The registered manager said they had an up to date 'emergency bag' which included important information to direct emergency services in how to safely support people to evacuate the building if needed.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- The electronic medicines administration and management system had several safety features. This ensured people always had their medicines available to them, they received their prescribed medicines at the right time and the appropriate time interval between doses was maintained.
- Where people were prescribed medicines to be given 'as and when required' there was information to inform staff when these should be given.
- Generally, medicines given by a patch applied directly to the skin were well managed. However, there was no system of daily recorded checks to ensure the patches remained in place. Such a system was immediately implemented.
- Staff received training in safe medicines management and the provider's medicines procedures and felt confident following these.

#### Preventing and controlling infection

- Domestic staff supported care staff in maintaining high standards of hygiene and cleanliness at the home. The home was clean and fresh-smelling throughout.
- Staff had received infection control training and understood their role in preventing any infections from spreading.
- The registered manager ensured personal protective equipment (PPE) was available for all staff, including disposable gloves and aprons.
- We identified one item of clinical equipment was being stored inappropriately in a bathroom. The registered manager ensured the item was immediately removed.

#### Learning lessons when things go wrong

- The registered manager had a system in place to record and monitor incidents and accidents.
- The registered manager reviewed these reports to identify learning for the service and any action needed to reduce risk and prevent things from happening again. For example, referrals to a GP, reviewing medicines practice and introducing additional equipment for people at risk of falls.
- The registered manager encouraged a culture where staff could learn from their mistakes. They explained, "There is no blame culture here, we are all human and it is not going to be perfect all the time. We will make mistakes and staff recognise they are going to be supported in that."

# 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 Good. At this inspection this key question has remained the same. 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 were assessed prior to moving into Leicester House. People and their relatives were consulted during the assessment process to ensure people's needs, wishes and preferences could be effectively supported. One relative told us, "They went through a lot of things with [name]. They asked them if they preferred showers or baths and what time they liked to get up."
- Care plans were developed from the assessments which supported people with their health and medical needs and to achieve a planned outcome.
- Care plans were based on current best practice and incorporated recognised risk management tools. People's needs were reassessed every month to ensure their risk assessments and care plans remained up-to-date and effective.

Staff support: induction, training, skills and experience

- People and relatives thought staff were trained and knowledgeable to meet their needs. One relative said, "Staff all seem to be up to date (with their training) and they are really competent."
- Staff felt confident in their skills. They told us their training was effective and helped them keep up to date with current practice. We saw staff supporting people with confidence and professionalism.
- One staff member told us how their dementia care training helped them to understand what the condition could be like to live with. The staff member said they found the training enlightening, especially when they wore adapted shoes, gloves and glasses which helped them understand the physical and sensory restrictions of living with dementia.
- New staff members were provided with effective support when they first started work at Leicester House. They completed an induction to the service and staff new to care started working towards the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all staff new to care. One new staff member told us, "There was shadowing and the mandatory training. There was nothing more the managers could have done to make me feel more comfortable in my role."
- Staff told us they felt supported by the management team who regularly met with them to discuss their personal development. One member of staff told us, "They (managers) basically want to know what you have achieved since your last supervision and whether you need any special training. If you do, then they will go out of their way to provide that training for you."

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

- People were offered food and drink which met their nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were generally complimentary about the meals served. Comments included: "You get a choice. If there is nothing you like, then they are always happy to change

and do something else" and, "The food is pretty good, you get a decent choice."

- Lunch was a social occasion and meals looked well-presented and smelt appetising. One relative told us, "Meal times are a time when people can get together and socialise."
- However, we found the organisation on the dementia care unit meant some people were waiting a long time for their lunch and some people were not offered a choice of what they had to drink. The registered manager recognised improvements needed to be made and told us they had recruited a hostess to assist with serving the meals. They were confident this would ensure every person in the home had the same positive experience at meal times.
- People's care plans included information about their dietary needs, allergies and any preferences for food, which was shared with the kitchen staff.
- Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. Records showed people's weights remained stable and some people with poor nutritional intake had gained weight.

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

- Staff supported people to maintain their physical and sensory health through regular appointments with healthcare professionals, such as opticians, audiologists and chiropractors.
- Staff were knowledgeable about people's individual medical conditions and were observant of changes in people's health, moods and behaviours. Records demonstrated people were referred to other healthcare professionals such as their GP, nurse practitioner or occupational therapist to ensure their healthcare needs were met. One relative told us, "A couple of times I thought [name] looked a bit peaky. I would mention it to the nurse and they had already had the doctor in."
- People's oral healthcare needs had been assessed and plans were in place to monitor and address these.
- The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.

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.

- Where the provider had reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment.
- Staff we spoke with understood the principles of the Act and recognised the importance of respecting people's right to make decisions. One person who had capacity was refusing to follow the advice of a healthcare professional even though it presented risks to their health. Their capacity and understanding of

the risks had been fully assessed and documented.

- The provider reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application to be made, the appropriate applications had been submitted to the local authority in accordance with the legislation.

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

- The home was purpose built and wide communal corridors enabled people who had limited mobility to move around freely and safely. Bedrooms had enough space to manoeuvre equipment, such as hoists should this be necessary.
- Communal areas were laid out in a way that encouraged social interactions. There was a bistro, cinema, hairdressers and private dining facilities and drinks and snacks were available free of charge for visitors.
- People were able to bring their own items to personalise bedrooms which gave them a sense of belonging in the home.

# 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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives were extremely positive about the caring attitude of staff and how it impacted on their sense of wellbeing. Comments included: "It is not your own home, but it is the next best thing and I love it here. I have no intention of going anywhere else", "They (staff) are kind, they are helpful, you get the best of everything here. It takes the onus off my family because they know they look after you thoroughly well here", "I think it is fabulous. All the staff are so lovely and do anything for [name]", and "We are cared for and I don't think you could find a much nicer place than this. I love being here."
- The design of the home was centralised around a café bistro area which provided a strong focal point for people and families to gather and enjoy each other's company. During our visit, a weekly coffee morning took place which was attended by people who lived in the home, their relatives and visitors from the local community. There was a buzz and a real sense of communal spirit in the bistro throughout the day.
- The atmosphere was very inclusive with children visiting their relatives, people arriving with their dogs and visitors chatting with each other. One relative told us, "We were attracted to Leycester House by the ethos of involving the community, so nobody feels isolated. I have friends who attend the events and it is just a positive and stimulating environment."
- The registered manager explained that building a sense of community where people could have fun and enjoy spending time with each other and their visitors, was central to the caring ethos of the home. They told us, "People say when they come into the home it just feels different. I want the residents to feel when they come in here their life is not over. It is a different life and they are going to make new friends and things are not going to stop."
- People and relatives spoke of a warm and vibrant atmosphere that made them feel welcome and 'at home'. One relative told us, "It is a lovely atmosphere. There is always something going on and a buzz about the place." Another relative whose family member had recently passed away shared a letter they had written to the registered manager. It read, "[Name] seemed really happy and contented and I have no doubt this was because of the great atmosphere you created – lots of love, care, affection and most importantly, lots of laughs."
- People particularly spoke of feeling they had not become 'invisible' which made them feel they mattered. One person told us, "When you are walking along the corridor they (staff) acknowledge you. They might be in a hurry, but they always acknowledge you and if they have got time they will stop and talk to you and they call you by your name." Another person said, "I love being here. They (staff) always say good morning and never ignore you."
- Staff listened to people and used the information people shared to make people's day better. For example, one person regularly spoke of their deceased partner's love of gardening and how they used to

grow marigolds. On the person's birthday a staff member had planted pots of marigolds, so this was the first thing the person saw when they looked out their bedroom window.

- One person had become withdrawn following a bereavement, but staff recognised they became more engaged when a member of staff's dog visited the home. The dog now visited the home every day and the person had been given the role of looking after him. Staff told us how this had given the person a sense of purpose and other relatives spoke of the lovely relationship between the two.
- One relative told us the caring attitude of staff had given them the confidence to enjoy being with their family member and get the most out of their visits. They explained, "I can come in and do the nice bit. Even though [name] has dementia, I think we know each other better now than before they came in."
- Staff demonstrated empathy and the importance of understanding the person and their life before they became ill rather than letting people be defined by their frailty or illness. One staff member had recently written to a person's family, "I felt it was so important for you to know that despite [name's] dementia, I could still see her, she was still there. And most importantly she could always see me."
- A relative told us how staff had given them invaluable support, especially when decisions had to be taken, such as their relative moving to the home on a permanent basis.
- Another relative told us their family member had recently passed away. They told us they continued to feel a sense of belonging within the community of the home and visited regularly. They said staff maintained their warm welcome and had invited them to join them for Christmas lunch. The relative said this gave them comfort and friendship at a difficult time.
- Special occasions and birthdays were celebrated and tailored to people's wishes. Staff were arranging a surprise afternoon tea for one person and had invited the person's friends. One relative said, "On [name's] birthday I asked if we could come in for cake and bubbly but when we came there was a whole room laid out for afternoon tea. Nothing is too much trouble it seems." A person told us, "We had a lovely Christmas and we all had a present."
- People were embraced for who they were. Staff and managers understood the importance of promoting equality and human rights and had a caring approach which was tolerant and non-discriminatory. One relative told us how their family member's illness meant they could sometimes be disinhibited in their behaviours and language. They told us, "They (staff) manage it with humour and are very accepting. The carers have said 'we understand'."

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

- People's care records demonstrated people's views and preferences were valued and used to plan their care. They contained information about people's preferred routines and how they wanted their care and support to be provided.
- People and relatives felt involved and listened to by staff. One person told us they were able to provide feedback about how they wanted to live their life and do the things they wanted to do. They told us this freedom to make their own choices gave them a good quality of life. Another person told us, "You can do what you like because they say, 'it is your home'."
- People spoke positively about the registered manager who they described as visible and ready to listen to their views. The registered manager learnt from people's experiences and made changes and adaptations where possible.
- During our visit we saw people were confident to spend their day in their preferred way. Some people spent time socialising in communal areas, other people joined in the planned activities and some preferred to spend time relaxing in their own room.
- People were encouraged to make decisions about the staff who supported them by being involved in interviews of potential new staff.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were careful to respect their need for privacy when they wanted time alone. One person told us, "There is company here if you want it and if you want to be on your own you can stay in your room."
- The registered manager supported staff to recognise some people needed private time to maintain their relationship and intimacy with their partner if they wished to.
- Staff understood that an important aspect of treating people with dignity and respect was to take time over their appearance and make them feel valued. One relative told us staff always attended to a certain aspect of their family member's personal care which they knew would be of utmost importance to them. Another relative whose family member had recently died told us, "[Name] was always an immaculate man and even when he only had days to live the staff washed his hair, gave him a close shave and made sure he was smart as they knew he would want to be – it was unbelievably touching."
- Independence was actively encouraged and supported for as long as the person was able. One person told us, "When they come and shower you in the morning they are lovely. They let you do as much as you can."
- People were encouraged and supported to maintain their independent links with the community. One person had been a member of a voluntary group and was supported to continue attending their meetings. The registered manager explained, "We tend to do that for anybody who has links like that, so they can maintain that involvement."

## 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 Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Electronic care plans provided staff with detailed information to enable them to deliver person focused care. They included information about people's personal backgrounds, preferred routines and interests.
- All staff had handheld mobile devices, so they had access to all the information they needed about people at the touch of a screen. Staff read and followed people's care plans to ensure their individual care needs were met.
- People and relatives told us staff were responsive to people's needs because they had enough time to spend with people and get to know them as individuals. One relative told us, "The staff rub [name's] head, they talk to him, they look at the photos we bring in with him. He has a DVD player and they put Pavarotti on for him which he loves." A person commented, "The staff are wonderful and there is nothing they won't do for you. They have always got time for a chat."
- Staff told us communication was good, so they had the information they needed to respond to changes in people's health. This was confirmed by one person who had recently fallen. They told us, "If my balance goes that is it and now I am not able to go anywhere unless I have someone behind me. They are very careful here."

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 offered opportunities to meet their individual cultural, psychological, spiritual, emotional and social needs. For example, people were invited to enjoy exercise classes, yoga and meditation, quizzes, bingo and religious services.
- Activities were inclusive. We saw staff sitting with people who were less able and supporting them to participate and benefit from the interaction.
- A reminiscence newspaper was published and delivered to people three times a week and contained articles about past events, crosswords and one person regularly contributed poems.
- Visiting entertainers were a regular feature of the home and open to relatives, friends and the local community. These events enabled people to enjoy spending meaningful time with their friends and family in a social environment.
- Overall people were happy with the timetable of events and activities. One person told us, "You get entertainment and they take you out. This afternoon there are arts and crafts, there's cookery and there's a knitting club and walking club."
- There was a new 'activities team' in place who recognised the need for more opportunities for those people who did not like group activities or who benefited from more 'one to one' time. For example, they had recently introduced activities for those people living with dementia that reflected their past lives and

stimulated individual memories. A member of the activities team told us they monitored people's engagement, "Just so I know I am not leaving anybody out."

#### 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's communication needs were identified, recorded and highlighted in care plans.
- People's sensory needs to support understanding of information were met and staff encouraged people to wear their spectacles and hearing aids.
- One staff member told us they used picture symbols to help communicate important messages to one person and information could be translated into other languages for those people whose first language was not English.
- We observed staff taking the time to talk and interact with people in a way and at a pace that was appropriate to their needs.

#### End of life care and support

- People and their relatives had been asked about their wishes for end of life care, where they wished to be cared for and if there was anything that could bring comfort in their final days. One relative told us, "We had a long conversation as to what would help us, what we thought [name] would like, whether we would like any spiritual support, how we would like the lighting whether we would like the curtains open. It was the proactivity of the planning, the communication and the discussions."
- Staff worked with other healthcare professionals to ensure people had a dignified and pain free death. A relative commented, "There was very careful pain management at a time [name] couldn't communicate. They were very relaxed and there was not a flicker of discomfort."
- Staff understood the importance of providing compassionate care to people and their families in the final stages of their life. One staff member told us, "It would be a huge failure if a resident passed away and we didn't follow or meet their wishes."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which people and their relatives understood and felt comfortable to use.
- Ten complaints had been received in the 12 months prior to our inspection visit. Records showed people's complaints had been investigated and responded to in line with the provider's complaints procedures.
- The registered manager looked at patterns or trends to ensure similar complaints were not received.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were very positive about the care provided at Leycester House and many particularly spoke of the community atmosphere within the home. One person had recently written to the registered manager, "Every single member of staff at Leycester House are a credit to your vision of creating such a wonderful place to spend what can be difficult years in our lives." A relative had recently donated a sensory garden in their family member's name to thank staff for the care they had provided at the end of their loved one's life.
- During our conversations it was clear the registered manager had taken time to ensure they had a good understanding of the medical and holistic needs of the people in the home. One relative told us, "[Registered manager] is fantastic. She is really kind, she always says hello and she knows people."
- Staff shared the registered manager's values and motivation to ensure positive outcomes for people. They told us they enjoyed working at the home because they felt supported in their role by the management team. One staff member told us, "I think the managers are great, they are very approachable. They are sociable and very understanding." Another commented, "I get on really well with the managers. If I have got any issues I can just go and talk to them at any time."
- The provider had a proactive attitude to the training and development of staff to ensure they felt valued. One staff member told us, "It is very good and there is always the opportunity if you want to progress. Everyone is given an opportunity to shine where they are best suited."

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

- There was a designated management team with specific roles and responsibilities. The provider and registered manager supported the management team to carry out their roles.
- The provider had a strong framework of checks and audits to monitor risks and performance to understand where improvements were required.
- There were clear communication systems of support available to staff 24 hours a day so there was no delay in seeking guidance and action being taken over any concerns.
- The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to sharing learning and developing best practice. They took a robust approach to learning from adverse incidents that occurred in both their own group of homes, but also in the wider healthcare sector. One staff member explained, "I think [name of registered manager] has a very good way of talking about it. She will tell us what went wrong, how it went wrong and what we can do to make sure it doesn't go wrong again."
- The provider had joined the 'See, Hear, Act' scheme which is a learning opportunity facilitated by the local authority based on feedback from people who use services.
- The provider was working with the local clinical commissioning group, the Memory Assessment Service and their GP to improve dementia diagnostic rates in residential care settings.
- The provider had offered Leycester House as a base for other healthcare professionals to have weekly multi-disciplinary meetings to share information.
- The provider had established links with other community organisations to improve outcomes for people. For example, arrangements had been made for the Alzheimer nurse to visit the home regularly to provide advice and guidance.
- The registered manager had built links within the local community and had arranged for local pre-school children to regularly visit the home as they understood the benefits of linking childcare with services for older people.
- People from the home regularly visited a local dementia café which enabled them to socialise in a relaxed and supportive environment and people from the café were invited into Leycester House. One relative wrote to us, "Local residents from Warwick are welcomed into the home to create links to the community and ensure residents of the home don't feel isolated but feel part of the wider community – it's such a great ethos."

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 understood their legal responsibility to inform people, and relevant others, if people suffered harm as a result of the care they received. They told us, "It is about identifying what we have done wrong, how we could have done better, talking it through and reflecting on it as a group. I think it is holding your hands up and admitting we could have done it better and how can we improve to make sure it doesn't happen again."

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

- The registered manager used feedback from people and their relatives to examine the quality of care provided. Feedback came from surveys, reviews and regular meetings. Feedback was reviewed by the registered manager to identify and address potential areas for improvement. For example, in response to people's comments, social trips out of the home had been increased to two a week.
- Staff told us they had regular opportunities to get together and discuss the service, any issues or good practice. Records of meeting minutes showed meetings were an opportunity to discuss developments in the service, best practice and training opportunities. They were also used to thank staff and recognise their commitment to the home.