

Libury Hall

Libury Hall

Inspection report

Great Munden
Ware
Hertfordshire
SG11 1JD

Tel: 01920438224

Date of inspection visit:
12 July 2019
29 July 2019

Date of publication:
07 October 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Libury Hall is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

Libury Hall accommodates people across several individual buildings. 11 people, who require higher levels of support, live within the main house. The remaining 28 people live within one of the 28 separate bungalows. These are designed to support their independence, whilst still retaining key safety features such as pendant alarms to alert staff if people require assistance.

People's experience of using this service

The service provided exceptionally responsive, person-centred support to people which consistently achieved outstanding outcomes for people. Staff consistently went the extra mile to find out what people have done in the past. This enabled people to carry out person-centred activities, which enriched the quality of their lives. People were supported to maintain and develop new relationships that mattered to them and protected them from the risk of social isolation and loneliness. The registered manager used concerns to improve the service. The service worked closely with healthcare professionals to support people with end of life care, which ensured people experienced a comfortable, dignified and pain-free death.

People were protected from avoidable harm and abuse by staff. Risks to people's safety had been identified and assessed. Staff followed people's risk management plans to keep them safe. People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed. People's medicines were reviewed regularly to ensure continued administration was still required to meet their needs. Cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

Staff felt valued and respected by the management team. Staff had the required skills to meet people's needs effectively, which led to good outcomes for people's care and support and promoted their quality of life. People's care plans were well maintained providing staff with the required information about their needs and how to meet them. The registered manager had worked effectively with local organisations, health and social care professionals and multi-disciplinary teams.

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.

People were supported by a stable core staff group who were kind, caring and inspired by the registered manager to deliver high quality, personalised care.

The service was led by a management team who were respected by staff and people, and who led by

example. Governance systems in the service supported the high quality care people received and improvement plans continually sought ways to develop the care further.

Rating at the last inspection

At the last inspection on 23 November 2016 the service was rated Good (report published 11 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published time scale for services rated good. We will continue to monitor the service through the information we receive.

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

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Libury Hall

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

This inspection was carried out by one inspector.

Service and service type

Libury Hall 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 inspection;

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection;

We spoke with six people, and two people's relatives about their experience of the care provided. We spoke with the registered manager and their management team, and four members of staff. 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.

We reviewed a range of records. This included four people's care records and multiple medication records along with a variety of records relating to the management of the service.

After the inspection –

We continued to seek further evidence 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 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; Learning lessons when things go wrong

- People told us they felt safe living at Libury Hall. One person said, "Of course I feel safe, this is my home, I am home and don't want to live anywhere else."
- Systems continued to be in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.
- When an accident or incident occurred, the management team ensured these were reviewed and appropriate action taken. Staff spoken with confirmed incidents were discussed as a point of learning through supervision, handover and team meetings.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were identified and managed. Risk assessments were in place that identified the actions staff needed to take to minimise the risks associated and to protect people from avoidable harm.
- Risk assessments relating to the environment had been completed and these clearly stated what steps were needed to manage these risks. Staff were aware of how to respond in an emergency such as evacuation of the home in the event of a fire. Regular drills were completed with people and staff.
- Regular servicing of the gas supply, electrical items and fire safety equipment was undertaken. Regular checks of all safety equipment and systems in the service were completed.
- People had a personal emergency evacuation plan completed (PEEP) that informed emergency services how to support them in the event of a fire.

Staffing and recruitment

- Safe recruitment practices were operated to ensure prospective staff were appropriate to work with people. Staff confirmed references were sought prior to receiving an offer of employment, along with a full employment history, verification of identity and a criminal records check.
- People and relatives told us that there were enough staff to support them with their care needs and to support them daily with other interests. Staff confirmed to us that staffing levels were sufficient. One staff member said, "Staffing has been stable for over a year. [Registered manager] has done a lot to recruit and staff are generally staying now. We had a period with two people needing one to one support, so the managers got regular agency for that to not disrupt the other residents. Its good, I think we are well staffed."

Using medicines safely

- Staff managed medicines safely and administered people's medicines as the prescriber intended.

- Medicines were stored securely, and staff carried out regular audits of stocks. Staff had received training to ensure they were able to safely manage medicines.
- Where people were prescribed medicines to manage their moods or behaviour, regular reviews were carried out by the GP or psychiatrist. This helped to ensure people were not over medicated.

Preventing and controlling infection

- Staff received training in infection control and were fully aware of their responsibilities to protect people from the spread of infection. Where personal care was provided, staff used the appropriate personal protective equipment. The service was supported by a team of domestics who kept the home clean and fresh.
- Kitchen staff ensured good practice was followed around food hygiene. The service had been awarded the highest rating by the Food Standards Agency.

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

- The registered manager ensured that staff delivered up to date care in line with good practice. They ensured that the service had equipment available that would enhance people's care and promote independence.
- An assessment was carried out before a new person moved to Libury Hall. This was completed with the person and a multi-disciplinary team of health professionals. When the person moved in, they were then regularly assessed and reviewed during an initial assessment phase. This was to identify the person's level of independence and care needs and ensure the right setting in the home was provided.

Staff support: induction, training, skills and experience

- Staff told us they received training that was relevant to their role and enabled them to support people effectively. One member of staff said, "They are very supportive of training. I originally came as a support worker, and they have really supported me to develop. I have done NVQ 2, mental health advanced training, I am down for being the safeguarding champion. Staff can develop if they want. Supervisions are regular and good."
- The registered manager told us they were in the process of accessing champion training across the home. This would enable key staff to have additional training in specific areas, such as safeguarding and mental health, to provide additional support and guidance to staff.
- All staff spoken with confirmed they received regular supervision and appraisal of their performance. Staff were positive about the support provided by the management team on a day to day basis also. One staff member said, "Supervisions are regular, we talk through how we are managing in the work place, home life, support we need. Look at training talk about the residents. All the managers are hands on and supportive to us every day."

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

- Meals were designed with people's views to ensure the menu offered was reflective of people's choices. People could also choose an alternative meal if they did not like the choices offered. People said they enjoyed the food and we observed people eating well, being offered additional portions and clearly enjoying the freshly prepared meal. One person said, "I like the food, it's good and always fills me up."
- Staff were aware of people's likes and dislikes and we saw this enabled them to prompt people with their choice of meal, condiments or drink. Staff would join people who required support at mealtimes, which helped to create a warm, friendly and relaxed feel to the mealtime.
- Risks associated with people's nutrition or hydration were identified and managed well. People's weights were monitored and where weights dropped, staff quickly sought health professional support. Where people

required assistance with eating and drinking, staff were seen to provide this sensitively and following the appropriate guidance.

- The dining room however was a large spread-out room, with a number of tables laid out around the area. Staff had made efforts to display people's artworks, photographs and pictures, however the dining area felt institutional and cold. The registered manager told us they had plans to redevelop and decorate the dining area in line with the rest of the service, and work would commence in due course.

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

- People told us they could see health care professionals such as the GP when they wanted. One person said, "I see the doctor when I want, I ask [deputy manager] and they get them for me."

- People's care was provided by a range of different staff, teams and services, from both the service and wider health care professionals. Care was well coordinated and all those involved regularly reviewed and assessed people's care and treatment.

- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare professionals such as psychiatrists, social work teams, GP's, district nurse's speech and language therapists and dieticians.

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished. As people's independence grew, they were able to move into shared accommodation which gave them their own private space. People were provided with equipment to alert staff if they required support, whilst maintaining their privacy.

- Peoples personal accommodation was reflective of their personality and interests. People were able to choose and furnish their rooms as they wished.

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 demonstrated to us how MCA and DoLS applied to their work. One member of staff said, "We don't assume that someone lacks capacity we help guide them, allow them to make their own decision. When they may put themselves at risk we need to support them to keep them safe, but in the least restrictive way."

- Assessments when completed, for example to prevent someone leaving the home, were completed robustly, reflecting the person's views and opinions. Where restrictions were imposed these considered all options and sought to find the least restrictive solution. DoLS applications were submitted when required.

- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

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 we spoke with were positive about the staff and care they received. They told us they were treated with kindness, compassion and respect. One person said, "Staff have been very kind to me, very kind indeed. I think they are all very caring."
- Staff were observed to be attentive to people, kind and caring in their approach and when talking with us about people did so with a sense of passion and pride.
- Staff continued to consider people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to explore these areas further.

Respecting and promoting people's privacy, dignity and independence

- People told us staff helped them continue to be independent when assisting them. One person said, "They help me if I ask them to, but they are mindful that I can do a lot of things myself, so they help me only when I can't do something."
- Staff were discreet when supporting people with personal care. They were quick to respond when people required assistance with personal care or maintaining their dignity.
- People who required support by staff were dressed appropriately and they told us staff took time to ensure they were dressed and groomed as they wanted.

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

- People continued to be fully involved in making decisions about their care and support.
- People were able to make choices about the care they received. Staff were heard asking people for their views and choices throughout the inspection..
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported. This had been developed through meaningful relationships being formed between staff and people living in Libury Hall. One person said, "They [staff] talk to me when something changes, but they listen to what I want, I like it that way."

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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 received exceptional person-centred care. Their care and support not only met their health and support needs, but staff regularly went the extra mile to provide individual support to people. This included supporting people's social and interpersonal needs and activity provision. This provided excellent outcomes for people in reducing social isolation, loneliness and low mood.
- All staff spoke to us with passion and pride when talking about people and how they supported them. All people spoken with tell us staff understand their needs, know how to meet them and are proactive in suggesting additional ideas that the person might not have considered. For example, one staff member said, "[Person] used to love going to the gym before moving here. We have supported them to grow from that and do more of what they love and now they also go twice weekly swimming. [Person] loves their fitness, I feel we have helped [Person] get out there more. They are a lot happier in themselves."
- Staff understand, recognise and respond to people's social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. For example, staff told us about one person they supported. They said, "[Person] is unable to verbally communicate. [They] used to get quite angry so we made up a lanyard with questions. Ranging from I'd like to go shopping, I feel unwell, I want to do either this or that. They came to the office the other day with their lanyard asking for their nails to be done so it's really worked. Now, we can support their interests, meet their social needs and they are much happier in themselves."
- We found that all the people's care we reviewed had experienced a significant improvement in their mental health and wellbeing. People who were isolated or frequently displayed behaviours that challenged had all experienced a significant improvement. Examples of this were people were able to form meaningful relationships, take part in activities they had not felt able to before with a greater sense of confidence and resilience.
- The service was part of the local community and it was actively involved in building further links. People who used the service were encouraged and supported to engage with services and events outside of the home. Input from other services and support networks are encouraged. For example, one person loved old motor vehicles. They had been taken to car show rooms, a local car show and staff had purchased tickets for a pending classic car show. Staff had then supported them to build a model car. When this person arrived at Libury Hall they felt institutionalised and withdrawn. The support from Libury Hall clearly had enabled them to explore interests that were important to them and provided them with new opportunities.
- Other examples of staff supporting people individually were listening to music, playing badminton to develop hand to eye coordination, playing golf and having meals with friends. All these demonstrate the

approach staff had to supporting people with things important to them.

- Needs were also met through other activities including board games, music therapy, flower arranging, art and pictures. These created enjoyable experiences for people and photographs were taken that demonstrated this.
- Libury Hall has a number of separate buildings within the grounds which is part of the same registration as the main home. This enabled people who wished to remain independent to continue to receive support. We spoke to people in these bungalows and they told us they felt it was like living at home. One person loved to live in the bungalow because it was among the trees and they felt safe having their patio door open listening to the leaves rustle. A second person had returned to the bungalows following an unsuccessful period in another residential home. They said, "Support here is not just about the illness, they help us to manage our mental health, go the extra mile and are always there when we need them. I don't really get involved in the day centre much, but I am now not on my own and I can talk to anyone, which helps a lot. I know soon I will be able to move back near my family."
- People benefitted from being supported by staff with similar interests which also prompted meaningful conversation. One staff member said, "I'm quite into [Museum] and planes and things. There are a few of us that like that so we go together. It's a good day, they are smiling, happy and it's a good change for them."

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.

- Staff communicated with each person in the way each person understood best. For example, one person used word cards and staff used technology to support decision making.
- Documents were available to people in different formats, including easy read. Staff assessed people's communication needs and documented how to best communicate with people. Staff spoke to people clearly using words people could understand and avoided jargon. Staff ensured people were given sufficient time to understand the information they were given.

Improving care quality in response to complaints or concerns

- Every person and their relatives told us they were confident they could raise a complaint or concern it would be dealt with. One person said, "If I am not happy I speak to [Registered or Deputy Manager] and they sort it out. They tell me what happened and how they fix it." Where concerns or complaints were raised people were supported to understand the nature of their complaint and supported through the process. Copies of the procedure were made available to people and visitors and the provider monitored any concerns raised.
- Each person and every relative were invited to attend regular meetings where they could raise their concerns or suggestions. Minutes demonstrated that people and relatives were able to hold to account the registered manager and make suggestions that were noted and actioned.
- The registered manager and deputy manager were approachable and regularly available to support people and relatives should they have any concerns. One staff member said, "Complaints are dealt with. If there is friction, we are informed and discuss with the management who may not be communicating. It's an open environment, we can talk about things."

End of life care and support

- The registered manager continued to organise training in relation to end of life and was continually developing their working relationship with a local hospice.
- People's care records showed that end of life discussions were held with people as part of the assessment

and ongoing review process. We saw that discussions were held when people moved in to ensure their wishes were known to staff and could be met when the need arose.

- Although we were unable to speak to people or relatives to understand their experience about the support provided, we were able to see recent compliments. People's relatives were overwhelmingly happy with the support given to people and themselves by staff at that time. One person commented, "We were so lucky to have you looking after [Person]." They had donated a gift to the home in remembrance of their relative. A second relative commented recently, "A big thank you to all at Libury Hall for the support given to us since [Person's] death. We'll always be thankful that [Person] had many years at Libury Hall and was well looked after."

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 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.

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

- People knew the management team well and had built a close rapport. One person said, "[Deputy manager] they're great. They are a good manager and make sure all the staff look after us." People all told us the management team were visible, accountable and led by example. Staff were equally positive. One staff member said, "Management are brilliant, really good always available and hands on. I have had a lot of problems, and they will help me with the home stuff and the work stuff."
- Staff told us morale in the service was good and this was due to the team ethos driven by the staff and management team. One staff member said, "[Registered manager] is lovely, very caring and just works their heart out to make everything as good as it can be. [Deputy manager] supports them really well, they are a team and at their heart is the staff and residents."
- The managers' positive and person-centred ethos of the care provided to people underpinned the positive outcomes that people experienced as evidenced in this report.

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

- Regular meetings were held with people and their relatives to seek their views about different aspects of the service. People told us they were kept informed of developments and their views and opinions were sought.
- The provider carried out regular reviews of the quality of care people received. This was through formal surveys and also through discussions. The board of trustees' members were hands on in the service and regularly spoke with people to ensure the quality of care was maintained. This meant that management at all levels were also accountable directly to people if improvements were not made.

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 registered manager told us they promoted transparency within the team. They said when incidents occurred they used these as opportunities to develop staff practise, being open with people and relatives always trying to make things even better for people.
- The management team and nominated individual kept up to date with current research and good practice. They regularly reviewed this and passed this information to staff to ensure that people were given the best possible care and support.

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

- The management team were open and knowledgeable about the service and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. Staff were clear about their role and the reporting lines within the home.
- There continued to be a quality assurance system in place to ensure that staff gave high-quality care. The nominated individual and the registered manager carried out regular audits which identified areas for improvement. Action plans were in place to address any shortfalls. The registered manager told us they would share these action plans with staff and relevant others to improve transparency and ensure all involved in the delivery of care were aware of the organisational and strategic objectives to be achieved.
- The registered manager told us that they were looking at further developments of the whole service. Currently they provided care in a 'Care home setting' but acknowledged some people with the correct support may live in a semi supported home in the community. They were looking at additional models of care to accommodate this need.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager was developing local links with organisations who may be able to support and signpost people to appropriate care agencies and social groups.