Mr & Mrs A Cousins

Levanto Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 31st May and 1st June 2016. We made another unannounced visit on the 15th June 2016 out of the normal working hours to follow up on concerns raised.

Levanto Residential Care Home is a care home for older people some of whom may be physically frail or living with dementia. Nursing care is not provided by the service. This service is provided by community nurses. At the time of our inspection there were 19 people living at Levanto. The home had two lounges, one of which was a smaller "quiet" lounge. The dining room leads off from the main hallway. All bedrooms were pleasantly decorated and all were fitted with a call system and had access to bathroom and toileting facilities.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although staff sought people's consent for their day to day care. Where people appeared to lack capacity, people's rights were not protected. This was because staff did not complete mental capacity assessments for all of the people that required them. There were no records to demonstrate staff involved relatives and other professionals in 'best interest' decisions about people's care and treatment. Some people were subject to restrictions on their liberty for their safety and well-being. We saw that only some applications had been made to deprive people of their liberty. This was not in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) and was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. .

We found risks to individuals were assessed and staff applied measures to minimise risk to people. We saw that some risk assessments did not contain detailed information about how the risk of harm could be reduced. We discussed this with the registered manager who immediately took action to update and amend risk assessments to show what action they were taking to respond to individual risks.

People were protected from harm and abuse because staff had suitable training and understood how to protect people. Staff knew of their responsibility to safeguard people in their care and knew of the whistleblowing procedure. Staff told us they were confident the management team would take action if any concerns of abuse were brought to their attention.

During the inspection people were calm and there was a relaxed atmosphere at the service. We observed kind and caring staff who supported people in a respectful and dignified way. People were encouraged to be as independent as possible. People received care and treatment that met their needs, and care was regularly reviewed to ensure it remained suitable and effective. When people required the attention of external healthcare professionals this was sought quickly, and care plans showed that the guidance of

external healthcare professionals was followed by staff. People received their medicines as required and action was being taken in relation to infection control issues to reduce the risk of harm to people.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home. Staff enjoyed working at the service and felt well supported and there was evidence of supervision taking place. They had access to training which equipped them to deliver their roles effectively. Recruitment processes had been followed to ensure staff were suitable for their jobs.

People's preferences and personalities were reflected in the décor and personal items present in their rooms. Important items and photographs were prominently displayed. All the bedrooms we saw were personalised.

We saw people were enjoying their meals. People said that the food was good and they always had enough to eat and drink. The menu's were varied and contained food that was healthy and nutritious. Staff supported people according to their needs and where concerns were raised about people's weight or eating, action was taken. People chose the meals they wished to eat and decided where to eat them. Special diets were available for people with particular dietary needs.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure the service was running well. Where issues were noted, action was taken to put this right.

People's safety had been protected through cleanliness and robust maintenance of the premises. Fire safety checks had been routinely undertaken and equipment had been serviced regularly.

We identified a breach of regulation during the inspection and made 2 recommendations. You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was safe.

Care plans recorded risks that had been identified in relation to people's care. Risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medication were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The home was not consistently effective.

We found that people were not always protected by legislation designed to ensure that their rights were protected because the principles of the Mental Capacity Act 2005 (MCA).

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of meals which met their personal preferences and they were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting peoples' choices and independence.

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

People's privacy and dignity was respected but people were not always routinely involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

Levanto Residential Care Home

Detailed findings

Background to this inspection

This unannounced inspection took place on the 31st May, 1st June and 15th June 2016 and was conducted by one adult social care inspector. During the inspection we received some concerns that required following up. We returned the the home for a third day that was unannounced and out of the normal working hours.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider did not receive a Provider Information Return (PIR) to complete before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We consulted community nurses and spoke with one visiting nurse about their opinion of the home. We also contacted the local authority, Quality and Improvement Team and Healthwatch Devon who provided information. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people to help us understand the experience of people who could not talk with us. During the inspection we spoke with five people who used the service, seven relatives and one health care professional. We also spoke with the registered manager, deputy manager, six carers and the weekend cook/maintenance man.

We also spent time looking at records including three care plans, four staff files, medication administration record (MAR) sheets, staff training plans, complaints, policies and procedures, audits, quality assurance reports and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We asked people and their relatives if they felt safe living at the home. Some of the people living at the home were unable to understand the question because of their health conditions. All of the people that responded told us that they felt the home was safe. One person commented "I just feel safe". Relative's said "Very safe here, I'm happy to leave [name] in capable hands" and "[name] is above all safe". Staff confirmed that they strive to keep people safe at all times "People are safe. There is always someone around to keep an eye on them, they are never left alone for any length of time. They look for the uniform and get to know everybody's faces and that makes them feel safe".

People were protected from the risk of abuse by staff who had received training in Safeguarding Adults. Staff knew how to recognise abuse and discrimination. Staff gave a good description of how they would respond if they suspected that people living at the home were at risk of abuse or harm. Staff were aware of and would not hesitate to voice any concerns or whistle blow if they suspected that abuse or harm was occurring. One carer told us "If I saw abuse I would report it to the registered manager or higher like the Care Quality Commission". Another carer said "It's your duty of care, you can't let that happen, they are vulnerable people". Relatives also told us that they would speak to senior members of staff or the manager if they had any concerns.

Care records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whilst still promoting their independence. We saw that there were systems in place to ensure that risks were minimised. Risk assessments were individual to each person's specific needs. We saw risk assessments for falls, nutritional status, moving and handling, skin care and behaviour risks. These were reviewed monthly and amended accordingly. The majority of risk assessments were quite detailed and explained what actions were necessary to manage the risks such as using pressure relieving mattresses. We did see some risk assessments that only identified the risk and did not explain how the home was managing the risk. For example, one person's risk assessment identified that they had a medical condition that if not managed correctly, could cause them harm. We saw that in practice their medical condition was being managed well and staff clearly understood what action to take to manage the risk, this detail was not always included in the care plans. This is important to ensure that care is prescribed, understood and delivered in a consistent way This also helps during the review process to determine if the risk management plan is effective. Staff told us that they knew people's needs well and information was shared at shift handovers about people's changing needs.

For some people, risks had been identified but risk assessment paperwork had not been completed. For example, one person appeared to be struggling with swallowing their food. The home responded to this by immediately by arranging a speech and language therapy assessment and were given dietary instructions to follow. This was put into the care plan and staff made aware of the restrictions. However, a risk assessment was not completed. We discussed this with the registered manger who immediately took action to update and amend risk assessments to show what action they were taking to respond to individual risks.

Staff recruitment processes were safe, ensuring as far as possible only suitable staff were employed at the

home. Each prospective member of staff underwent a number of checks including Disclosure and Barring Service (DBS) checks, and obtaining references from previous employers. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people that lived at the home were not exposed to staff that were barred from working with vulnerable adults.

There were sufficient staff on duty to meet people's needs. One person's relative told us, "Nothing but good to say, there is always enough staff on to sit with them and look after them". Another relative said "There always seem to be enough staff". We asked staff if they felt there were enough staff on duty to meet people's needs. They said they were sometimes very busy but that people always received the care they needed. We saw staff responding promptly when people required assistance.

The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The staff rotas showed there were enough staff on duty at all times. The registered manager told us that every effort would be made to ensure staff absences were covered by their own staff. We were told staff were always very willing to help out at short notice and cover for their colleagues. This ensured that people were looked after by staff that they knew. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels, and adjusted accordingly.

We received concerns that people were not receiving their medications correctly. We observed staff administering medicines to people and saw that people were safely supported when taking their medicines. Staff reminded people what their medicines were for and they needed to take them to keep well. People were asked for their consent before they were given medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed people received the medicines as prescribed. Where people required topical creams, there were body maps to show exactly where the individual creams should be applied. We saw the medication was handled safely and the recording was accurate. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. We found medicines were stored securely and at the correct temperatures.

We saw staff were administering medications from a low trolley that was not a safe and secure way of moving medicines from the storage area to people. The trolley used did not have enough space for the blister packs and MAR charts to ensure that administration was safe. There was nowhere to lock medicines away in an emergency and no mechanism for fixing it to the wall when not used. This was discussed with the registered manager who immediately ordered a suitable drug trolley replacement which has subsequently been delivered and is now in use.

Incidents and accidents were checked and investigated by the registered manager to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. For example where any untoward event had occurred, measures had been put in place to monitor people more frequently or check on their wellbeing more often. We saw the potential for future recurrences had been minimised.

The registered manager ensured people were cared for in a safe environment. The building was secure and the premises were exceptionally clean throughout, free from offensive odours and well maintained. There were regular checks and routine maintenance of the home environment and equipment ensured people could be kept safe. People had personal evacuation plans in place detailing the support they would need in an emergency.

Staff adhered to good practice guidance in relation to infection control. Staff used disposable aprons and gloves before commencing personal care. The laundry was clean and well organised. There were systems in place to protect staff when dealing with any soiled linen.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the registered manager had not ensured assessments of people's capacity to consent to elements of their care had been undertaken. People's care records did not contain MCA assessments. Where there were doubts about people's capacity to consent, best interest meetings had not been undertaken for people in relation to decisions regarding general care and treatment. People who staff considered lacked capacity had signed consent forms without any assessment of their capacity to understand the matters under consideration. These consent forms were generalised and did not consider specific decisions. The principals of the MCA were not clearly understood or embedded into everyday practice.

We saw some people who were unable to consent to some restrictions we saw in place, for example some people were not free to leave the premises alone and required monitoring and observation. Some people had restrictions in place such as bedrails. However, their capacity to make these decisions had not been assessed, discussed or recorded as being in their best interest. Where people required consent for some decisions, it was not clear that this had been given by somebody who had the authority to do this on behalf of the person. In these circumstances a best interests meeting should have occurred. This meant decisions were being made on behalf of people that may not have been in their best interest. In discussions with staff, it was clear they did not have an understanding of the principles of the MCA or DoLS. They confirmed that they had not received any training in this area. The registered provider had not ensured staff had acted in accordance with the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards for people living at the home.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were currently 19 people who lived at the home, which was specifically for people living with complex needs associated with dementia. A significant number of them would meet the criteria for DoLS. There were 10 applications undergoing assessment by the local authority and one that had been granted. The registered manager was in the process of completing applications for people who had their liberty restricted. The registered manager understood when an application should be made and how to submit one.

Staff understood the need for people to consent to care provided. Throughout our inspection we observed staff gaining consent from people before they provided any support, for example before undertaking personal care interventions or assisting someone to eat. Staff showed a good understanding of gaining consent from people. People were given time to consider options and staff understood the ways in which people indicated their consent.

People were supported by staff who had the necessary skills and knowledge to care for them safely. Staff told us they were supported to gain the knowledge and skills to enable them to support people effectively. One staff member told us how the training helped them do their job better and another felt that the staff were all very well trained. Staff told us that they had undertaken a comprehensive induction which included meeting people and being taken through the home's policies and procedures. New staff also shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Staff received regular training in issues relating to people's care needs such as pressure area care, caring for people with dementia and adult safeguarding. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control, and certificates were seen in staff files. Staff were also being supported to gain qualifications in health and social care.

We received some concerns about the credibility of the safe moving and handling training. We discussed these with the registered manager and were told that all of their training was supplied by an established and registered training provider. The registered manager told us that they were very happy with the training and it met the needs and requirements. They also confirmed that moving and handling update training was booked for later this year. Throughout the inspection we saw staff assist people to move safely around the home. We saw staff help one person to move from an arm chair to a wheelchair. This was done safely with staff giving the person constant instructions and reassurance.

Staff we spoke with told us they found the registered manager very supportive and could approach them at any time for support or guidance. Regular supervision and appraisal sessions took place offering staff an opportunity to raise any concerns they may have, or discuss progress and development setting goals and identifying training needs.

We observed people eating their lunch. There was a very happy atmosphere in the dining room. We heard people chatting and laughing with each other and with staff whilst enjoying their food. Staff were available when people needed support to eat their lunch. We saw that people had a choice of where they would like to eat. Staff assisted people at a pace that was appropriate to them. One member of staff encouraged a person to be independent and use their fork themselves. Another staff member encouraged a person to eat a little more. The home had equipment in place, such as contrasting plates, place mats and cups; this equipment helped people to see their food better and helped with promoting nutritional intake.

We saw the food was prepared and presented well, and people told us it tasted good. One relative told us "The food is good. They do give alternative meals. [name] loves his food". Another said "[name] is eating everything, excellent food and homemade". Menus were prepared on a four weekly basis and the cook ensured that the meals contained fresh produce and were nutritious. People were offered different choices when they didn't want any of the options on offer that day. We observed drinks and snacks being made available for people outside of their mealtimes.

The cook explained to us how meals were prepared for people who needed specialist diets. For example people that required a soft diet or diabetic diet. The cook also described how they would fortify food for people who were underweight. We saw staff were aware of people's dietary requirements and they could

explain these to us. For example, one person needed to have a soft diet and staff understood what the person could and could not have to eat because there had been liaison with the Speech and Language Therapy (SALT) team.

People's health needs were managed well and they had access to health professionals depending upon their needs. Relatives gave us examples of when healthcare professionals had visited their family member. For example, one relative told us that their relative's health had improved since coming to live at the home because the staff had persistently alerted health professionals when they had an unresolved health issue. Records we looked at supported people's views that people got access to healthcare professionals when required.

The home was well decorated and had an on going improvement programme. People's rooms had room numbers and photographs displayed to help people recognise their rooms. There were picture signs on toilets and bathrooms. However, communal areas and corridors were not well signed. The home had a highly patterned floor covering in the communal areas which was not suited to the needs of people living with dementia. We discussed this with the registered manager at the time of our inspection and they told us that these improvements have been acknowledged by the provider.

We recommend that the provider should take advice from a reputable source regarding the signage, decoration and floor covering to ensure it is suitable for people living with dementia.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and caring. One person told us, "I feel well cared for, staff are very kind". Another said "It's great, people are nice. They look after you very well". Relatives we spoke with were also positive about the caring nature of staff. One relative told us, "Staff are very caring and helpful". Another said "I am more than happy with the care and staff at Levanto". Staff displayed warmth when talking about people living at the home. One staff member said, "I feel privileged to work with them". They described how they had time to get to know people and form bonds with them. Staff said "It's more of a family type home. The residents are lovely. It's a nice place to work" and "It's full of characters and you can make a real difference here".

The atmosphere around the home was very calm and people and staff looked happy. We saw that staff had developed friendly relationships with people and we saw staff sharing jokes and laughing with people. We saw one person start to become upset and disorientated. Staff members recognised and responded quickly to this person. They spoke calmly and listened to the person's concerns. They acknowledged just how this person's concerns were causing anxiety and helped reassure the person. Where people had less clear verbal communication staff were observant of their body language and facial expressions. We saw, during our inspection, that people were encouraged to retain as much of their independence as possible. For example, one member of staff supported a person to eat their lunch. They encouraged the person to hold their cutlery and assisted them at a calm and relaxed pace. The person started to eat independently and enjoyed their meal. We saw staff assisting people to mobilise around the home whilst allowing them to do as much as they could with minimal assistance. When supporting people with their care, staff offered good explanations.

We saw that staff were patient and treated people with respect and made sure their privacy was maintained at all times. We saw that staff knocked on people's doors before entering and ensured that they were discrete when asking them if they wished to use the bathroom.

We asked staff about how they supported people with more complex needs such as those who lived with dementia. They said, "I would always treat them with respect and dignity. As I would like to be treated. I think we treat all people with compassion". Another member of staff said that they knew people's characters so well, what they liked or disliked and that made caring for them easier.

People, where ever possible, were supported to make decisions around their care and treatment. People's care plans and risk assessments were written by staff with people and their families. We spoke with people's relatives who told us that the staff always kept them informed of changes to their relative's healthcare needs.

People's relatives told us they were able to visit at any time. We saw family members visiting during the day and staff were friendly and welcomed them. Relatives told us staff kept them updated with any relevant information about their family members when they visited the home.

People were able to personalise their rooms. For example, people had decorations in their room which were important to them, or showed their interests. Photographs of people's families were displayed on the walls along with art work they had done during the activities. There were photos and other homely effects throughout the home.

The registered manager told us that they would try and keep people at the home for their final days if they were able to meet their needs and it was the person's wishes. Staff had received training in supporting people at the end of their lives and the home had established good links with and would be supported by the community nursing team.

Thank you cards displayed showed the gratitude of relatives, cards read "thank you all so much for your help, patience and kindness" and "We are so pleased with [name] improvement since coming to Levanto".

Good

Is the service responsive?

Our findings

Relatives told us they felt staff knew their family member's needs and routines. One relative said, "Yes, I think they [staff] know them and their routine". People received care which was personalised to them and met their needs. Staff responded quickly to people's needs and requests for attention or assistance. People told us staff, "were always there to help".

Some people had limited involvement in their care planning because their specific needs meant they could not always communicate their wishes fully. Relatives said they felt involved in planning and reviewing their family member's care. A relative told us they sat down with staff and worked out a plan of care. People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. There was a separate file that contained more detailed information and photographs put together by people's families. This included people's life stories, interests, activities important to them and a section "my life now". This section contained information about how they like to have their appearance cared for and their wishes for the future. This information is important for staff to enable them to provide a responsive and personalised service. Staff used this information to make sure that peoples choices were put into practice. For example, ensuring that one person who enjoyed their jewellery, was helped to select and put their jewellery on when they got dressed.

Some care plans would benefit from additional guidance being available for staff on individual preferences to how the person wished to receive their care. For example where a care plan said that a person needed support to wash, there were no instructions on how this should be achieved such as, they can wash their own face and hands but need help to wash their feet or they like to have a bath and wash their hair in the shower with their own shampoo. These details would ensure that an individual's preferences, abilities and involvement were considered. Another person's care plan said that they had periods of agitation but did not describe the persons triggers or how staff should manage this behaviour. This could result in inconsistent care and given to the person in a way that they did not like or choose. We saw care records had been reviewed on a regular basis or as someone's needs had changed.

We recommend that the registered manager look at care plans to make them more person centred so they reflect people's care wishes and ensure that people are involved in care plan development and review where able.

We received concerns that staff were getting people up early in the morning and this was not their choice. On the third day of the inspection we arrived at 7am and saw that there were some people up and about, fully dressed and having their breakfast. Most of the people, due to communication difficulties, were unable to tell us about their early start. However, we observed that they were all fully awake and alert and appeared to be happy and contented. The night staff told us that some people like to get up early every morning and it was their choice what time they got up. They said that they would never get someone up early if they did not wish to do so. We looked at care records to see if people's preferences about what time they liked to get up were recorded. We found that this information was missing. This was discussed with the registered manager who said that they would review all records and update care plans to reflect individuals wishes and needs to

ensure that staff can provide care that is person centred.

There were clear examples of staff responding to and acting on people's changing needs. Staff were seen to intervene in a timely and appropriate manner when people showed signs of distress. For example, when one person became upset with another person, staff immediately intervened and distracted the person by talking to them about the jewellery they had put on that day. This reduced the risk of behaviours escalating and reduced people's anxiety.

Relatives told us that they had every confidence that staff would alert health care professionals if their relative became unwell and that they would be kept up to date with any changes in their care or condition. One relative said "if there is anything wrong they are very quick to respond and get the medics in or book appointments".

People were supported to take part in social activities. The home had a programme of organised activities that included arts and crafts, music sessions, exercise classes, quizzes, singing, reminiscence and animal visits. A list of planned activities was put up around the home to let people know in advance what was happening. One person said that they did not take part in the activities but they did enjoy reading the books provided in the library area and said that sometimes the staff would read to them. Relatives told us about how staff involved people in the activities. "Staff are very supportive of the arts and craft activities, they encourage participation and join in the sessions, work produced is always displayed and commented on". One relative said there was a good element of stimulation with something always going on. Another relative told us about how their relative had responded positively, "When [name] was at home it was difficult to engage her. Now she's re-energised, she loves it. She's so involved and active. She wasn't at home".

We saw throughout the inspection that staff involved people in spontaneous activity that had not been formally planned. For example, we heard rock and roll music, lots of laughter and singing coming from the music lounge. We saw that a member of staff was dancing with some people and others clapping and singing along. Another example was where the registered manager sat with a person with a box that the registered manager had made up of interesting objects that the person liked to touch and feel. We asked the registered manger about this and was told that this person really liked to have something in their hands to play with as it had the effect of calming them down. Staff told us how they try to use people's past work experiences and interests to engage them. For example the registered manager brought in and old broken DVD player and a screw driver for one person who used to be an engineer. They told us this person enjoyed taking it apart and having something to do that relaxed them. We saw staff sitting with people and talking to them about their history and interests. Staff ensured that they spent time with people who were unable to socialise or chose to spend time in their rooms. Daily newspapers and books were available for people to enjoy.

Staff told us about plans to develop a website for people and their relatives to keep in touch and share photographs and videos. This would help people keep in touch with people that were important to them and develop and facilitate family relationships. Full consent would be gained from participating residents.

The home had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. A copy of the complaints policy was available and displayed at the main entrance. We spoke with people and their relatives and asked them if they knew how to complain, they told us that they did know how to complain and had every confidence in the management team that any concerns or complaints would be dealt with satisfactorily.

Good

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager was on duty and supported us during the inspection, along with a deputy manager. We were joined on the third day by the registered provider.

People and relatives told us that the home was managed well and were complimentary about the management team. One person told us "The manager does a good job." and "Very approachable manager". The atmosphere was friendly and relaxed. All staff interacted well with the management team and there was a clear management structure in place. Staff had a clear understanding of their roles and responsibilities. The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and acted as a role model by working alongside staff to observe and support practice.

Staff we spoke with all said they enjoyed working in the home. They told us that the home was well led and the management team were visible on a daily basis and supported them well creating an open culture in the home. One staff member said "it's one of the best homes ive worked in. The management care about the staff". Staff said they were encouraged to bring ideas to meetings about how to better improve the home. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

People's and their relatives were asked for their views about the care and support the home offered. The registered provider sent out annual questionnaires to relatives and health care professionals. These were collected and analysed to make sure people were satisfied with the care provided. We looked at the results from the latest survey undertaken in 2015. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. The utilities were checked regularly to ensure they were safe and essential checks such as that for legionnaires and of fire safety equipment took place. We looked at the audits completed by the service. Audits were completed monthly and covered areas such as the environment, cleanliness, equipment, infection prevention and control. We also saw that medication audits took place regularly. At the time of the inspection the management team were in the process of developing a programme of monthly audits that included checks on staff performance, dignity and respect observations, observed medication rounds and monthly analysis of incidents, complaints, infections, accidents and falls.

We found that people's care records overall, had been well maintained and amended as people's needs

changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. The registered manager had put in place a large number of policies to underpin service quality and safety. These include procedures related to environmental safety, staffing and care practices.

There was evidence of good involvement from health professionals with a quick response when this was required. One visiting health professional commented "People work really hard here to look after the residents. They are very helpful, if anything is needed they go off and get it. The residents are well settled. I'm happy with the care".

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

We spoke with a member of the local authority and they confirmed that they did not think there were any safety concerns with the care provided at Levanto.

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 11 HSCA RA Regulations 2014 Need for consent Where people appeared to lack capacity, people's rights were not protected. Staff had not completed mental capacity assessments for all of the people that required them. There were no records to demonstrate staff involved relatives and other professionals in 'best interest' decisions about people's care and treatment. We saw that only some applications had been made to deprive people of their liberty. This is a breach of Regulation 11, (1) (3).