

Top Care Homes Limited

# Legra Residential Care Home

## Inspection report

54 Salisbury Road  
Leigh On Sea  
Essex  
SS9 2JY

Tel: 01702712222

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on the 22 February 2016.

Legra Residential Care Home provides accommodation and personal care without nursing for up to 16 persons some of whom may be living with dementia. At the time of our inspection 14 people were living at the service.

The service 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 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

## 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 service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being

needs.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff were provided with support and guidance to provide a high standard of care.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes.

# Legra Residential Care Home

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Legra Residential Care Home on the 22 February 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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 spoke with four people, three relatives, three members of care staff, the acting manager and registered manager. We reviewed four people's care files, three staff recruitment and support files, training records and quality assurance information.

# Is the service safe?

## Our findings

People told us they felt safe living at the service, one person said, "I feel safe here, if I have a problem, I use the buzzer and the staff come and see what I need." A relative told us, "This home came recommended we have been very pleased with the care."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "I would report anything to the manager and document everything." The service had a policy for staff to follow on 'whistle blowing'. One member of staff told us, "If I had any concerns and did not feel the manager had acted on it I would go outside to the council or CQC." The manager clearly displayed an independent helpline for staff, people or relatives to call if they had any safeguarding concerns as well as their whistle blowing policy. Staff said they would follow the guidance from these to raise concerns. Where safeguarding concerns had been raised these had been fully investigated to ensure people were being cared for safely.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. One member of staff told us, "I did my first aid training last week, it was really good. If somebody became unwell depending on what was wrong I would call the doctor or if needed an ambulance."

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency. The acting manager told us, "We had a problem with the hot water last week, so I called out a plumber and the issue was resolved the same day."

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff sometimes we are busier than others, such as at mealtimes." We saw that people were attended to in a timely manner by staff. The acting manager told us that they had a stable workforce and that they did not use any agency at the service and if there were any shortfalls in staffing the regular staff would work additional hours. The registered manager monitored the amount of staff hours required against a dependency tool. This helped to calculate the amount of staff required to match the needs of people living at the service.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service

(DBS). The acting manager told us that they had recently recruited two new members of staff by placing adverts in local shops. In addition the acting manager told us that they had been in post for six months and were in the process of being trained to take over the registered manager role at the service.

People received their medications as prescribed. One person told us, "The staff give me my medication when I need it." Carers who had received training in medication administration and management dispensed the medication to people. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. We observed the staff checked with the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication. The registered manager told us that they had recently had an audit by the medication provider to ensure that their practices were being completed correctly.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "I have completed my NVQ Level 2 in Health and Social Care and have just started my Level 3." The acting manager told us they were being supported to complete a certificate in management before they took over as the manager at the service. The registered manager holds a teaching qualification and delivers training personally to staff. One member of staff told us, "We did first aid training last week, doing all the practical skills was really good especially using the choking vest." People told us they thought staff were well trained, one person said, "The staff seem to know what they are doing, they are always training."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the new Care Certificate, this enabled staff who were new to care to gain the knowledge and skills to support them within their role. A senior member of staff told us, "When new staff start they work alongside us 'shadowing' to get to know their role and so that we can support them." They went on to say that this continued as long as necessary as some staff needed more support than others if they had not worked in care before.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. One member of staff said, "We always encourage people to be as independent as possible and where necessary we assist them with different options to help them make choices." One person told us, "It's pretty easy going here, staff help you with anything you need." People at the service mostly had the capacity to make their own decisions; care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions.

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). The registered manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. People told us they enjoyed the food, one person said, "If you don't like what's on offer the staff will get you something else." The acting manager told us that they consulted with people about the food and menu options to see what their preferences were. In addition



they said that they were currently using a two week menu cycle as they were trailing what people liked.

We observed a lunch time meal; this was a very relaxed and social occasion. Where people needed support with eating staff sat with them, whilst providing support at the person's own pace. People were provided with specialist equipment where needed to support their independence, for example plate guards or higher sided plates. Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. If required, people were provided with special diets such as for diabetes or if they needed soft and pureed food. If there was a concern about people's weight their food was fortified to ensure they were getting additional calories to maintain their weight. We saw from records that one person had been supported to significantly regain weight since moving to the service.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, district nurses, dementia nurse, chiropodist, and GPs. One person told us, "I have good health but if I was ever unwell the staff would call the doctor for me." A relative told us how the staff had been very good in recognising the changing health needs in their relative. They said, "The staff's quick response in calling an ambulance meant that they recovered really quickly and was able to come back the same day following treatment."

# Is the service caring?

## Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. One person said, "I am grateful for the care I get here, I have a good laugh with all the staff and wind them up." Relatives told us they found the staff very good, one said, "We like the home because its small and everyone knows each other, it's always the same staff too and we have got to know them all."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection. Staff were unrushed in their interaction with people and took time to make sure their needs were met. For example staff would not walk past people without engaging in conversation. We observed staff stop and talk to people making eye contact and adjusting themselves to the person's eye level to see if they could give them any assistance. One person told us, "The staff have a very good attitude, they are always helpful."

Staff had positive relationships with people. They showed kindness and compassion when speaking with people. We saw when one person became distressed staff spent time talking to them about their dementia. Staff offered reassurance and showed kindness to the person, helping them to become less distressed by going through their memory book with them. We saw throughout the day staff engaged with the person offering reassurance and distraction techniques to lessen their distress.

Staff knew people well including their preferences for care and their personal histories. The service had 'This is me' documentation in people's notes which told the story of their life and described what is important to them and how they liked to be supported. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up. One person told us, "I can go up to bed when I like or spend time in my room, staff just like to escort me up in the lift it's a safety thing really to make sure I am okay."

People and their relatives were actively involved in making decisions about their care. Care plans were individualised to people's need and preferences. A relative told us, "When we first came here we went through the care needs, the staff keep me up to date and I know everything [person name] needs." People had an identified key-worker, this was an allocated member of staff who helped to support them with all their needs or requests and reviewed their care plans.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. People's diverse needs were respected. People also had access to individual religious support should they require this.

People were supported and encouraged to maintain relationships with their friends and family. A relative told us, "I come twice a day most days." The acting manager told us how they had kept in touch with relatives abroad through email and how one person had been assisted to face time their relatives abroad every two weeks. We saw email correspondence about this and how grateful the family were that this had

been put in place. Relatives told us they visited at all different times and were always made to feel welcome at the service.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People and their relatives were involved in planning their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. One relative told us that, "I looked around a few and this was the best, [person's name] came here for respite first." Another relative told us, "We came and had a look around, the staff were all friendly." Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans were written in a very person centred way, focussing on what the person could do for themselves and how they liked staff to support them. Although the care plans were regularly reviewed, at least monthly we did not see people were involved in these reviews as there were no summaries completed and people had not signed their care plans. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

Staff responded to people's individual needs. The acting manager told us that when one person hearing aid broke they were told that they would have to wait eight weeks for an appointment at the audiology department. However as this would result in a poor outcome for the person to wait that long the acting manager negotiated with the audiology department who agreed to look at the hearing aid that day and were successful in mending the aid. This meant the person could again hear and was a positive outcome for them.

People enjoyed varied pastimes. Some people enjoyed doing puzzles and watching television. The acting manager had recently employed a person solely to do activities with people. During our inspection we saw them engaging people in many different activities these included doing a quiz with people. We also saw them sitting with people engaging in conversation with them. The service also had outside entertainment coming in, one person told us how they recently had different small animals come in that they had stroked and handled. During the afternoon of our inspection we saw people were entertained by a film of past times and places of interests that were broadcast onto a large screen this was done in conjunction with music and songs. People were joining in and singing along with this activity one person we spoke with said they had enjoyed the show. The acting manager told us that they also did other activities including art and craft and cake making.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw where complaints had been received they had followed this procedure to resolve them. A relative told us, "If I had any issues I would go to the office and discuss them." Another relative told us, "I can't find fault here."

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue. People we spoke with said if they

had any concerns they would speak to the manager or any of the staff.

## Is the service well-led?

### Our findings

The service had a registered manager and an acting manager who was very visible within the service. They both had a very good knowledge of all the people living there and their relatives.

Staff shared the managers vision and values at the service, one member of staff told us, "To give the best possible care and for people to be as happy as possible." Another member of staff said, "We aim to help people be independent and for it to be homely here."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We work together like a family." Staff had regular supervision, appraisals and meetings with the manager to discuss people's care and the running of the service. One member of staff said, "We have regular supervision and staff meetings, we discuss everything to do with the running of the service, residents care, the environment, wages, safeguarding's and any management issues." Staff felt the manager was very supportive to their roles and listened to their opinions. For example, staff told us how they had suggested making the conservatory more of an area for activities and this had been done. This told us the management listened to staff opinions and acted upon them. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a handover sheet to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager's gathered people's views on the service by talking to them and through the use of questionnaires. The registered manager and acting manager were active in talking and gaining people's feedback on a daily basis during their everyday conversations with people. They were using some of this feedback to change the current menu to meet people's requests. This showed that the management listened to people's views to improve their experience at the service.

The manager's had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's medication management and the environment. The registered manager and acting manager were in the process of developing further audits to analyse the information they gathered on the service and identify ways the service could maintain its standards and improve.