Leyton Healthcare (No. 12) Limited

Delves Court Care Home

Inspection report

2 Walstead Road
Walsall
West Midlands
WS5 4NZ

Tel: 01922722722
Website: www.leytonhealthcare.co.uk

Date of inspection visit:
27 September 2016

Date of publication:
11 November 2016

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 27 September 2016. We last carried out a comprehensive inspection of Delves Court Care Home on 4 and 5 November 2015. At that inspection we found there were three areas where the service was not meeting regulations. These related to staff not being deployed effectively to meet people's needs, people's dignity not being respected at all times and people not being protected against the risks associated with the unsafe use and management of medicines. We served a warning notice regarding use and management of medicines. At a follow up inspection on 23 March 2016 we found although there had been improvement in how medicines were managed the service still were not meeting the regulation.

The provider sent us an action plan detailing what action they had taken in respect of the areas where they were not meeting the regulations. During this inspection we found the provider had made improvements to the service and the regulations had been met.

Since our last comprehensive inspection we have been notified that the provider has been placed in administration. An experienced care home operator has been appointed by the administrator to assist in the running of the home.

Delves Court Care Home is a nursing home providing accommodation, nursing and personal care for up to 64 older people who may have dementia. The home is spread over three floors however the third floor is being refurbished and is not currently being used. There were 33 people living at the home when we visited. The home has a registered manager who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they felt safe. Staff were aware of how to protect people from the risk of harm or abuse. Risks to people had been assessed and equipment was available for staff to use. People received their medicines as prescribed. People felt there were adequate numbers of staff to meet their needs. Staff received the training and support to carry out their role and meet people's varying needs.

Staff obtained consent from people before they provided care. Where people did not have the capacity to make decisions about their care a process was in place to ensure people's rights were protected. People had a choice of meals and were supported to meet any specific dietary needs. People had access to other healthcare professionals to ensure their healthcare needs were met. People told us they felt involved in their care and treatment.

People said staff were kind, caring and treated them with dignity and respect. People were involved in a number of different individual or group activities during the day. Staff supported people's independence. People and relatives felt listened to and were able to provide feedback about the service. People and relatives said if they had any complaints these would be addressed by the registered manager or appointed

provider.

People felt the management team were approachable and visible within the home. Staff understood their roles and responsibilities. The appointed provider had management systems in place to assess and monitor the quality of service provided.

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 said they felt safe. Staff understood how to keep people safe and what to do if they suspected abuse. Systems were in place to identify risks to people. There were sufficient staff numbers to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received care from staff that had the skills to meet their needs. People's rights and choices were protected. People were supported to have enough to eat and drink when they wanted it. People had access to healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People said staff were caring and their privacy and dignity was upheld. People said they were able to make choices about how their care was delivered and said their independence was promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and supported to follow their interests. People were aware of how to complain and said they felt listened to.

Is the service well-led?

Good

The service was well-led.

Improvements to the service had been made and an open and friendly environment had been developed. Staff understood their roles and responsibilities and systems were in place to monitor and improve the quality of service provided.

Delves Court 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 27 September 2016 and was unannounced.

The inspection team consisted of one inspector, a pharmacy inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied us had experience of supporting family members who used care services.

Before our inspection we reviewed information we held about the home including information of concern and complaints. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with other agencies to gain their views about the quality of the service provided. This included the local authority and clinical commissioning group. We used this information to help us plan our inspection of the home.

During the inspection we spoke with eight people who lived at the home and five relatives. We spoke with six staff which included care staff, the cook and nurses. We spoke with the registered manager and area manager. We looked at four records relating to people's care. We also looked at eleven medicine records, two recruitment files and records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also used it to record and analyse how people spent their time and how effective staff interactions were with people.

Good

Is the service safe?

Our findings

At our previous inspection on 4 and 5 November 2015 we found the arrangements for ensuring staff were appropriately deployed was not effective to ensure people's well-being and safety. These findings were a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the appointed provider had taken steps and made improvements which ensured the regulations were met.

At this inspection we found improvements had been made to the way staff were deployed within the home. We saw staff were effectively deployed to meet people's needs in a timely manner. The home had a more stable staffing structure in place and the use of agency staff had been reduced. Most people and their relatives told us there were sufficient staff numbers to meet people's needs. One person said, "Staff are quick to come when I need them." Another person told us, "There's enough [staff], busy that's all." A relative commented, "I think there is enough staff they always pop their head around the door, there wasn't in the past enough staff but it is better now." Staff explained the second floor was not currently being used and people had moved to the ground or first floors rooms. They also said the appointed provider had introduced a system which ensured the communal lounge areas of the home had a member of staff present at all times. This meant staff were able to respond quickly to people's needs. Throughout the inspection we saw staff were available in communal areas and any requests from people were met in a timely manner. Staff we spoke with said they worked as part of a team to cover shifts and the use of agency staff had reduced. One member of staff said, "The staffing levels are better now particularly since we have only the two floors, we cover annual leave or sickness from existing staff and its working." We looked at those people who were being cared for in bed and saw where required safety and repositioning checks were being carried out by staff when they were required. One relative told us, "They [staff] always check on [person's name] and fill in the sheets in [their] room. I have [no] issues with staffing levels or checks not being completed." We saw the registered manager and appointed provider regularly reviewed the staffing levels to ensure people's needs were met. This meant there was adequate numbers of staff available who were deployed effectively to meet people's needs in a timely manner.

At our previous inspection on 4 and 5 November 2015 we found the arrangements in place for the management and use of medicines did not protect people who lived at the home from the associated risks. These findings were a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and we carried out an unannounced follow up inspection on 23 March 2016. We found although improvements had been made the provider continued to be in breach of the regulation. At this inspection we found the appointed provider had taken steps and made improvements which ensured the regulations were met.

We looked to see whether medicines were managed safely. One person said, "I get my medicines on time." Another person told us, "I know what my medicines are for it's in a blister pack." We looked at how people were given their medicines by staff. We saw there were adequate systems in place to ensure people received their medicines in a safe way and as prescribed. Records showed people received their oral medicines as prescribed. Additional supporting information was also available for staff to refer to when giving people their

medicines. For example, we found where people had to have their medicines crushed or administered to them through a tube in their stomach, the necessary safeguards and written information was in place to inform staff how to prepare and administer medicine safely. We discussed with the provider how the information could be improved by including more specific detail. We looked at medicines that were given 'as required." One person told us, "I get painkillers if I need them." Staff we spoke with were able to explain to us how and when these medicines should be given to people. We found clear instructions were in place for most people informing staff when to give the medicine. We looked at the records for people who used medicinal skin patches. The records showed the patches were applied as prescribed, however, additional body maps in use to show where patches were to be applied were not completed. This increased the risk of patches not being applied and removed in line with the manufacturer's guidance.. We saw body maps were used to show where prescribed creams are applied to people's bodies. However, when we looked at the records we found staff did not always evidence clearly to indicate when cream had been applied to people's skin. There is a risk a person's skin may become dry and sore if creams are not applied as often as the doctor intended.

We found medicines were being stored securely and at the correct temperature. However, we found that staff did not always record the date of opening for medicines with a short expiry date. This is particularly important for insulin, which has a 28-day expiry from when it is opened and when it is removed from a fridge. We found insulin for two people that had been removed from the refrigerator but saw there was no record of the date it had been removed, which meant that the insulin could have been out of the fridge for longer than their recommended expiry times leading to them being unsafe for use.

The appointed provider had a system in place to ensure staff were recruited safely. One member of staff said, "I completed an application form and had a check done with the Disclosure and Barring Service (DBS) before I started here." DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from being recruited. The recruitment records we saw supported what staff told us and we saw there was a process in place to ensure that the staff recruited were suitable to work at the home. We saw evidence which demonstrated nurses had up to date registration with the Nursing and Midwifery Council which ensured qualified nurses were suitably qualified, fit and able to do their job.

People we spoke with told us they felt safe and if they were concerned about anything they would speak with staff or the registered manager. One person said, "I came for respite, I went to other places but here I felt safe." Another person said, "I am looked after I do feel safe." A third person said, "Yes I am safe they put me to bed at night and I do feel safe." A relative commented, "I think [person name] is safe here, the staff look after [them]." Staff told us they had received training to protect people from harm and staff we spoke with were knowledgeable in recognising signs of potential harm or abuse. One member of staff said, "Abuse can be a number of different things from physical or verbal to a family member taking over a person's choice" and "I would report what I saw to the registered manager or higher if required like the local authority or CQC." Staff told us they had confidence in the registered manager and felt they would listen and act on any concerns raised. The registered manager was aware of their role of reporting safeguarding concerns. Records we looked at demonstrated that they understood their responsibility to refer any allegations of abuse or harm to the local safeguarding authority. This meant people were protected from the risk of harm or abuse because staff understood how to report abuse and the appointed provider had effective systems in place to keep people safe.

Staff understood people's individual risks and delivered care and support in a way that kept people safe. One person said, "Staff explained to me about my care and any risks I might have." A relative told us, "I am involved in any review of risks or care for [person's name]." Staff had an understanding of people's different risks and care needs, such as fragile skin or moving and handling. They told us risks to people were assessed

and equipment was available for staff to use. We saw two members of staff using equipment to move a person from a chair to a wheelchair. We saw this was completed safely. Information about changes to people's needs was communicated at handover between staff which meant they understood people's needs and supported them appropriately. However, records we sampled did not always reflect people's current level of risk as information had not been updated when people's needs changed. This meant there was a possibility without up to date information people could be at risk of receiving inconsistent care.

Staff knew how to report incidents, accidents and falls. A system was in place to monitor the incidents across the home and we saw trends were monitored by the registered manager and appointed provider. If needed action was taken to reduce the risk of re-occurrence for example, referring people who were at risk of choking to Speech and Language Therapy (SALT).

Good

Is the service effective?

Our findings

People and their relatives said they had confidence that staff had the skills and knowledge to meet people's needs appropriately. One person said, "They [staff] know what they are doing." Another person said, "They [staff] have lots of training." Staff told us they had received training and had support from the registered manager and appointed provider to carry out their role. One member of staff said, "I get all sorts of training, I have completed infection control and mental capacity training. Training is on-going it enables me to meet people's needs safely." Staff we spoke with understood people's needs and we saw they responded appropriately to meet them. For example, using moving and handling equipment safely. Records we viewed showed the appointed provider had a planned approach to training and staff were up to date with their training. We saw where training was required staff were made aware and dates scheduled in and planned for. This showed staff were supported to obtain the skills to provide effective care to people.

We spoke with a newer member of staff and they explained they completed and induction which included shadowing more experienced members of staff. They said when they had finished their induction they felt confident to take on their role. Staff told us they had regular one to one meetings, one member of staff commented, "I have regular supervisions but if you need to you can just go and knock on [registered manager] door and they will sort out any issues you might have." This meant staff received adequate support from the registered manager to undertake their roles and responsibilities.

People told us staff sought their consent before providing care and support. One person said, "[Staff] ask me first, they [staff] make sure I am happy with what they are doing and that I agree." We saw staff seek consent from people before attending to their needs for example, we saw one member of staff ask a person discreetly if they could attend to their personal needs. We saw the staff member wait for the person to agree before they assisted the person.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the home was working within the principles of the MCA and found that it was. Where people did not have capacity the registered manager had made sure any decisions were made in a person's best interest and in consultation with them and their representatives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 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 were being met. The registered manager was aware of DoLS and said that where people did not have capacity they considered if restrictions were required to keep people safe. Where this was applicable, applications had been completed and submitted to the local authority. We saw two applications had been approved by the local authority to deprive people of their liberty and another two were being processed. Some staff we

spoke with had a mixed understanding of MCA and DoLS. They were aware of obtaining consent from people but were not aware of those people who had their rights restricted by a DoLS. We spoke with the registered manager and appointed provider about this who said that additional training and competency checks would be arranged to develop staffs understanding of the MCA.

Most people we spoke with enjoyed the food and drink offered to them. One person said, "There's a good choice [of food]." Another person said, "They [staff] cut up my food for me and put it where I can reach it." A third person said, "You get a choice of meal." We observed lunch time and saw the interactions between staff and people were supportive. Where people required assistance with eating their meal we saw staff sat with them and supported people to eat at their own pace. We saw staff offer a choice of drinks frequently to people throughout the day and check with people that they had enough to eat and drink. Staff we spoke with were able to explain people's individual dietary requirements and how those needs were met. For example, staff were aware of those people who required a softened diet and how food and drink should be prepared to ensure the person's safety. Recommendations from speech and language therapists were followed to ensure people had their meals and drinks in a way they could manage. This meant that people were supported to maintain their nutrition and hydration needs.

People who lived at the home had a range of health needs and had access to external healthcare support when needed. One person said, "The [doctor] visits every week." Another person said, "I saw the dentist and the optician visits." A relative commented, "We know about [person's name] health appointments." Most relatives we spoke with did not have any concerns about how their relative's health needs were being met or how staff supported people to meet those needs. We saw a variety of different health care professionals input into people's care and saw from records information was recorded for staff to refer to. Staff we spoke with were well informed about people's health needs and were able to describe how they supported people with these. This showed people had access to appropriate healthcare professionals to support their needs.

Good

Is the service caring?

Our findings

At our previous inspection on 4 and 5 November 2015 we found people's dignity was not respected at all times by the staff that cared for them. These findings were a repeated breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the appointed provider had taken steps and made improvements which ensured the regulations were met.

People told us staff respected their dignity. One person said, "They [staff] always knock the door when they come in." Another person said, "When they [staff] use the hoist to lift me they close the door and curtains." A relative explained to us how staff respected their relative's dignity they said, "[Staff] shut the door they know [name of person] likes to put their make-up on." We saw people were dressed in clothes they liked and reflected their individual tastes, gender and culture. One person told us, "I choose what I like to wear each day and I like to wear my jewellery." Staff we spoke with explained to us how they promoted people's dignity and privacy when providing care and support. One member of staff said, "I take time in what I am doing and explain to [person] what I need to do." Another member of staff told us, "I knock on people's doors before I enter and close the curtains if I need to provide care." During our previous inspection we saw a few staff interactions were not respectful towards people. We saw some people received care and support in a rushed manner and staff we spoke with had little knowledge of the people they were caring for. At this inspection we saw positive interactions between staff and people who lived at the home. We saw staff spent time with people explaining what they were doing. For example, we observed during an activity staff offered people hand wipes and staff took care to wipe people's hands carefully to promote their dignity. We observed transfers and moving and handling techniques and people being supported during meal times. We saw people were being supported in a dignified way because staff did not rush people and communicated well with people, explaining what they were doing and reassuring people while care and support was being provided. This demonstrated people's dignity and privacy was respected by staff.

People told us they were treated in a thoughtful manner by staff and that they were kind and caring. One person said, "Very caring [staff] talk to me in a nice way the [staff] have a joke with me." Another person told us, "When I can't sleep at night the [staff] come in and have a chat we talk about my family." A third person said, "[Staff] are kind." On a number of occasions during the day we saw staff spent time talking to people and ensuring people were happy with the care that was being provided. Staff were aware of people's preferences and were able to tell us how people liked to be supported. For example, one member of staff told us some people liked to spend time in their room and be informed when certain activities took place. Staff knew people well and understood their likes and dislikes and we saw people were relaxed and confident to ask for support from staff. Staff sought people's views about their care and how it should be given and we observed staff repeating back to people what they had heard to check their own understanding. We saw people were offered choices throughout the day about what they ate and where they spent their time. One person commented, "[Staff] do listen to me." Another person said, "I feel involved, [staff] do listen to you." A third person explained to us that they had been given a choice of bedroom when they moved to the ground floor. They said, "I had a look at the rooms available and liked this one." This demonstrated people were involved in making decisions about how they received their care and support.

People were supported to be independent. For example, we saw people were supported to mobilise independently using equipment such as wheelchairs and walking aids. One person told us, "I do as much as I can for myself; staff are there if I need them." We also saw staff offered encouragement to people to eat their meals independently and use appropriate aids such as beakers to support people to drink independently.

People and their relatives told us visitors were made welcome at the home. We saw throughout the day relatives visited their family members and staff were always welcoming and polite. One relative told us, "I am always welcomed by the staff and staff take time to speak with me. It is a nice home."

Good

Is the service responsive?

Our findings

People told us they received the care they needed. Where people were not able to contribute to decisions about their care due to their level of understanding we saw people's relatives had been involved in planning their care. One person said, "[Staff] talk to me we chat about things and they take time." A relative told us, "I was involved in discussing what care [person's name] needed and am kept informed about any review. Staff are good like that they keep me informed." Staff we spoke with knew people well and were able to explain to us about people's needs and how these were being met. For example, we saw where people were at risk of fragile skin staff monitored this and ensured they were re-positioned at regular intervals to protect their skin. Changes to people's care or support needs were shared with staff at shift handovers. One member of staff said, "We have handovers at the start of shift all staff attend. We also have a book for staff to refer to." This ensured staff had up to date information about how to meet people's care and support needs. We looked at four people's care records; we saw people's needs had been assessed and information was available for staff to refer to. However, information did not always reflect people's current care or support needs. Although information was shared at staff handover meetings there was a risk in the absence of up to date records people could receive inconsistent care.

We asked people what interested them and what they enjoyed doing during the day. Activities were offered on a daily basis and people were invited to take part according to their preferences. There were three staff to specifically plan and engage in activities with people employed at the home. They arranged activities based on discussions with people either during 'resident meetings' or individual conversations with people. One person said, "I see the priest every week and have a visitor from church as well" and "I choose what activities I take part in." Another person said, "There are different things taking place we are having a coffee morning this week." People told us they were made aware of the different activities from conversations with staff and from leaflets which were available in people's rooms. People we spoke with told us they had enjoyed taking part in a number of different group activities such as making hats for a tea party and a recent trip to a large shop. During the inspection we saw a group of people taking part in a baking session and others enjoying listening to music or reading.

People told us they were given the opportunity to feedback their views about the service they received. We saw meetings had been arranged throughout the year. Relatives told us information was displayed within the reception area of the home for people to see. People and their relatives told us of a recent system which had been introduced; each person's room had a form where questions or queries could be raised. One person said, "It's good as we write down and date it and if staff are not about to ask they answer the query and date it to. It's good because it's logged." This meant people had opportunity to feedback their views about the service they received.

People and their relatives told us they knew how to complain if they were unhappy about any aspect of their care. One person said, "I've never had to complain but if I did I would speak with [registered manager] and it would get sorted." Another person said, "I have information in my room showing how to make a complaint if I need to." A relative said, "If we had to complain I would go to the office or speak to the manager." Staff were able to explain how they would deal with any complaints or concerns people or their relatives raised.

One member of staff said, "I would listen to what [they] said and if I could not help I would speak with the manager." Staff we spoke with said that they were confident any issues raised would be dealt with appropriately by the registered manager or appointed provider. Records of complaints looked at showed complaints had been investigated and responded to appropriately. We saw the complaint's policy was also available in the reception areas for visitors to the home. This demonstrated people knew how to complain and the registered manager had systems in place to log and respond to any issues raised.

Good

Is the service well-led?

Our findings

Since our last comprehensive inspection the provider has been placed in administration. The home is currently being managed by a care home operator who has been appointed by the administrator to assist in the running of the home. We found everyone we spoke with knew the current management arrangements for the home. The home had a registered manager in post who was being supported by a senior manager. We saw clear management structures were in place and everyone we spoke with said that they could approach the registered manager or appointed provider at any time. Everyone said they felt confident the home was being well managed during the period of change. One relative said, "The [person] from [appointed provider] is good they are very proactive in the management of the home." We spoke to people, relatives and staff about how information was shared and how concerns people might have were addressed. One person said, "We got told about the changes and a letter went to my [relative]." Another person said, "We were informed at a meeting about the changes. You can also ask the [appointed provider] they are here every day." A member of staff we spoke with said, "We were informed about what was happening, I hope things get sorted soon I think [appointed provider's name] are going to buy and run the home." Records we looked at demonstrated meetings had taken place to inform people and staff of the changes within the organisation. Throughout the day we saw people felt comfortable to approach members of the management team to discuss any issues they might have. This showed the appointed provider had developed effective management and communication systems to share information effectively.

We spoke with the registered manager who explained the changes which had been made since the last comprehensive inspection. They described the improvements that had been required, how these had been addressed such as staffing and those that still needed to be made. For example, care plans. They explained and we saw they were implementing new care records which were person centred and reflective of people's needs. They demonstrated a good understanding of their role and responsibilities as a registered manager. This included the requirements to submit notifications to CQC when certain events occurred for example, serious injury to people living in the home. We also saw the provider had ensured information about the home's inspection rating was displayed as required by law.

Staff understood their roles and responsibilities and were positive about the support and training they received to do their job. Staff told us they had one to one meetings and attended staff meetings. They said these provided them with the opportunity to discuss any concerns or share information. Staff said it was important particularly during the period of change to have information and support from the registered manager and appointed provider. Staff we spoke with felt confident any concerns they raised with the management team would be listened to and dealt with appropriately. Staff said they were aware of the whistle-blowing policy and would be confident in using this if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. This demonstrated staff felt supported by the registered manager and appointed provider.

We saw regular quality checks were carried out by the registered manager and appointed provider. For example, environmental, medicine and infection control audits. The registered manager also completed daily observational checks of the home. These included competency checks of staff when moving and

handling people and ensuring staffing levels were sufficient to meet people's needs. The registered manager had processes in place to review trends in order to measure the quality of care being provided to people. We saw resources and support were available from the appointed provider and where improvements were identified action plans were in place to improve the quality of care people received. This showed the appointed provider had effective systems in place to measure and review the quality of care people received.