

Leabrook Lodge Limited

# Leabrook Lodge Limited

## Inspection report

The Court Office, Meadowbrook Court Bungalows  
Twmpath Lane, Gobowen  
Oswestry  
Shropshire  
SY10 7HD

Tel: 01691671555

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29 July 2019  
12 August 2019

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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

Leabrook Lodge Limited is an extra care housing scheme that provides personal care and support to people living in their own bungalows in a large community in a village on the outskirts of Oswestry. It provides support services to older people with a range of age related conditions. The office base was on site and staff were on hand 24 hours a day to respond to emergencies.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection nine people were receiving personal care.

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

People received care that was responsive to their needs and were supported by kind and caring staff that knew them well.

People and a relative felt staff were kind, compassionate and respectful towards them. They described how they trusted and felt safe with the staff.

Staff received the training and support they needed to carry out their role and provided flexible care and support in line with a person's needs and wishes. The staff team was consistent, many of whom had worked at the service a long time.

Staff were aware of people's interests and kept them informed of activities and trips out they may be interested in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been assessed and planned for. Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and care plans contained detailed information. People told us they received their medicines on time and that staff supported them to access healthcare support when needed.

People and staff felt listened to and that the service was managed well.

Everyone we spoke with was complimentary about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

The last rating for this service was good (published 24 September 2016).

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was Well-led.

Details are in our safe findings below.

# Leabrook Lodge Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service two hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2019 and ended on 12 August 2019. We visited the office location and visited people in their homes on 29 July 2019 and the 12 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and one persons relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior support worker, support workers and the administrator.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were well protected from the risk of abuse or neglect. They told us the service helped them to feel safe. One person told us, "I feel completely safe with the staff. I trust them implicitly." Another person commented, "I feel completely safe in their hands."
- Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risk assessments were completed in relation to a range of health conditions and environments. Assessments were sufficiently detailed and regularly reviewed.
- Staff knew how to use the equipment safely. One person told us, "They use slide sheets to move me and two staff use the hoist, always two never one."

Staffing and recruitment

- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.
- Staff were deployed in sufficient numbers to meet people's needs and provide safe care. Comments included, "We know all the carers. We usually see the same ones. They're always on time."

Using medicines safely

- People received the support they needed to order, store and administer their medicines. One person told us staff knew how they liked to take their medicines and commented, "They put it on a spoon and I take it straight down."
- Staff who administered medicines had received training and their competencies had been assessed.

Preventing and controlling infection

- Staff understood the need for effective hygiene standards to reduce the risk of infection.
- Staff were provided with personal protective equipment (PPE) and used it appropriately when providing personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action was taken to prevent reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and staff worked well with other agencies to provide care which had a positive impact on people's health and wellbeing. One person's relative told us the registered manager co-ordinated their loved ones care with healthcare professionals and commented, "They worked hard to get my relative out of hospital and made sure everything was in place."
- When people were unwell staff acted promptly to ensure that they received appropriate care and treatment.

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

- People were supported to maintain a healthy diet in accordance with their needs and preferences.
- People confirmed that staff knew their preferences and prepared meals and drinks accordingly. One person told us, "They prepare my food they know what I like."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager was aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- People were involved in discussions about their care and their outcomes were good.

Staff support: induction, training, skills and experience

- Most staff had many years' experience of working in the care sector and had been employed at the service for a long time.
- New staff were given an induction in accordance with recognised standards for care staff. They completed a basic training programme and worked with a more experienced member of staff (shadowing) to ensure they were competent as part of their induction.
- Staff were required to complete regular training. One person told us, "Staff know what they are doing. Have confidence in them."
- Staff told us that they felt well supported and had the opportunity to speak to the registered manager on a day to day basis.
- There were arrangements in place for staff to receive supervision with their manager and for them to have an annual appraisal of their performance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of



people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke very positively about the caring nature of staff. They told us that they were always treated well and were consulted about their care. One person commented, "The manger is wonderful, we have very kind and caring staff. The same staff have been coming for a long time."
- We saw a number of examples where staff spoke to people and about people with kindness and respect throughout the inspection.
- Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately.

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

- People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular contact with the registered manager.
- People told us staff discussed decisions with them and offered choices before providing care.
- Important decisions were recorded in care records and reviewed.
- Most people had capacity to represent themselves or had a family member to act as an advocate.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the way in which staff respected their rights to privacy and dignity in all aspects of their care.
- Staff explained how they supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People individual needs and preferences were consistently considered as part of the care planning process. One person's relative told us their loved one's needs had changed over time and commented, "They have responded to those changes and can meet my relative's increased needs."
- One person told us they were always consulted about their care and commented, "They ask me about everything like how I like them to help me to sit up."
- Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to suggest activities. One person's relative commented, "They talk to my relative about their interests."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in different ways to help people understand and to promote their involvement. For example, the registered manager made sure one person had copies of healthcare appointments, so they could put them in their diary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people to engage in meaningful and appropriate activities. This included activities within their own homes and local communities.
- A weekly newsletter was circulated to inform people of the activities and shopping trips on offer.
- Staff ensured that relatives were kept informed in accordance with people's wishes. One person's relative confirmed this and told us, "The family are kept informed. The manager liaises with us all on a regular basis."

Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance.
- None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising any issues with any member of staff. One person commented, "If I had a complaint would tell the person first and then would raise with the manager if I needed to. I feel listened to"

#### End of life care and support

- The service did not routinely support people receiving end of life care. However, the registered manager told us they worked closely with the local hospice at home team and district nurse teams to provide end of life care. A detailed person-centred end of life care plan had been in place for a person recently supported at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager understood their responsibility to submit notifications about important events to the CQC.
- Staff understood their role and responsibilities.
- The registered manager told us how they worked alongside staff and used the opportunity to assess performance and improve practice.

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

- Throughout the inspection the comments and behaviours of the registered manager and other staff consistently reflected their commitment to providing person-centred services. It was clear that this had resulted in positive outcomes for people.
- People using the service and staff spoke about their involvement in important decisions about their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no recent occasions when the service had to act on its duty of candour. However, it was clear from conversations that openness and honesty were expected of all staff.
- Staff told us that they would not hesitate to inform senior staff of a concern or error.

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

- All staff prioritised communication with people using the service, and they performed to a high standard.
- The registered manager spoke with people regularly and issued an annual survey. The results of the most recent survey were very positive, and comments included 'The service is wonderful. I could not wish for better care and understanding,' 'I feel the service is excellent, they make sure I don't suffer any pain' and 'Thank you for all you do.'

Continuous learning and improving care

- System, processes and paperwork were appropriate and sufficient for the size of the service. The registered manager was in the process of introducing audits to check the documentation in place.
- The registered manager demonstrated how they were making use of on-line and local resources to further

develop the service.

- Lessons learnt from incidents and accidents were shared with staff to improve practice.
- The registered manager had supported staff to improve their understanding of the conditions that some people were living with and the effects these conditions had on people's wellbeing. This had helped staff to provide more effective care.

Working in partnership with others

- Additional partnerships had been developed with other services in the area to improve outcomes for people. This included effective working relationships with healthcare colleagues and family members.