Active Horizons Limited

Leven House

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 19 and 20 January 2017. The service was last inspected in March 2016 and recommendations were made in person centred care around activities and safe care and treatment for managing peoples finances. The provider submitted an action plan to the CQC to demonstrate how they would become compliant. This inspection was to check their progress and provide the service with a re-rating.

Leven House is a residential care home offering accommodation and personal care for up to 10 people. Care is primarily provided to older people requiring residential or respite care. There were eight people living at the home at time of inspection.

The service had two registered managers at the time of inspection, one of whom was in post. We were told the other was intending to apply to de-register as they were not working at the service any longer. 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.

We found that improvements had been made in a number of areas, but that some areas of record keeping and quality assurance were still in need of further development by the registered manager.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed by staff who were trained and monitored to ensure people received their medicines safely. We saw that recent changes to medicines management had been made by the new registered manager.

Staff received support from senior staff to ensure they carried out their roles effectively through mentoring and training. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Appraisal of all staff was overdue and action was taken by the registered manager after the inspection to ensure this was in place in future.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made appropriate applications for people who may be deprived of their liberty.

Staff provided care with kindness and compassion; we saw smiles and interaction between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and to make choices. The staff team knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices. People were supported to enjoy a range of activities. People could raise any concerns and felt confident these would be addressed promptly by the registered manager and senior staff.

The home had a registered manager who was visible and hands on. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. The provider had notified us of all incidents that occurred as required. When we identified areas for improvement around the environment, records and staff appraisal immediate action was taken.

People and relatives views were sought by the service through surveys and day to day contact. People, relatives and staff spoken with all felt the registered manager was caring and responsive.

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.

Risks to safety were mostly reduced and steps were taken to safeguard people from avoidable harm. Where action was needed this happened promptly after our inspection.

The deployment of staff had been improved and people were provided with a consistent service.

There were appropriate arrangements for managing people's medicines.

Is the service effective?

Good

The service was effective.

Improvements had been made to menus, mealtimes and the support people required to meet their nutritional needs.

Staff were suitably trained and supervised to enable them to fulfil their roles and provide effective care. Appraisals had not yet started for all staff, but a timetable was put in place after our inspection.

Formal processes were followed when people were unable to give consent to their care and treatment.

People were assisted to maintain their health and accessed a range of health care professionals.

Is the service caring?

Good

The service was caring.

Supportive relationships had been formed between the staff, the people they cared for and their relatives.

Staff were kind, showed compassion and respected people's privacy and dignity.

People and their families were supported to express their views

and make choices about their care.

Is the service responsive?

Good

The service was responsive.

A proactive approach was now taken to providing stimulating social activities.

People had individualised care plans for meeting their assessed needs.

Any complaints made about the service were taken seriously and acted upon. Records around complaints needed to be more complete and action was taken after inspection to rectify this for historic issues.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some audits and checks in the service were not robust and failed to identify some issues about environment safety and record keeping. The registered manager took immediate action to address these issues.

Recent changes in leadership had a positive impact on the morale of staff and on how the service was provided.

Leven House

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 January 2017 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also reviewed the Provider Information Return submitted by the provider. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Information from health and social care commissioners was also reviewed.

During the inspection we spoke with five staff including the registered manager, three people who used the service and three relatives or visitors. Observations were carried out and medicines were reviewed. We also spoke with an external professional who regularly visited the service.

Three care records were reviewed as were three medicines records and the staff training matrix. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance and management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

At our last inspection in March 2016 breaches of legal requirements were found as financial records were not robust and would not prevent possible financial abuse.

At this inspection we saw that the registered manager had taken steps to ensure that records were kept of all financial transactions made on behalf of people. Staff we spoke with also told us that these records were maintained and checked by the new registered manager.

People and relatives of people using the service told us they felt safe and well cared for. One relative told us, "The carers here are always keeping an eye on [name], making sure they are okay. I know I can go home and feel secure knowing this is the best place for them to be". A staff member told us that they had time to keep moving about the service, responding to calls for assistance or just checking about the service to make sure people had the help and support they needed.

Staff had attended the appropriate safeguarding adults training to make them aware of possible adult abuse issues. They had also attended suitable training to work with people safely, such as moving and handling. Staff told us, and records confirmed that staff training in these key areas of health and safety were up to date, or had refresher dates booked. Staff told us they would raise any safeguarding issues promptly and that if they had any concern they knew they could 'whistleblow' and contact external agencies. Whistleblowing is where staff raise a concern about a wrong doing within an organisation.

We checked around the service with the registered manager to see how they ensured the service was safe. We saw the registered manager had a series of checks, of premises, equipment, medicines and fire safety for example. We found these were being completed regularly and were mostly identifying possible issues. The registered manager showed us changes they had made to laundry and kitchen areas to improve safety. However we still found one bedroom lacked a suitable radiator guard, one hot water tap was running above recommended temperature levels and that kitchen audits were not being completed fully. When we brought these to the registered manager's attention they took immediate action. After the inspection the registered manager sent us an action plan that showed further action had been taken to ensure these issues would be more thoroughly checked in future.

Each person was assessed for possible risks they may have faced as part of care delivery, such as moving and handling or mobilising around the service. Records showed these risks were assessed and reviewed regularly as people's needs changed. For example one person now needed two staff to assist with personal care.

Each person had a personal evacuation plan in place for possible emergencies that may have arisen, such as a fire. This showed how each person would be supported if an evacuation was needed. Records showed that regular fire alarm tests had been completed and that fire safety equipment was maintained.

We looked at the services accident and incident records, and how the service responded to such issues. We

saw that all events were being logged by the service. These were initially responded to by staff and then reviewed after the event to check that all possible and apprpriate actions had been taken. For example one person's mobility was decreasing so the service checked to make sure equipment was in place and suitable for their use. This was kept under review to see that the solution had worked and staff we spoke with were aware of the issue and were monitoring the situation.

The registered manager explained how the service calculated staffing through the day and night. They had recently made changes to nights and increased the number of waking night staff in response to changing needs. The service was well staffed during the day, staff were visible around the building and had time to talk to people and were not just task focused. Staff we spoke with told us they had the time to spend with people and offer meaningful activity as well as provide care and support.

We looked at the services staff recruitment process and checked this by speaking to staff. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories. Staff confirmed with us that this process was followed when they were recruited.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medicine administration records (MAR). We found medicines were stored correctly. We found medicine was managed safely and records were robust. These systems had been improved since our last inspection. The registered manager had also instigated very robust quality monitoring of medicines. The monitoring had identified some minor issues, we saw the registered manager had recorded these issues and had followed them up with staff to ensure they did not occur again.

Good

Is the service effective?

Our findings

People told us they felt the service was effective at meeting their needs. One person told us they had noticed recent improvements, both in the décor and cleanliness of the service, but also in the staff's conduct. They told us they thought staff were happier in their work, but also had more time to talk to them throughout the day. A visitor also told us the home had improved lately. They thought the service kept them informed about anything happening with their family member.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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). At our last inspection we found that the service's policy and procedure in relation to the MCA and DoLS was not robust and recommended to the then registered manager that they update it. When we discussed this with the new registered manager we saw that changes had been made, but the procedure still lacked key details to support staff when following best practice.

We recommend the provider seeks professional guidance on reviewing their policies and procedures in line with current best practice standards.

Records of staff training were confirmed by staff to be accurate. They had attended training to meet people's needs, for example moving and handling. We also saw the registered manager had ensured that most training was face to face to ensure that staff had an opportunity to discuss how the training worked for the people using the service. Staff told us they felt trained and supported to do their jobs.

Staff supervision and appraisal records were in place for all staff, however we saw that appraisals were now overdue. We discussed this with the registered manager who responded by putting a timetable in place to ensure that appraisals were booked for staff in future. Staff we spoke with told us they had regular access to the registered manager to seek advice and input as required. One staff member told us, "[Name] is on shift during the week, and always at the end of the phone if we need them".

As the service was small the staff and people told us that communication was good. They told us that they knew about recent changes in the leadership of the service and that any questions they asked were answered quickly. People's relatives and visitors told us they were usually approached by staff on arrival and on leaving to seek feedback and pass on any issues. One relative told us how the service contacted them to give feedback after a person's doctor saw them.

Records showed there had been recent discussion with people about the services meals. We saw that changes had been made to the services menus to incorporate new options and offer increased variety. All the people we spoke with told us they liked the food on offer, and felt they could ask for an alternative if they so desired. Peoples nutritional support needs were assessed and kept under review. Records showed that the service made appropriate referrals to external healthcare professionals, such as dieticians if required. Care records showed that any advice was incorporated into people's support plans and people were closely monitored to see if these changes were successful.

People were supported to maintain good health. We saw from care plans that health care professionals were regularly involved in people's care needs. There were regular meetings with health care professionals to discuss progress what was working and what needed to change. We saw the home had aids and adaptations such as an assisted bath, hoists and moving and handling aids to meet people's physical personal care needs.

Good

Is the service caring?

Our findings

People told us they felt cared for by a staff team who knew them well. One person told us, "The carers are always about the house, they help me with so much and I feel happy here". All the people and relatives we spoke with had positive comments about the caring nature of the service. These included, "This place is small and beautiful"; "The carers are always kind and gentle" and "This is like a real home from home". We observed positive interactions throughout the inspection, staff taking time out to speak with people.

The newly registered manager told us how they had worked to improve the morale of the staff and help them to be better carers. They told us how they made sure staff felt supported and gave them positive feedback. Staff told us the new registered manager had helped the service after it went through a period of instability. Staff told us they had time to provide one to one support to people and the registered manager had improved other aspects of the service so they felt they worked as one team to support people.

One relative told us the staff were "Like an extended family" and that they felt involved and consulted. Their family member echoed this sentiment to us and gave us examples of how staff always sought their views and opinions before making any changes.

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people, such as talking to them and reading their care files, which included information about people's likes, dislikes, their preferred routines and their life history. Staff were passionate about ensuring they knew the person well to be able to meet their needs.

Records showed that staff in the home understood people's needs and treated them as individuals. For example we saw that people were supported to express their personalities and interests. This was demonstrated in the way people were supported to have individual interests and hobbies and encouraged to maintain these.

People living at the home looked well-presented and cared for and we saw staff treated them with dignity. We saw staff respecting people's privacy and dignity by knocking on bedroom doors before entering, closing doors while providing personal care and speaking to people about things discreetly. We saw relatives could visit without restriction and were made welcome.

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity was maintained. We saw there had been improvements made to the environment since the last inspection, making the dining and lounge areas more comfortable. Peoples bedrooms were often furnished with peoples own furniture or pictures to make them personalised.

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. We saw that the staff gave people time and encouragement to carry out tasks themselves. Staff told us that care plans detailed what people could manage themselves and meant they could avoid taking away peoples skills and independence.

The service had information about local advocacy services and had made referrals as required. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

Staff were knowledgeable and trained in supporting people in the end stages of their life to provide sensitive and compassionate support. We saw that they had referred for external healthcare support to assist in this and helped people make plans for their funerals if they wished to do so.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt the service was responsive to their needs. For example, one person said the recently registered manager had made changes to the use of the dining room and lounge areas so they were less cluttered. They told us this had been in consultation with them and they were happy with the results. A relative told us they had found the new registered manager informed and up to date with their family members changing needs. They told us they were happy with how the service had responded to recent issues and they had confidence in the service.

Peoples care plans showed that information had been obtained about people's backgrounds, lifestyles and their current needs. Each person had their needs and dependency level regularly assessed and personalised care plans were in place for meeting individual needs. The care plans addressed all aspects of personal care, maintaining safety, physical health, medicines, communication and social needs. They were recorded in sufficient detail, specifying the person's routines during the day and at night, and the levels of support that staff needed to provide to keep people safe. Staff we spoke with knew people's needs well and told us care plans now reflected the support they delivered. The registered manager had just re-started people having key workers. These staff took the lead on developing and maintaining peoples care plans, ensuring they were relevant and up to date.

Peoples care plans were evaluated, usually on a monthly basis and other records were adapted in response to changes. Staff told us they did not delay making any changes in care plans until they were due for review. One staff member told us, "I update the risk assessment when someone has had a fall". We saw that after incidents staff reviewed if peoples care needed changing and ensured this was reflected in a new care plan. Handovers took place between shift changes, ensuring staff were kept informed about any changes in people's well-being. Staff who had been on leave checked back through previous handovers to ensure they were updated on any changes in people's needs. Staff we spoke with told us they had the time at handovers to catch up with any new information and the registered manager ensured this was recorded.

At our last inspection we had made a recommendation about the provision of activities and social stimulation opportunities as these had been limited. We talked with people and they told us that staff had the time to offer one to one activities, including in peoples bedrooms. We also saw that the service had sought out contacts from people's previous occupations and invited them into the service. One such occasion involved people coming into the service and taking part in group activities for all people who wished to join in. A number of staff and people told us about this event when we discussed activities. We saw that peoples friends had been encouraged to visit and family members felt welcome to attend the service.

We observed a number of informal activities taking place whilst we visited, as well as people using the communal areas to watch TV or play games on their own laptops. No one we spoke with told us they felt bored and they all commented that staff had time to spend with them.

The complaints procedure was made available to people and their families or representatives. We saw that

a recent complaint did not have a full record of the investigation or outcome. This had occurred under the previous registered manager. The newly registered manager took immediate action and found the relevant records but these did not clearly demonstrate that the provider had followed their policy in managing this one complaint. The registered manager agreed to ensure that complete records were kept in future. Other records of complaints had been kept correctly and we saw the service also kept records of compliments.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that improvements had been made by the provider, but that the service was not always well led as some areas still required improvement. At this inspection we found that a number of areas had been maintained and improved further but still found areas where the service had not always been consistently well led.

Since our last inspection the previous registered manager had stopped working at the service and the new manager registered with the CQC in December 2016. In the interim an acting manager was put in place by the provider. We still found that some records, such as those relating to complaints and safeguarding issues had not been adequately maintained. We also found that some safety issues in the service such as checks and audits in the kitchen had not been improved. Staff appraisals and recommendations to improve policies had not been acted upon. The services quality assurance and audit processes had not identified these issues and no action had been taken. After the inspection the registered manager sent us an action plan detailing their prompt response to the issues raised.

We recommend the registered manager ensure that quality audits and checks in the service are more complete and robust.

People who used the service told us the new registered manager had brought in a number of improvements, they told us they had seen their impact in the short space of time they had been in post. One person told us, "I am the happiest I have been since [registered manager] took over. The house is a happier house". Relatives also told us the service was well led. They told us they had concerns after the previous manager left, but that this had not affected the service. Staff also told us they felt supported by the new registered manager. One told us, "I skip to work in the morning now, I am happy to come in as I feel we work as a team again". Other staff comments about the new registered manager and their leadership included, "[Name] has made a lot of positive changes"; "The changes to the dining area, lounge and activities have all been for the better" and "After all the recent problems we have had, I see Leven having a future again". All feedback about the leadership of the service was positive.

The registered manager explained to us how they worked to support the team, to keep their morale up. They told us they had made changes to night staffing and promoted staff to senior carers after careful review of how the service was led. They were able to show us how they had sought out additional training and advice from the provider organisation to ensure they had support as a new registered manager. They were open and transparent with us about the issues they had faced, and responded positively to any comments or feedback, responding quickly.

Staff told us they had made, and were still to make changes, to the medicines management in the service. They told us new storage, training and advice about handling medicines had been of help in reducing the risk of errors.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems.

We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into place.

The registered manager undertook regular checks and audits in the home to ensure quality was maintained in areas such as care plans and medicines. We saw that issues, when identified had action taken promptly to ensure the service was working safely. We saw that records of these checks were now more robust and detailed the actions taken. The registered manager recognised the need to make these more comprehensive in future and ensure that all risks were identified promptly.