

New Century Care (Leolyn) Limited

Leolyn Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

When we carried out an unannounced comprehensive inspection at Leolyn Care Home on the 10 and 13 April 2015. Breaches of Regulation were found and two Warning Notices were issued in respect of ensuring people's safety and need for consent. As a result we undertook an inspection on 15 and 16 October 2015 to follow up on whether the required actions had been taken to address the previous breaches identified.

At this comprehensive inspection we found Leolyn had taken appropriate action to address all breaches to Regulations identified at the last inspection. The service

was found to be fully compliant with all required Regulations and was establishing ongoing improvements for the benefit of people using the service. Details of previous breaches will be found under each of the five question headings.

Leolyn Care Home provides accommodation and nursing care for up to 34 older people who require nursing care. The top floor of the home is a designated unit for up to seven people living with a dementia type illness. On the days of our inspection there were 21 people living in Leolyn Care Home.

Summary of findings

Leolyn Care Home is owned by New Century Care Limited and has six other homes in the South East.

Accommodation was provided over three floors, with a further lower ground floor with a passenger lift that provided level access to all parts of the home. People spoke well of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of Leolyn Care Home.

You can read a summary of our findings from both inspections on our website www.cqc.org.uk

At our last inspection in April 2015 we found that people and visitors spoke positively of the home and commented they felt safe. However we found people's safety was being compromised in a number of areas. For example care plans did not reflect people's assessed level of care needs and care delivery was not person specific or holistic. At this inspection we found care plans reflected people's assessed level of care needs and care delivery was person specific and holistic. The delivery of care was based on people's preferences. Care plans contained sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was available on people's preferences.

At our last inspection in April 2015, the provider was not meeting the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity assessments were not completed in line with legal requirements. We found there were restrictions imposed on people that did not consider their ability to make individual decisions for themselves as required under the MCA Code of Practice. At this inspection we found that the staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

At our last inspection in April 2015 we found that whilst people and visitors were complimentary about the food at Leolyn Care Home, the dining experience was not a social and enjoyable experience for everybody. People were not always supported to eat and drink enough to meet their needs. At this inspection everyone we spoke with was happy with the food provided and people were

supported to eat and drink enough to meet their nutritional and hydration needs. People received a varied and nutritious diet. The provider had reviewed meals and nutritional provision with people, the chef and kitchen and care team. The dining experience was a social and enjoyable experience for people.

At our last inspection quality assurance systems were in place but had not identified the shortfalls we found in the care delivery. Staff had not all received training in dementia and challenging behaviour to meet people's needs. This inspection found robust quality assurance systems in place that had ensured improvements in care delivery. Staff training had been provided and was specific to the needs of the people who lived in Leolyn Care home.

At this inspection in October 2015, a registered manager was in post. Senior managers of the organisation supported the registered manager and had spent time in Leolyn observing care delivery and have fed back to the manager and staff. Staff said that this was really positive. One staff member said, "The staff team is really supportive and available." Another said "I feel valued." Staff confirmed there was always someone to approach with any concerns or worries.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and caring. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities and meal times and were seen to enjoy the atmosphere and stimulation.

Activity provision was provided throughout the inspection and was in line with people's preferences and interests. Staff had worked together to provide an environment that was comfortable and safe. There was visual and interactive stimulation available in the communal areas. We observed that people were engaged with, supported by attentive staff. Improvements had been made to the dementia unit. There was visual signage that enabled people who lived with dementia to remain as independent as possible.

Summary of findings

Staff told us the home was well managed and robust communication systems were in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of

opportunity to request advice, support, or express views or concerns. Their comments included “Really happy to work at Leolyn Care Home, its great here and we all get on well.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Leolyn Care Home provided safe care and was meeting the legal requirements that were previously in breach. However, practices need time to be embedded.

The management and storage of medicines was safe, and people received their medicines as prescribed.

People told us they felt safe at the home and with the staff who supported them.

The staffing levels were sufficient. Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow in providing safe care.

Requires improvement



Is the service effective?

Leolyn Care Home provided effective care and was meeting the legal requirements that were previously in breach. However, practices need time to be embedded.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were enjoyed by people and were a sociable occasion supported by staff in an appropriate way.

People spoke positively of care staff, and told us that communication had improved with staff.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

Requires improvement



Is the service caring?

Leolyn Care Home was caring. Staff spoke with people and supported them in a very caring, respectful and friendly manner.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Good



Summary of findings

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People were encouraged to maintain relationships with relatives and friends.

Relatives were able to visit at any time and were made to feel very welcome.

Is the service responsive?

Leolyn Care Home was responsive and was meeting the legal requirements that were previously in breach. However, practices need time to be embedded.'

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built rapport with people and they responded to staff well.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs. People told us that they were able to make everyday choices, and we saw this happened during our visit.

Requires improvement



Is the service well-led?

Leolyn Care Home was well led and was meeting the legal requirements that were previously in breach. However practices need time to be embedded.

There was a registered manager in post, supported by a deputy manager. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication within the home had significantly improved.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.

Requires improvement



Leolyn 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 checked 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 home, and to provide a rating for the home under the Care Act 2014.

We visited the home on the 15 and 16 October 2015. This was an unannounced inspection.

During the inspection, we spoke with 10 people who lived at the home, three relatives, six care staff, one registered nurse, the manager and the area manager for New Century Care (Leolyn) Limited.

Before our inspection we reviewed the information we held about the home. We looked at the action plans provided by the management of New Century Care. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A

notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. Some people were unable to speak with us therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Leolyn Care Home. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments did not always include sufficient guidance for care staff to provide safe care. Others risk assessments were not being followed. Care records failed to demonstrate that staff were monitoring the condition of people's skin to prevent pressure sores. Equipment to maintain people's skin integrity was not being used properly. Incidents and accidents were not being investigated and safeguarding alerts were not being made following a person experiencing abuse or harm. We also found that the deployment of staff did not meet people's needs. People's individual needs had not been taken into account when determining staffing levels.

Due to the concerns found at the last inspection, we determined people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 September 2015. At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

People told us they felt safe living at Leolyn Care Home. One person told us, "I feel safe and never worry at all." Staff expressed a strong commitment to providing care in a safe and secure environment. One staff member reflected on changes since the last inspection and said, "We were not doing things in the right way, but we have learnt and are now being supported to provide safe and good care."

There were systems in place to manage medicines safely. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR only when people had taken the

medicine. Medicines were kept in locked trolleys, which were secured in a locked room. Staff followed the home's medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol. Where people were prescribed topical medicines such as creams, records were completed and demonstrated that the people's skin conditions had been treated as prescribed. Staff recorded the administration of prescribed drink thickeners along with clear instruction of the consistency required to prevent the risk of aspiration.

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw detailed plans that told staff how to meet people's specific individual needs. For example, a person who was at risk from pressure damage had a care plan that told staff to ensure the person was moved regularly, and a pressure mattress was to be used and set on the correct setting for their weight and how to be moved safely.

Staff told us that they felt the documentation had improved but admitted they still had areas to work on.

The staff used a risk assessment tool to monitor people's skin integrity against changes in their health, such as weight loss. We found that staff weighed people regularly. Weight loss and gain for people within the past five months had been identified, monitored and appropriate action taken. Individual risk assessments had been updated to reflect the weight loss and contained clear guidance for staff to follow. Therefore precautions and guidance was followed. We found that for one person there was an in-depth care plan that gave direction for fortified diet and fluids. There were also clear directives given for staff to follow as to the appropriate position the person should be in whilst being assisted to eat.

Good skin care involves good management of incontinence and regular change of position. There was guidance for staff to follow to ensure people in bed to received appropriate position changes and the use of a pressure relieving mattresses and cushions. We also saw detailed guidance for people sitting in chairs and wheelchairs. During the inspection, we observed people sitting in the communal lounges. People were sat in chairs that were

Is the service safe?

appropriate for them and which did not restrict their movement. Staff encouraged people to change their position and we saw that people were offered the opportunity to visit the bathroom and move to alternate chairs during the day. For example one person was sitting in the lounge and staff asked if they wanted to a change of scenery in the activity lounge. Later we saw them sitting in the dining room waiting for lunch.

We observed people being safely supported to move from a wheelchair to armchair with the support of appropriate equipment. We observed that staff were mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "I can't do much myself but staff move me safely."

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Management strategies for staff to manage people's behaviour safely had been introduced and further training was being provided. We saw throughout the inspection that people were calm and staff were attentive to people's mood changes. We saw that one person became restless and staff immediately responded and sat next to the person and engaged this person in an activity. This was done in a gentle and professional way.

The incident and accident records were being monitored and the manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff used these meetings for reflecting on current practices and ways to improve.

At this inspection we found that there were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Leolyn Care Home had people living on three floors and there were two staff teams to cover 24 hour care. The staffing levels had been assessed against the dependency levels of the people who lived there. There were plans to introduce a second registered nurse (RN) once they started re-admitting people to Leolyn following the restriction to admissions. At present with 21 people living in the home, one RN was found to be sufficient. Medicines were administered on time and in an

unhurried way and the RN said she had time to work alongside staff and supervise the shift. We saw that the present staffing levels enabled staff to sit and talk to people and take time to meet their wishes and care needs.

We were told by visitors that staffing levels were sufficient. One visitor said, "I think that the staffing levels are pretty good." One person was clearly enjoying the company of other people in the communal lounge and told us, "It's really nice here, the staff are very kind and make time for me."

People had personal emergency evacuation plans (PEEPs) which detailed their needs should there be a need to evacuate in an emergency. The staffing levels were reflected in the emergency evacuation plans.

Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance. There were notices on staff notice boards to guide staff in whom to contact if they were concerned about anything and detailed the whistle blowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest.' Staff told us what they would do if they suspected that abuse was occurring at the home. Staff confirmed they had received safeguarding training. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority or the Care Quality Commission.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out a criminal records check. Nurses employed by the provider of Leolyn Care Home and bank nurses all had registration with the Nursing Midwifery Council (NMC) which was up to date.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

Is the service effective?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulations 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care delivery was not always effective and consistent, there was a lack of mental capacity assessments and DoLS referrals. Mealtimes were not an enjoyable experience. We also could not be assured that people's nutritional needs were met.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 September 2015. At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

Staff understood the principles of consent and therefore respected people's right to refuse consent. Staff were understanding and patient of people who initially refused assistance by allowing them time to settle and approaching them again to gain their participation or consent. We saw one person refuse to their meal. Staff immediately stopped assisting and sat and chatted before asking, "Would you like your lunch now." The person then accepted the support offered and ate well. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team. We have received regular updates from the manager informing us of DoLS applications. The care plans contained mental capacity assessments and DoLS applications that have been completed.

At the last inspection, we found lunchtime to be a lonely experience for some people and the communal dining experience was not always made available to people. Staff lacked oversight of people's food and fluid intake and people were at risk of dehydration. This inspection showed us improvements had been made. People were complimentary about the food and drink, and everyone we spoke to told us, they had enough to eat and drink. Positive

feedback included, "Good food," and I think the right amount." We were also told by staff that menus and food times were being discussed regularly to ensure people were eating what they wanted at a time that they wanted.

Staff told us they monitored people's food and fluid intake and watched for any signs of weight loss and malnourishment. The management team were monitoring the charts on a regular basis and identifying staff for further training and supervision. We saw that people were encouraged to drink plenty of fluids. In the communal areas there were jugs of fluids that staff used to offer regular drinks to people. This was in addition to servings of tea and coffee. Staff were focused on ensuring that specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly and always make sure they can reach their drinks if it safe for them. Some residents need our assistance so we offer a drink regularly.

There was a choice of meals offered. As part of the improvement plan, menus had been reviewed and demonstrated a varied and nutritious diet. The staff were aware of people's preferences and the chef had a good understanding people's needs and their likes and dislikes.

Dining tables were set up in the newly appointed dining area with table cloths and condiments. People were offered the choice of eating in the dining room, their bedroom or the communal lounge. People could choose where they wished to eat and this decision was respected by staff. We saw staff ask people in lounges where they would like to sit. People were given time to enjoy their food, with staff ensuring that they were happy with their meals. Staff knew who required assistance and provided this at a pace which suited the person.

People who required support were assisted in a dignified manner with care staff interacting and supporting the person. People who remained in bed for their meals were assisted by staff in a professional and caring way. Staff chatted to people and kept them engaged whilst eating. They also gave them the opportunity at eating at their own pace. Staff spent time with people to ensure people ate a good meal. We saw that when people didn't eat the main meal, alternatives were offered.

The dining experience was now a more enjoyable experience and that people previously isolated were supported to join others in the dining areas.

Is the service effective?

Staff had received essential training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were found competent to work unsupervised. Training for staff included specific training for supporting people who lived with dementia, managing behaviour that challenged, and end of life care. Staff also told us that they received teaching sessions about different illnesses such as Parkinson's disease, diabetes and strokes. They told us they had learnt many things to enhance their care delivery. For example managing different people's behaviours and trying different methods to ensure people's needs were met in the best possible way. Staff told us "Training is in place, we have new booklets to support our e-learning and then these are checked by the manager." Another staff member said "Really good training, the nurses explain things and ensure we feel confident about caring for residents."

Staff received on-going support, professional development and supervision schedules. Staff confirmed they received

regular supervision (every two months) and appreciated the opportunity to discuss their concerns. We also saw the plan of future supervisions displayed in the staff office. Nursing staff also confirmed they had received clinical training and support. Staff told us that they felt supported and enthusiastic. One staff member said, "We have received training in supporting people who have dementia." This had improved the care delivery to the people living in Leolyn Care Home

People received effective on-going healthcare support from external health professionals. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. Staff recognised that people's health needs could change rapidly especially for people living with a deteriorating illness, such as Parkinson's disease, and advanced dementia. One staff member told us, "We know when people aren't well as their behaviour changes, we tell the nurse immediately." The manager said "we involve external health professionals when necessary, to ensure our residents get the health care they need to live comfortably."

Is the service caring?

Our findings

At the last inspection in April 2015, the provider was in breach Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always listened to and involved people in their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing. People had not always been treated with respect and had their dignity protected.

An action plan was submitted by the provider detailing how they would meet the legal requirements by 30 September 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke highly of the care received. One person told us, "The staff are wonderful." A relative told us, "I'm impressed with how care is provided." Staff demonstrated commitment to listening to people and delivering kind and supportive care to people.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounges. Staff were regularly checking on people ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They look after me very well."

People's dignity was promoted. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. Documentation showed that people received personal care in the way they wished. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given." Care plans detailed how staff were to manage continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. One visitor told us, "Really kind and special staff."

People's need for privacy was promoted and their privacy respected. For example, staff ensured that people's dignity was protected when moving people from a wheelchair to an armchair. We also saw that people's personal care was of a good standard and undertaken in a way that respected their privacy. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling for help to go to the bathroom. This was attended to promptly and in a discreet way. We saw good interactions between the person and staff. Staff were patient and responsive to people's mood changes and dealt with situations well in a calm and a kind way.

Staff demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "All our residents are different and we treat them as individuals, knowing their little ways helps." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and keep people to be independent. We'll always support people to go out if they want to and invite their friends in." One person showed us her room which was very personalised with equipment such as a kettle and drink making facilities.

Bedrooms were clean and homely, many contained family photographs and personal ornaments. Communal areas had changed since our last inspection and were seen to be comfortable and homely. The staff had looked into people's past interests and included themes in communal areas to encourage people's happy memories.

Care plans showed that family and people's involvement had been sought where possible, and personal preferences had been recorded on admission to the home. These set out people's preferences within an activity plan based on the activities of their life before arriving in the home and when they reached the end of their life. We saw that people's food choices reflected their culture and religious choices. People's personal preferences for lifestyle choices, such as food and drink, activities and interests were being updated to reflect changes to their health and well-being.

At the last inspection we found that people were not always offered choices of where and how they spent their

Is the service caring?

time. This inspection found people were offered choices and enabled to make safe use of all communal areas of the home. Where people had remained in bed or in their room they were now offered opportunities of visiting communal areas, joining activities and of visiting the main communal area to meet people.

The manager told us that an advocate would be found if required to assist people in making decisions. They also

told us they had information to give to people and families about how they could find one if it became necessary. This ensured people were aware of advocacy services which were available to them.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The manager told us, "There are no restrictions on visitors". A visitor said, "I come in most days and I'm always greeted with a smile."

Is the service responsive?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was an acceptance by people living at Leolyn Care Home they had to comply with how care staff wanted to do things. There was also a lack of meaningful activities for people.

An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 30 September 2015. Improvements had been made and the provider is now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

The opportunity to take part in activities that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. At the last inspection, we found concerns with the lack of opportunities for social engagement and activities for people.

At this inspection we saw an improved provision of activities, one to one sessions and social events for people. There was good interaction seen from staff as they supported people with activities throughout the home. The staff including the manager were enthusiastic about providing individual meaningful activities for people and were full of ideas. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "We have changed rooms around and it works so much better now, activities are held in one room and the lounge is then free for those that wish to just sit quietly." A visitor said, "Good changes, the activity room is really a good idea."

The changes on the dementia unit were positive and further changes were being discussed about the layout of communal areas. People who had previously been restless were now calm and interacting positively with staff. Signs to support people living with dementia were placed on doors and corridors. Bedrooms were welcoming, safe and comfortable.

We looked at people's individual care plans to see if people's wishes were reflected and acted on. The care plans reflected people's specific need for social interaction and these were being acted on. Staff said "We are seeing people becoming more social and brighter, It's very rewarding." One member of staff said, "There are some really good happening here, it's exciting."

Staff undertook care in an unhurried and patient manner. The care delivery was person specific and in line with what people's preferences. The care plans detailed up to date preferences of people wishes in respect of their care. For example what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People might change and then we change their care plan."

A complaints procedure was in place and displayed in the reception area of the home. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to make a complaint." Another said, "I would not hesitate to tell a member of staff if I was unhappy about something." Complaints are recorded and responded to as per the organisational policy. A complaints log is kept and monitored by the organisational management team.

Regular staff and resident/family meetings are being held and we saw that times of meetings were displayed details of suggestions and discussion points were recorded and actioned

Is the service well-led?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care.

An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 September 2015. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established.

People, friends and family and staff all described the management of the home to be open and supportive. People told us; and “Helpful and kind.” Another person said, “I think it’s wonderful here, I’m very happy.” A visitor said, “It seems so much more relaxed and happy.” A staff member commented; “The management are supportive and visible.”

There was a new management structure in the home. The manager has recently been registered by the Care Quality Commission as manager of Leolyn Care Home and a deputy manager recruited. This has strengthened leadership within the home. In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context.

The provider and manager had spent time working with staff to improve the culture of Leolyn Care home. At the last inspection we found the values and culture of the provider were not embedded into every day care practice. Staff had not consistently worked as a team and lacked leadership from senior staff. Throughout that inspection we observed that staff morale was low. At this inspection staff commented on improvements that had been made and they felt they worked more as a team now. They commented on nurse leadership and support whilst delivering care and felt that care and communication had improved considerably. One care staff member said, “I can honestly say, I feel supported and able to talk to the manager.”

The registered manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made. The staff felt they were important to the running of the home.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Relatives commented that they had seen improvements and felt they had no concerns with how care was being delivered. The registered manager and area manager were open and responsive to the concerns previously identified and had already identified the areas of practice that required further improvement. It was clear the provider, registered manager and staff were committed to the continued on-going improvement of the home. We discussed the importance of sustaining the improvements made and that whilst the improvements were obvious, they needed to be embedded in to practice by all staff.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider’s audits were incorrect and did not follow up on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified a need to look at the completion of fluid charts.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one member of staff commented; “I raised suggestions about the dementia unit and I was listened to and feel proud I contributed something positive.”

There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Is the service well-led?

Information following investigations were used to aid learning and drive quality across the service. Daily handovers and meetings were used to reflect on standard practice and challenge current procedures, for example, moving and handling and documentation.