

Greenleaf Healthcare Limited

# Livesey Lodge Care Home

## Inspection report

Livesey Drive  
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Leicester  
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Tel: 01455273536

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

About the service: Livesey Lodge Care Home is a single storey, purpose built residential home which provides care to older people including some people who are living with dementia. The service is registered to provide care for up to 24 people. At the time of our inspection there were 15 people using the service.

People's experience of using this service:

- ☐ The provider had taken steps to make improvements to the service. However, there was insufficient evidence to demonstrate that the improvements would be sustained.
- ☐ There was no clear culture of transparency and open communication within the service.
- ☐ The management and administration of people's medicines were safe. However, further improvements were required in the management and recording of support people received with prescribed creams.
- ☐ The provider had made improvements in the environment to make it safe for the people that used the service.
- ☐ The registered manager used a dependency tool to measure that there was sufficient numbers of staff to meet people's needs.
- ☐ People were supported in accordance to relevant legislation. They were supported to maintain choice and control in their care planning.
- ☐ Staff supported people to meet their nutritional and health needs.
- ☐ Staff were kind and considerate to people.
- ☐ People were supported to engage in their interest and beliefs. They were supported to maintain relationships with people that were important to them.
- ☐ People had opportunities to raise any concerns they may have about the care they received.

Rating at last inspection: Inadequate; (published 14 December 2018).

Why we inspected: At our last comprehensive inspection on 15 May 2018 we found two breaches of the Health and Social Care Act 2008 (HSCA RA) (Regulated activities) Regulations 2014. These were breaches of Regulation 12 HSCA RA Regulations 2014; Safe care and treatment and Regulation 17 HSCA RA Regulations 2014; Good Governance. The service was rated as Requires Improvement. The Care Quality Commission (CQC) had also served the provider a warning notice for the breach of Regulation 17 HSCA RA Regulations 2014; Good governance.

On 25 October and 2 November 2018, we carried out a focused inspection to follow up concerns shared with the CQC. We inspected the service against two of the five questions we ask about services; 'Is the service Safe?' and 'Is the service Well Led?' This is because the service was not meeting some legal requirements in these areas and the information shared was relevant to these two key questions. At that inspection we found the provider had made some changes, but overall there was little improvement in the overall safety or governance of the service and the provider continued to be in breach of the regulations of the Health and Social Care Act 2008. The service was rated as Inadequate and went into special measures.

Following our inspection, the provider informed us what they would do to meet the regulations.

We carried out this comprehensive inspection to check their progress on improving the service and to check if they had now met the regulations. Our visit was unannounced. This meant the staff and the provider did not know we would be visiting. During this inspection we found the provider had implemented the necessary improvements, although some areas still needed further improvement. At this visit we found evidence to demonstrate and support the overall rating of Requires improvement. The service is no longer in special measures.

Follow up: ongoing monitoring; We will continue to monitor the home in line with our regulatory powers.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Livesey Lodge Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors, an inspection manager, a nurse specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses services that support people with dementia.

#### Service and service type:

Livesey Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The Inspection was unannounced.

#### What we did:

Before the inspection: The provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required by law to tell us about.

We sought feedback from the local authority who monitor the care and support people received at the service. We used all this information to plan our inspection.

During the inspection: We spoke with six people who used the service and three visiting relatives. We also spoke with the registered manager, deputy manager, the cook and three care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed the care that people received from staff in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included records relating to the care of the four people who used the service. We reviewed associated documents including the daily records of the care they received and a sample of medicine records. We looked at records of meetings with people that used the service, their relatives and staff, staff training records and the recruitment checks carried out for two care staff employed at the service. We also reviewed documents and systems the provider used to assure themselves they provided a good standard of care.

After the inspection; we reviewed further supporting documents we requested from the registered manager.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection on 25 October and 2 November 2018, we found that the premises and equipment were not safe. People were at risk of entrapment and burns from radiators. They were also at risk of scalding from hot water. We found sufficient numbers of care staff were not consistently deployed to meet people's needs. We found that the management of medicines was not safe. These issues constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

At this inspection, we found that the provider had made improvements. The improvements made were sufficient to demonstrate the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

Using medicines safely:

- ☐ Where people required support with creams for their skin, staff did not always follow the provider's protocols to record when they supported people with their cream. A care staff told us that they sometimes did not promptly receive information about the support that people require with their creams. They also told us that there was insufficient oversight to check that care staff followed the required protocols to support people with application of creams. We brought this to the attention of the registered manager and deputy manager who told us that they would make further improvements to support staff to consistently record the application of skin creams where required.
- ☐ The provider had made improvements to how they stored, administered and recorded people's medicines. Their protocols were safe and ensured there was sufficient stock of the medicines that people required.
- ☐ The staff completed the required records when they supported people with their medicines. The provider's protocols were sufficient to assure them and demonstrate that people received their medicines safely.

Staffing and recruitment:

- ☐ We reviewed records which showed that the provider completed relevant checks to assure them that they employed people who were safe to work with vulnerable people. However, there was scope for the provider to improve how they recorded and stored information about checks they completed and the employment history of staff. The registered manager told us that they would make relevant improvements.
- ☐ The registered manager told us they used a dependency tool to determine the needs of people and deploy sufficient staffing resources to meet the assessed needs.
- ☐ Most of the staff we spoke with felt that there were often enough staff on duty to meet people's needs. Some care staff felt that further improvements were required to increase staffing.

- A care staff told us, "Yes, of late there have been yes. Staffing increased since the last inspection, they have been trying to make sure there is enough staff on all the shifts now." They told us that there were sufficient numbers of staff on duty in both day and night shifts. Another care staff said, "Well, I mean there is now (today), some shifts are fine. But if someone rings in sick and we can't get agency that messes everyone up, I know [registered manager] has tried to advertise for new staff." They went on to say, "It doesn't cause too many problems, we still get everything done."
- During our visit, we observed that staff were available to meet people's needs in a timely and personalised manner.

#### Assessing risk, safety monitoring and management

- The provider had made relevant changes to improve the safety of the environment. They had installed suitable radiator covers. We found that the water temperature within the service was consistently within recommended safe limits. Staff we spoke with had the support and knowledge they required to ensure that water temperatures were safe before they supported people with baths or showers.
- The provider had employed the services of a maintenance person who carried out relevant checks and repairs within the service. On the day of our visit, we found the maintenance person to be responsive to what people needed to be safe within the premises and promptly carried out any adjustments that were needed.
- People's care records included relevant information about risks that may be associated with their care. Information within the records was sufficient to guide staff to provide support to people to remain safe whilst maintaining their choice and control.

#### Systems and processes to safeguard people from the risk of abuse:

- People told us that they felt safe living at Livesey Lodge. One person said, "I've been here [number] years, I feel safe, very safe." Their relatives told us that they felt the service that people received was safe.
- Staff had a good understanding of what could constitute harm and abuse to people. They knew how to identify and report any concerns they may have regarding people's welfare. One care staff told us, "I would speak to [deputy manager] first, then if nothing was done I'd go to [registered manager], then I'd go to CQC I think.", Another care staff said, "Yes, we have training on line. I would approach [deputy manager], and then follow it up from there. I will say something if I see something that is wrong, because the residents come first in my eyes."

#### Learning lessons when things go wrong:

- Staff had a good understanding of the provider's protocols for recording and reporting incidents and accidents. They applied this in their practice.
- We reviewed records which showed that staff took relevant actions to follow up on incidents and accidents. This included liaising with relevant professionals and making adjustments to people's care where required.

#### Preventing and controlling infection:

- The premises was clean and free from odours. Hand sanitizers and wash basins were available within the premises. Staff wore required protective equipment when they supported people. This demonstrated that required hygiene conditions were met and staff took steps to minimise the risk of spread of an infection.



# 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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ Records we reviewed showed that staff took steps to fulfil the conditions as stated in people's individual DoLS authorisations.

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

- ☐ People's records showed that staff had completed an assessment of their needs. Their choices were recorded to guide staff when they supported them. We observed that when staff supported people, they followed the principles of relevant guidance and the law to ask people their choice and consent.

Staff support: induction, training, skills and experience:

- ☐ Staff had received relevant training required to fulfil the requirements of their role. This included training in meeting the needs of people living with dementia and similar conditions. We observed that they had the skills to support people that may behave in a way that could challenge others. They did this in a calm and effective manner.
- ☐ Staff had received training in equality and diversity. They knew how to apply their training in practice to deliver care in a non-discriminatory manner. A care staff told us, "I have had the online training on that [equality and diversity], but I would just speak to people how I would like to be spoken to myself anyway - not treating anyone any differently."

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

- ☐ We observed that people had access to regular drinks of their choice and a variety of meals. One person told us, "The menu is on the board and they [staff] come and ask you." Another person said, "The food is a nice quality."
- ☐ Staff were knowledgeable about people's specific nutritional needs and supported them accordingly. They told us the meals met the needs of people. A care staff said, "There is a little bit more choice now than

there used to be, and that has made a big difference to the residents."

Staff working with other agencies to provide consistent, effective, timely care:

- ☐ The provider had protocols in place to ensure that people received consistent and effective support when they used the services of other professionals.
- ☐ We spoke with a visiting professional who told us that people received the support they required from the care staff and the registered manager. They told us, "[Care plans] - things are pretty much documented as they need to be." They went on to say, "Whenever I have asked for information they [staff] have been willing to provide it."

Adapting service, design, decoration to meet people's needs:

- ☐ We found that the provider had made improvement to the premises to make it safe and effective for the needs of the people that use the service. One of the improvement included the installation of a new shower room.
- ☐ The provider and the maintenance person shared with us some of their plans for further improvement of the premises.

Supporting people to live healthier lives, access healthcare services and support:

- ☐ Staff supported people to maintain health needs. The provider had protocols in place for regular monitoring of people's health and wellbeing. We reviewed records which showed that prompt action was taken by staff in responses to changes in people's health needs.
- ☐ People's records showed that staff provided timely support for people to access relevant health care services. On the day of our visit, we observed staff made relevant referrals to health care professionals where people had been identified as needing their support.

# 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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People spoke highly of the care staff. They told us they treated them with care and respect. One person said, "I enjoy talking with the carers, the staff are super, I can't fault them, they are very good to me." A relative told us "The carers are brilliant, a lovely bunch and approachable. I have not met one I don't like."
- ☐ We observed that staff had good knowledge of people as individuals. They supported them in a kind and courteous manner. We observed several examples of positive interactions between people and the care staff.
- ☐ We observed that when staff provided support to people, they focused on the person receiving the support and not on the task they were completing. This showed that they treated people with dignity and care.
- ☐ A relative told us, "They [care staff] are very caring."

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

- ☐ People were involved in decisions about their care. We observed that staff communicated and took directives from people when supporting them with their daily tasks.
- ☐ Where people required support to be involved and make their own decisions, they were referred to and supported by independent advocacy professionals. Advocacy services support people to represent their interests.
- ☐ We spoke with a visiting advocate who told us the staff team provided the relevant support as required by them and the person they supported.

Respecting and promoting people's privacy, dignity and independence:

- ☐ Staff we spoke with gave us several examples of how they maintained people's dignity and privacy when they provided care and supported. This demonstrated their understanding and promotion of providing care in a dignified and respectful manner. A care staff told us, "We [care staff] talk to them all the time. They are human beings after all, like us, and you have to respect them."

# Is the service responsive?

## Our findings

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

Good: ☐ 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 were supported to engage in activities relating to their interests and hobbies. They were supported by a dedicated activities lead to access a variety of activities.
- ☐ People were supported to maintain relationships with the family and friends, and could receive visitors without any restrictions.
- ☐ The care people received was tailored to their individual needs. A relative told us, "They [care staff] understand [person] well, [person] has been here nearly [number] years. They care for [person] well we are happy with their care."
- ☐ Staff had good knowledge of the needs and preferences of the people that used the service. They told us that they listened to people and used the information in people's care plans to ensure they provided the right support for people. A care staff told us, "If they [people] can speak for themselves, then we ask them, but they have a care plan we can refer to as well. The families help us with that, so the information is in there for us."
- ☐ People were supported to follow their chosen faiths and beliefs. A care staff told us, "We have a vicar who comes in once a fortnight, some of the residents join in, some of them aren't bothered about joining in though."

Improving care quality in response to complaints or concerns:

- ☐ Most of the people we spoke with told us that they had not raised any complaints about the service. One person told us, "If anything's bothering me I tell my family, I wouldn't be here if I didn't like it."
- ☐ Care staff told us the people usually reported any concerns they may have to them. They told us that they in turn reported any concerns raised with the deputy manager or registered manager who would resolve the concerns. A visiting professional told us, [Person] did make a complaint about a staff member which was addressed by the registered manager.
- ☐ People had various avenues to raise any concerns or complaints that they may have. This included through verbal communication with staff, or through surveys and questionnaires.

End of life care and support:

- ☐ At the time of our inspection, no one was receiving end of life care and support.
- ☐ Staff told us that they had access to end of life training and would refer to this should they need to support a person requiring end of life care. A care staff gave us an example of how they had supported a person towards the end of their life to have a comfortable and dignified death. They said, "We [care staff] gave the person sips of drinks and encouraged them to eat food when they could. We gently washed their face and moistened their lips through the day."

## 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.

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 25 October and 2 November 2018, we found systematic and widespread failings in the oversight and monitoring of the service which meant people did not always receive safe care. We also found that the provider had made insufficient progress to improve the auditing and governance of the service as identified in our inspection on 15 May 2018. These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

At this inspection, we found the provider had made improvements and further improvements were still required in some areas. Improvements made were sufficient to demonstrate that the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

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

- ☐ We found that the provider had made improvements to involve people that used the service and their relatives in planning the service. They had developed avenues to collect feedback from people and their relatives. The registered manager told us that they were still in the process of collating and analysing the feedback they received. We reviewed some responses to the provider's questionnaire and saw that most people were satisfied with the service that they received.
- ☐ We found that the provider had not taken the same steps to involve staff in the improvements required at the service. A care staff told us, "[Registered manager] is lovely, but they need to communicate more with us. We don't know where they want us to go and what they want us to do. We feel in limbo."
- ☐ The provider did not demonstrate that they maintained a culture of open communication.
- ☐ Records of staff meetings we reviewed showed that information shared was focused on how to improve the rating of the home. There were no records showing that staff were supported to understand why improvements were required, the outcomes these would help people achieve and the role of staff in implementing this. This showed there was insufficient change in the culture of the service to maintain the improvements that had been made. We brought this to the attention of the registered manager to consider ways they could make improvements to address this.

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

- ☐ The service had a registered manager. The registered manager is also the registered provider. They were supported in their role by a deputy manager. We received mixed feedback about the support staff received from the registered manager. Some care staff felt supported by the registered manager, others told us they

did not find the registered manager supportive and approachable.

- Staff told us that they did not always receive relevant information associated with people's care in a timely manner. They told us that this meant that sometimes relevant tasks may not be completed satisfactorily.
- A care staff told us, "The general supervision of the carers in the day time isn't good. The carers do what they want, there is no one to follow up to see if things are being done correctly or have been done. There are seniors here, but they don't check that things are being done. There is no effective supervision of the carers really."
- They went on to give us an example how this could impact on people that used the service. They said, "If someone is supposed to have some cream applied, then that isn't always handed over to the next shift. We have to discover these things as we go along on our own." This corroborated our finding that staff did not consistently record the application of people's cream. This showed there was no clear system for delegating duties and passing on some relevant information within the care team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager had made improvements to the service. Following our visit, they sent us an action plan showing details of the completed improvements that we saw at during our visit. The provider did not demonstrate how they had developed the management processes at the service to ensure that they had systems that would support the sustainability of the improvements made.

Continuous learning and improving care:

- The provider had taken steps to make improvements to address the issues raised in their previous CQC inspections. We found that they had also made improvements to address issues raised by the commissioning authority and another regulating authority. The registered manager told us, "It was a wake-up call." They had made improvements to the premises, and the quality of care people received.
- Staff told us that they had seen improvements in the service. A care staff told us, "The décor is better now, a new bathroom has been put in, and radiator covers fitted. The staffing levels have increased in the day. The food has changed as well. They are now being offered a choice of what people want to eat, and most people seem to eat well and enjoy their food." They went on to say, "Generally things here are changing on a day to day basis for the better, compared to how they were."

Working in partnership with others:

- The registered manager was significantly supported by the local authority quality improvement team to improve the service. We saw evidence that the partnership was effective in addressing issues at the service.