

Aims Care Limited

Leighton House Private Nursing Home

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?

Good ●

Summary of findings

Overall summary

Leighton House is a care home with nursing support and is registered to accommodate up to 27 people. The majority of the people using the service are elderly and have care needs associated with cognitive impairments, such as memory problems or dementia.

There was a registered manager in place. 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.

At the last inspection on 21 October 2014, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were safe living at Leighton House. Staff understood any risks involved in their care and took action to minimise them. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. Staff understood their roles in keeping people safe and protecting them from abuse. Staff recruitment procedures were safe to ensure staff were suitable to support people in the home.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them.

Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

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

People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements were met. People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

People enjoyed living at the home and had developed positive relationships with staff and the other people who lived here. Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families. People were encouraged to be

independent.

People were encouraged to give their views about the service they received and the provider responded positively to feedback. People had access to activities. The registered manager was in the process of employing a new activities coordinator to increase the choice and frequency of activities for people.

The registered manager provided good leadership for the service. They were experienced in their role and communicated well with people, relatives and staff. Staff felt valued and had access to support and advice from the registered manager if they needed it. Staff shared important information about people's needs effectively. Team meetings were used to ensure staff were providing consistent care that reflected best practice.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

The provider and staff have continued to improve the service since our previous inspection. This included a completed redesign of the communal area to better meet the mental health needs of the people who live here.

Further information is in the detailed findings below.

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 remains Good.

Staff understood their roles in keeping people safe.

The provider had identified risks to people's health and safety with them, and put in place guidelines for staff to minimise the risk.

There were enough staff to meet people's needs and keep them safe. Appropriate checks were completed to ensure staff were safe to work at the service.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good ●

The service remains Good.

Staff had access to appropriate support, supervision and training.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell. The care provided by staff helped people to get better.

Is the service caring?

Good ●

The service remains Good.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy

and dignity.

Staff supported people in a way that promoted their independence.

People were involved in planning their care.

Is the service responsive?

Good ●

The service remains Good.

People received care that reflected their individual needs and preferences.

People had access to activities. The provider was reviewing the activity provision with plans to increase the choice to people.

People were encouraged to give their views about the service they received and these were acted upon.

Is the service well-led?

Good ●

The service remains Good.

The registered manager provided good leadership for the service.

Quality assurance records were up to date and used to drive improvement throughout the home.

People and staff were involved in improving the service. Feedback was sought from people via a survey and regular meetings.

Records were well organised and up to date.

Leighton House Private Nursing 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 service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 May 2017 and was unannounced. This was a comprehensive inspection carried out by one inspector, a nurse specialist and an expert by experience.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

During the inspection we spoke with three people who lived at the service and seven relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with the registered manager and three members of staff. We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

People were safe living at Leighton House. One person said, "Oh yes, it is a safe place." Another person said, "They Look after me and make sure there's somebody (staff) here in case they're needed."

People were protected from abuse because staff understood their roles in keeping people safe. One person said, "They always ask if you are alright." Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. Safeguarding was discussed in team meetings.

Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks. People confirmed they did not feel restricted, one person said, "They allow you to have control over your own life."

Accidents or incidents were recorded and reviewed to reduce the risk of them happening again. The registered manager and clinical lead reviewed all accident/incident reports to look for patterns that may indicate a change in a person's support needs. They also implemented any actions identified as necessary to prevent a similar event occurring had been implemented.

There were enough staff to keep people safe and meet their needs at all times. One person said, "There's plenty (of staff) to go around." A relative said, "They have a very good ratio of staff." The staff rota was planned to ensure there were sufficient staff with appropriate skills and experience on each shift.

People were protected by the provider's recruitment procedures. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked on staff's eligibility to work in the UK, to ensure they could be legally employed.

Staff carried out fire safety checks and fire drills were held regularly. There was a fire risk assessment in place and staff had attended fire training. The fire alarm system and firefighting equipment were professionally inspected and serviced at regular intervals. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather.

People's medicines were managed safely. One person said, "Oh yes that's all given to me daily and at specific times." All staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately.

The home was clean and hygienic. There was a cleaning schedule in place to ensure that people were protected from the risk of infection. Standards of infection prevention and control were checked regularly as part of the provider's quality monitoring system.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. When asked if they felt staff were well trained one person said, "Yes I think so; they're very friendly and helpful. They look sure of themselves." A relative said, "I've seen them use the hoist on my family member and they're very good, very gentle."

Staff had effective training to undertake their roles and responsibilities to care and support people. All staff attended an induction when they started work and had access to refresher training in core areas. Staff told us they were able to access any additional training they needed, either through the provider's own trainer or via e-learning.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the registered manager, as well as annual appraisals. Nursing staff had regular clinical supervisions to ensure they were up to date on training and meeting professional standards. These supervisions enabled staff to discuss any training needs and get feedback about how well they were doing their job and supporting people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. This was confirmed by the people that lived here. One person said, "I make my own choices, no one can tell me what to do." Another person said, "They ask before they help me, that's important."

People's best interests had been considered when decisions that affected them were made. The provider involved all relevant people, such as families and healthcare professionals, to ensure decisions were made in people's best interests. A relative said, "They explain things properly and patiently to my family member. They include us as well." Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to ensure they had enough to eat and drink to keep them healthy. A relative said, "its nice meals and they give the people what they like so that's a big thing." People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. People were protected from poor nutrition as they were regularly assessed and their weight monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. People had access to health care professionals such as GP's, opticians, and dieticians. Where people's health had changed appropriate referrals were made to specialists to help them get better. A relative said, "My family member had 2 or 3 lots of antibiotics because they had a chest infection. I was kept informed every step of the way."

Is the service caring?

Our findings

People told us they enjoyed living at the home and that staff were caring. One person said, "They're lovely, I can't fault them." Relatives told us their family members were happy at the home and enjoyed the company of staff.

Staff knew people well and understood how they preferred their care and support to be provided. One person said, "They chat a lot individually to people, so they find out about them and what they need to have. It's the conversations about how you feel." People were encouraged to make choices about their care and support. Support plans were reviewed to ensure they continued to reflect people's needs and wishes. People and their relatives were able to contribute their views to this process.

Staff treated people with dignity and respect. A relative said, "Whenever they walk past they acknowledge my family member, his presence, I thought that was very good." People and their relatives said they could have privacy when they wanted it and that staff respected this. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were very caring and attentive with people. People were supported by staff that knew them as individuals. Relatives said that the carers knew people well and knew how they liked to be cared for. A relative said, "They're very good, all the staff are very good. All you've got to do is ask and they'll tell you about my family member's day. They know about her as an individual. We took a long time in choosing a home for my family member, somewhere that was nice and as homely as possible, and it's the staff that do that." Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had.

People were encouraged to be independent, and be involved in their own care and support. One person said, "They come and wash me and dress me but I have the final say in what goes on." Another person said, "They do encourage me to help myself if I can, it's good because then I get some exercise and I don't feel totally useless."

People were supported to maintain relationships with their friends and families. A relative said, "The staff are quite good at what they do, they're very nice to me, they're very nice to families, very very welcoming. You feel you can ask them anything." Relatives were invited to events at the home, which were well attended, and people were able to invite guests whenever they wished. People were supported to access advocacy services if they wished.

Is the service responsive?

Our findings

People had access to a range of activities many of which focussed and promoted peoples well-being, physical and mental health. For example encouraging people to move around, or play puzzle games. However most of the people and relatives we spoke with felt there should be more to do. It is recommended that the provider review the activities on offer so that people have a choice of more individualised activity to suit their interests and hobbies. The provider was aware of the issue, as their activities person had recently left. A new activities worker was in the process of being employed. During our inspection care staff spent time with people talking to them, or encouraging them to take part in puzzles and quizzes, so activities were taking place. People were supported to go out into the local community if they wished.

People received care that was personalised to their needs. People and relatives were involved in their care and support planning. People's needs had been assessed before they moved into the service to ensure that their needs could be met. People's care and support needs were kept under review and support plans were updated if their needs changed.

People's choices and preferences were documented and those needs were seen to be met. One person said, "Staff respect my choices." There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly so they reflected the person's current support needs. A relative who had power of attorney for their relatives care said, "We have sat down with staff and gone through it (the care plan) and made suggestions." Further confirmation of people being involved in reviews of their care was given when a relative said, "Staff are very good at communicating with me."

There were appropriate procedures for managing complaints. People were supported by staff that listened to and responded to complaints or comments. People told us that they had no real concerns. A relative said, "They're very good really, as soon as you tell them something they sort it out straight away."

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the manager. One person said, "The atmosphere is very good, very friendly, very positive."

Relatives told us the registered manager communicated well with them and they could contact the registered manager whenever they needed to. They said the registered manager was efficient and provided good leadership for the service. One person said, "It's good, the manager comes over and talks to everyone." A relative said, "His (the registered manager) door is more or less always open, and you're not made to feel that you're being a pain. I've had no complaints."

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager provided good support to the staff team and to the people living at the home. Staff said they felt valued for the work they did. Team meetings took place regularly and were used to ensure staff were providing consistent care that reflected best practice.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

The registered manager was proactive in working towards continuous improvement. For example, extensive work had been completed on the home to make it more suitable for the people that lived here. The communal area had been transformed into a place to stimulate people's minds, by the use of old style shop fronts. In addition a large woodland scene helped to make the area tranquil and brought the outside into the home.

There was an established system of quality monitoring that ensured people received good quality care and support. Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out audits at night to see that people received a good standard of care at all times. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

People and relatives were included in how the service was managed. There were resident and relative meetings. These gave feedback to people on what was happening around the home, and the results of any surveys that had taken place. A relative told us, "I filled in a survey recently and my reply was put on their

website." People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

Records provided evidence that staff liaised effectively with other professionals and agencies about people's care when required. Records in the home, including people's care records, were well organised and up to date. Confidential information was stored securely and staff attended confidentiality training in their induction. The registered manager had introduced a paperless system for care planning and other records. This enabled staff to spend more time with people as they could complete daily records more quickly and accurately, than writing by hand.