

Shaw Healthcare (Ledbury) Limited

# Ledbury Nursing Home

## Inspection report

Ledbury Community Health & Care Centre  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ledbury Nursing Home is a residential care home providing personal and nursing care to 26 people at the time of the inspection. The service can support up to 36 people.

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

People were supported to stay as safe as possible by staff who understood what actions to take to reduce risks to their well-being. This included reducing risks to people's physical health and mental well-being. This was an area of improvement following our last inspection.

Staff used their skills and the equipment required to reduce the risk of people experiencing infections. Checks on the home environment were also undertaken and systems for identifying if there was any learning after safety incidents were in place.

Since our last inspection ongoing improvements had been made to the management and administration of people's medicines. People were supported by staff to have the medicines they needed to remain well.

Staff recruitment procedures were in place and appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. There were enough staff to support people's care and safety needs. Staff induction and on-going training was provided to support staff in gaining the skills, knowledge and support they needed to undertake their roles.

The views of people, relatives, staff and health and social care professionals were considered when people's needs were assessed, and their care plans developed and reviewed. People were supported to choose what they wanted to eat and to obtain care from health and social care professionals so they would remain well. The home environment was adapted in various ways to meet people's diverse needs.

Wherever possible, people's consent was gained before any care was provided. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The manager had come into post since our last inspection and was keen to promote a culture of support for staff where learning was promoted and improvements continued to flourish. The manager and staff team worked in partnership with other professionals and the local community to achieve good outcomes for people.

Following the last inspection, the management team had worked together to bring about continual improvements to ensure their quality checking and monitoring practices were more effective. The provider and management team had established a range of quality checks which were regularly completed to make sure people received quality care.

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

#### Rating at last inspection

The last rating for this service was requires improvement published 20 January 2021.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ledbury Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Ledbury Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a specialist advisor in nursing. One inspector and specialist advisor visited the home. One inspector gathered information from the management team via telephone conversations and email. Additionally, the inspector spoke with relatives over the telephone.

**Service and service type** Ledbury Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). A manager had been appointed and their application to become registered with CQC was progressing. The registered manager 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During our on-site visit to the home, we spent time seeing how people were cared for. 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 spoke with the home manager, quality improvement manager, regional operations manager, housekeeping, facilities manager and both nursing and support staff members on shift.

We looked at four people's care records including associated charts where these were required and multiple medicine records. We looked at a sample of records relating to the management of the service including accident and incident documentation, health and safety checks and fire safety policy and procedures.

#### After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. This included looking at additional documentation including a sample of completed audits and checks and staff training planner. We also spoke with three relatives of two people living at the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely; learning lessons when things go wrong

At our last inspection the provider had failed to manage risks to people safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management team had made and sustained the improvements required following our previous inspection to support people's safety.
- Risks to people were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people.
- Staff understood and applied their knowledge to their work where people required support to reduce the risk of harm. For example, pressure-relieving equipment and support with repositioning were used to reduce the risk of one person developing sore skin.
- Improvements had been made in the management of people's medicines since our last inspection. This included maintaining up-to-date medicines administration records to reflect the support people received to have their medicines as prescribed.
- Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.
- Checking systems were regularly maintained to make sure medicines were stored and disposed of safely.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.
- The provider and management team took onboard learning when things did not go as planned such as staff not accurately completing important records. For example, there were gaps in a person's repositioning chart which did not provide evidence that repositioning was being carried out at the frequency required. The gaps in the chart were noted by the quality improvement manager and reminders had been sent to staff.
- Any event or incident was seen an opportunity to reflect on practice and continually improve outcomes for people.

Systems and processes to safeguard people from the risk of abuse

- People were supported to raise any safety concerns they may have and to understand how to keep safe.
- Relatives told us staff knew their family members well and kept them safe. A relative told us, "They (staff)

help (family member) to keep safe and do look after (family members) needs. I have no concerns."

- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us they would report any abuse concerns to the management team without delay and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

#### Staffing and recruitment

- Relatives we spoke with believed there were sufficient numbers of staff on duty to meet people's needs.
- At our previous inspection two people were not supported with their meal in a timely way to ensure they were able to enjoy their meals whilst they were warm. During this inspection, we found the staffing arrangements supported staff to safely meet people's care and support needs.
- The staffing rotas showed staffing arrangements was kept at the level deemed safe by the provider with the management team reviewing staffing. When there were shortfalls in staff due to unplanned absences the management team had taken action, which included obtaining agency staff.
- Staff recruitment was ongoing and where staff had been recruited this was completed safely. New members of staff were subject to pre-employment checks to ensure they were suitable to work with people who lived at the home.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home and regularly reviewed. This included information on their likes, dislikes, spirituality and sexuality as well as their care and support needs.
- Unlike our previous inspection daily records reflected appropriate terminology when describing people's needs.
- The views of other health and social care professionals were also considered when people's needs were assessed.
- Management and staff had access to the provider's internal communications network to help keep themselves up to date with any changes in the law or best practice guidelines.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were provided with the training they required to meet people's diverse needs and staff felt supported by the manager.
- Staff had the skills and knowledge to support people. Relatives felt staff were experienced in caring for their family member. A relative said, "Staff help my (family member) in the best possible way with their care needs."
- New staff members completed a structured introduction to their role and ongoing support.

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

- People were supported to maintain a healthy diet and to receive food and drink in accordance with their needs and preferences.
- At lunchtime staff were permanently on hand to support people if needed. However, people were able to eat undisturbed and unaided unless the person indicated they needed assistance.
- Where people required a specific diet, such as a soft consistency, this was provided.
- Staff monitored people's food and drink where concerns were identified.

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

- People saw healthcare professionals when they needed. This included doctors, advanced nurse practitioner (nurses able to prescribe medicines) and dentists. Relatives told us their family members health needs were fully promoted. A relative said, "They (staff) are very informative about (family member's) health."

- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. For example, staff recognised the importance of oral health care and people had access to a dentist. Oral healthcare was included in people's care plans.
- Staff helped people access social workers when their needs both emotionally and physically required reviewing or, where appropriate, emergency medical services in the event they became unwell.

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

- The home environment had been designed and decorated to create a homely feel whilst meeting people's diverse needs with the equipment each person required. For example, people were able to personalise their individual rooms as they chose with their own cherished possessions and specialised equipment was in place to support people's physical needs.
- Bathrooms were adapted to ensure they could be accessed by all.

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

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS. Staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the management and staff team followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (Good Governance) Of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection a newly appointed manager had come into post whose application to become the registered manager with the Care Quality Commission was progressing.
- The manager was clear what was expected of their role which included working on a service improvement plan which reflected the ongoing improvements being made to support safe care and practices. The manager was being supported by the provider's extended management team including the quality improvement manager to drive through the improvements.
- There was a clear staffing structure in place and staff were clear about their role and responsibilities. Staff consistently told us they felt well supported and the management team were always available if needed and they enjoyed their work.
- Meetings with staff took place to discuss the running of the service, reinforce areas of good practice and areas for improvement.
- The management team had made improvements in identifying, reviewing and acting on the outcomes of our last inspection. This included taking action to ensure people received their medicines as prescribed, all medicines were stored safely, adhering to potential fire safety risks, such as cupboard doors not closed and making sure all care records were held securely.
- The improvements were achieved by amongst other things, strengthening the effectiveness of the provider and management team's quality assurance activities and ensuring learning for staff was in place.

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

- There was a positive and open culture at the home, where staff and management alike wanted people to receive the best outcomes in their care. For example, the manager immediately acted on information shared by the inspector to ensure a person's needs were being met.
- Staff told us they enjoyed providing people's care. Staff commented on the management team being

approachable and there was a strong sense of teamwork between the current staff team. A staff member told us, "Things are getting much better here. The new manager has made a difference. Communication and team working are much improved."

- Staff spoke about people they supported with a clear commitment to people's continued health and wellbeing.

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

- The management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People were encouraged to be involved in their care and staff took time to make sure people's choices and preferred routines were maintained. Relatives told us they were fully involved in their family members care and praised the staff for their caring ways. A relative said, "They (staff) involve me in any decisions" and "I could not have picked a better place."
- In response to the COVID-19 pandemic staff supported people to stay in touch with their loved ones whilst continuing to follow government guidelines.
- Staff told us they worked well as a team for the benefit of people who lived there. There were handover and staff meetings, so all staff were kept up to date and made aware of any changes.
- The management and staff team took account of people's individual needs including preferred lifestyle choices. For example, people were supported to personalise their individual rooms.
- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.