The Foundation of Lady Katherine Leveson

The Foundation of Lady Katherine Leveson

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 28 October 2014 and was unannounced.

The Foundation of Lady Katherine Leveson provides care for older people. The home can support a maximum of 30 people. On the day of our visit there were 28 people living in the home. Eleven people lived in the main house and 17 people lived in ground floor flats around a cobbled central courtyard attached to the main building. There were also 13 flats offering sheltered accommodation. Communal areas in the main house included a large lounge area, a dining room, a room where people could follow their interests and hobbies and a small 'quiet room'.

Summary of findings

We last inspected the home in November 2013. After that inspection we asked the provider to take action to make improvements to ensure people were protected against the risk of receiving care that was inappropriate or unsafe. We also asked them to improve the staffing levels and to make improvements in how the quality of the service was monitored. The provider sent us an action plan to tell us the improvements they were going to make, which they would complete by 18 April 2014. At this inspection we found improvements had been made in all areas reviewed. This meant the provider met their legal requirements.

The home is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection, this service did not have a registered manager in post. A new manager had been appointed in September 2014 and was in the process of applying to the Care Quality Commission to become the registered manager of the service.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Staff were aware of people's individual risks and how those risks were to be managed. There were a system of checks in place to manage any environmental risks.

Medication was managed appropriately and people received their medicines as prescribed.

Staff told us they received training, supervision and encouragement to gain further qualifications which supported them in meeting people's needs effectively.

The manager understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They had identified a person who was at risk of having some of their movements restricted and was making the appropriate application to the local authority.

We saw meals were a sociable occasion and people clearly enjoyed their food. People told us they were offered drinks and snacks throughout the day.

Staff were friendly and supported people's needs well. People told us that when staff delivered personal care, they treated them with dignity and respect and supported their independence to do as much as they could for themselves.

We saw care plans supported people's individual preferences and needs. Some people's information had not been updated consistently so it was not always clear what the most current assessment of their needs was.

People told us they were supported to pursue their interests and hobbies which kept them occupied and stimulated. During our visit we saw a great deal of laughter as some people enjoyed singing and dancing in front of a karaoke machine.

People who lived in the home and staff told us they were happy with the new manager and confident they would respond to any concerns. Staff told us the manager had made a positive impact on the home in the short time they had been in post.

The manager had established systems to obtain people's views about the service provided and engaged with external organisations to improve the quality of care provided. The home had good links with the local church and schools and the manager was keen to develop those community links further.

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?

Good

The service was safe.

People who lived at the home told us they felt safe. Staff understood their responsibilities to report any safeguarding concerns and felt confident to do so.

There were sufficient staff on duty to meet people's needs.

There were systems in place to identify and manage risks to keep people safe.

People's medications were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

There were systems in place to ensure staff received training and supervision to support them in carrying out their roles effectively.

The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

Arrangements were in place to ensure people received adequate nutrition and hydration. People were referred to other healthcare professionals when a need was identified.

Is the service caring?

Good

The service was caring.

People were impressed with the quality of care they received and the kindness of staff.

Staff were friendly and people were relaxed in their surroundings.

Staff supported people at their preferred pace and knew the people they supported well. Staff maintained people's privacy and dignity when providing support.

Is the service responsive?

Requires Improvement

The service was mostly responsive. Care records were personalised but not always updated consistently.

People were supported to pursue their interests and hobbies. The service had good links with the local community.

Complaints were responded to in line with the provider's complaints policy and procedure.

Summary of findings

Is the service well-led?

Good

The service was well led.

Both people and staff were positive about the leadership within the home. The manager had introduced systems to involve people, their relatives and staff in improving the quality of service provided and was responsive to concerns raised.

The manager was engaging with external organisations to support staff in developing their practice for the benefit of people who lived in the home.

The Foundation of Lady Katherine Leveson

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.

This inspection took place on 28 October 2014 and was unannounced.

The inspection team consisted of two inspectors and and expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience used for this inspection had experience of working in residential care and caring for older people with physical and dementia care needs.

Before the inspection we asked the provider to complete 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. What we saw during our inspection reflected the information provided.

We looked at the notifications sent to us by the provider. These are notifications the provider must send to us which inform of deaths in the home, and any incidents that affect the health, safety and welfare of people who live at the home. We also looked at any information we had received from the public.

We contacted staff from Solihull local authority unit who are responsible for monitoring the quality of care of people they provide funding for. They did not have any information of concern.

During our inspection we spent time observing how staff interacted with people who lived in the home. We spoke with eight people, four care staff and the maintenance man. We also spoke with the deputy manager and the manager.

We looked at two people's care records, records to demonstrate the manager monitored the quality of service provided, three staff recruitment records, records of staff meetings and complaints.

Good

Is the service safe?

Our findings

When we inspected the service in November 2013, we found there was a breach in the Health and Social Care Act 2008 and associated Regulations. There were insufficient staff to meet the needs of people and people's needs were not always reflected in their risk assessments and care plans. We asked the provider to send us an action plan telling us how they would make improvements. At this visit, improvements had been made to ensure there were enough staff to meet people's needs and any risks to their health and wellbeing were managed.

We asked people whether they felt safe. One person told us, "I feel safe, comfortable and well cared for." Another person said, "It's alright living here. People are nice and kind and they look after me good and they keep me well and safe." One person told us, "My personal belongings are kept safe as I have a lock on my door."

We found there were processes in place to protect people from abuse and keep them free from harm. Staff we spoke with had a good understanding of what constituted abuse and the action they should take if they were concerned a person who lived at the home was being abused. One staff member said, "I would report it if I had concerns. I treat people here as family. I would not want anything to happen to them." Another member of staff told us they would consider potential abuse if a person was talking or acting differently to normal or had bruises that could not be accounted for.

We asked staff what they would do if they witnessed another member of staff shouting at a person who lived at the home. One staff member said, "I would tell the staff to leave and go and report it to the manager. I would expect the manager to deal with it. If they didn't there's a number in the staff handbook I would ring." Another responded, "If someone was shouting at a resident I would interfere, ask the member of staff to leave and calm the resident down. I would inform management. If management did nothing, I would take it further and inform social services." Staff had a good understanding of safeguarding policy and procedures.

There was information displayed within the entrance to the home informing people and visitors how they could raise any safeguarding concerns directly with the local authority if they witnessed or suspected abuse in the home.

We saw individual risk assessments in people's care records. Staff we spoke with confirmed they looked at the risk assessments. They were aware of any identified risks relating to people's care and how those risks were to be managed. Staff told us they had recently been given more responsibility in planning people's care which provided them with a better understanding of the risks to people's health and wellbeing.

The home is set within a historical building and surrounds. The path outside is made of cobble stones. One person told us, "One thing is that I don't like the path outside, it's like cobble stones and that's not safe as I might fall over. The girls [staff] always come and support me to go to the dining areas to make sure I'm safe." To manage the environmental risks, we saw there was a system of weekly and monthly health and safety audits of the building and grounds. The audits identified any necessary repairs that needed to be carried out in order to keep people safe. For example, a recent audit had identified some cobbles in the courtyard were loose. They had been promptly repaired so people with limited mobility were not put at risk.

The manager told us there was a process of continually assessing and identifying risks within the building. For example, they had recently changed the solid wood panels in a frequently used door to glass as they had identified there was a potential risk to people when it was opened. People could now see through the door to check there was nobody the other side before they opened it. This had reduced the risk of harm to people mobilising around the home.

Staff we spoke with knew how to evacuate the building and the procedures for evacuation. There was a contingency plan in place should an emergency occur that meant people could not return to the building. Staff were aware of the need to call 999 in the case of medical emergency.

We saw people's falls within the home were recorded and analysed to identify any trends. Where necessary, actions were taken and equipment put in place to reduce the risk of further falls. A member of staff told us that people at risk of falls were monitored every hour to keep them safe.

People we spoke with told us there were enough staff to meet their needs. One person told us, "There seems to be enough staff around to help me and keep me healthy." We saw sufficient numbers of staff on duty to meet people's needs. Interactions between staff and the people living at

Good

Is the service safe?

the home were not rushed. People's requests were responded to promptly. One person told us, "When I press my call button staff always come and see what I want within a few minutes." Another person told us, "The call bells are pretty well answered straightaway."

Staff we spoke with told us the provider had carried out employment checks on them before they started working at the home. We looked at the files for three members of staff. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and health screening. These checks ensured staff were suitable to work with people who used the service.

We spoke with people about how their medication was managed. They told us care staff supported them to take their prescribed medicines. One person told us, "Staff give me my medication at the same time every day. It saves me worrying about it."

Each person's medicines that were to be administered at set times of the day arrived in individual vacuum sealed pots from the pharmacy. This reduced the possibility of errors being made. Medication was ordered and received in good time so any problems could be sorted out before the monthly medication cycle began.

We found medicines were stored safely and securely and kept in accordance with manufacturer's recommendations to ensure they remained effective. Controlled drugs (CDs) are drugs that require extra checks when being booked in and administered. We found the storage, administration and recording of CDs met safety requirements. There was a procedure in place to ensure any unused medication was disposed of safely.

Only staff who had been trained in the safe handling of medication could administer medicines. We saw a senior care worker administering medicines to people at lunchtime. They ensured people took their medicines before recording that they had been taken on the Medicine Administration Record (MAR). One person told us, "The staff give me my medication during the day and they make sure that I take it with water."

Good

Is the service effective?

Our findings

People we spoke with told us they were happy with the support they received from staff. Staff told us and records showed that other health professionals, such as opticians, dentists, chiropodists and dieticians visited the home regularly. The General Practitioner (GP) visited the home every six weeks to provide an 'in house' surgery. One person told us, "The GP comes and sees us every now and again and that keeps me healthy." Another said, "When I'm not feeling very well staff have arranged for my doctor to come and see me." The provider supported people to receive appropriate advice that continued to meet their individual healthcare needs.

Care staff told us they had an induction to the home which included observing an experienced member of staff for a period of time. They also described how the provider supported them to obtain qualifications in health and social care. One staff member said, "I have an NVQ 2 (National Vocational Qualification) and have recently passed my NVQ 3." Records showed all staff were registered to complete qualifications in health and social care. The manager was a designated mentor for staff development. These qualifications ensured staff had the necessary skills and knowledge to support them in meeting people's needs effectively.

Staff told us they had received training in areas such as the safe moving and handling of people, keeping people safe, infection control and health and safety. The manager had prepared a detailed training plan for all staff. The plan ensured staff received training in all areas the manager had identified as essential to meet the needs of people living in the home by February 2015. This training included dementia care, falls prevention and nutrition awareness. This training would help support staff in delivering effective care.

The manager had instigated a 'learning library' in the staff room. This was a set of books, pamphlets and leaflets about different aspects of care, including dementia, dignity and privacy. The manager explained this provided staff with a learning opportunity outside formal training.

Staff understood their roles and responsibilities. They confirmed they received regular supervision and had been given good support by the new manager.

Staff we spoke with understood people had the right to make their own choices if they had the mental capacity to do so. When people did not have capacity, families were involved in decisions in their relative's 'best interests'. We saw staff checked with people that they consented to daily activities. This included choosing food from the menu, and where they wanted to go within the home.

People we spoke with confirmed staff sought their consent before providing support. One person told us, "When staff help me with my personal care they tell me what they would like to do and how they are going to do it and ask if that's okay with me." Another person said, "Staff always ask for permission before they do anything for me."

The CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). DoLS make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The manager was aware of recent changes in DoLS practice. They were currently completing an application to the local authority for one person who had been identified as potentially having some of their movements restricted. The provider was ready to follow the requirements of the DoLS.

There were arrangements in place to ensure people received good nutrition and hydration. At lunch time we saw the tables were laid nicely and it was a social experience for people. People were provided with a choice of food and drink and the meals were well presented and hot. Serving dishes and jugs were placed on the tables so people could help themselves to vegetables and gravy. There was a warm relaxed atmosphere in the dining room and people told us they enjoyed their food. One person told us, "The food is really good, hot and tasty and well presented on the plate. There are often two or three choices to pick from the menu."

We saw people who required more support when eating, received it in a respectful way that encouraged independence. One person had adapted cutlery so they could eat without support. Another person had a soft diet. This had been plated so the person could distinguish and enjoy each individual food item.

We saw people were offered snacks and drinks through the day. One person told us, "There is always something around for me to eat if I'm hungry. Sometimes the staff come around with chocolates and there is the fruit bowl

Good

Is the service effective?

and plenty to drink as well." Another person said, "The food is really good and there are snacks around during the day as well. The staff come around with drinks during the day but if I'm thirsty, staff will get me a nice cup of tea."

Good

Is the service caring?

Our findings

People we spoke with were positive about the care they received at the home. One person told us, "I like it here, if I didn't I wouldn't be here. Staff are nice, kind and cheerful." Another person said, "It's a pretty amazing place this home. The staff look after me very well and they treat me nicely and don't talk down to me." One person said, "What's nice is that staff know me and how to care for me." All the people we spoke with were very impressed with the quality of care they received and the kindness of staff.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were friendly but respectful, and people were relaxed in their surroundings. There was a lot of laughter between staff and people who lived in the home. One person told us, "The warmth and care from the staff is lovely, they are always laughing and chatting which makes for a homely, warm atmosphere." Another said, "It's nice that the staff stop and talk to me, that makes me happy."

We saw staff supported those who needed assistance with walking or eating at the person's pace and people were comfortable asking staff for assistance.

Throughout our visit people were seen making choices. For example, about whether they wanted to stay in their rooms or go into the communal lounge or whether they wanted to be involved in activities. One person said, "Staff respect my decision to stay in my room as I only go to the dining room for my lunch." Another person told us, "What I do like is going to bed and getting up when I want. Sometimes it is as late as 10.00pm." Another said, "It is so nice that I can get up and go to bed when I want to."

We asked people if when providing personal care to them, staff retained their dignity and treated them with respect. People told us they did. One person told us, "Staff treat me with respect and they ask if I'm okay and is there anything that I wanted or needed." Another said, "When the girls help me with my shower they are careful and I feel safe, but they will only do what I can't, like my back and that helps me to keep my independence."

Staff we spoke with understood how to treat people with dignity and respect. They told us they would shut doors and curtains if providing personal care, and use towels to cover parts of the body not being washed to maintain people's dignity. Staff told us they tried to ensure people maintained their independence. "We try to get them to do as much as possible for themselves and only give support where they need it. I don't want them to lose their independence."

We saw people's preferred names were recorded in their care plans and during our visit we saw staff use them.

Requires Improvement

Is the service responsive?

Our findings

People told us they had contributed to the planning of their care. One person said, "Staff talk to me about the care that I want and need. I think it is written down somewhere." Another person said, "I'm not sure what a care plan is but staff talk to me about what I need and they provide it to me." One person responded, "I can't remember if people talked to me about how to care for me, but they know what I like doing."

We found care plans were individualised. They informed staff about what people liked to do during the day and how they were to deliver care and support in a way each person preferred. People's likes and dislikes were also recorded.

The manager had recently introduced a new keyworker system. A key worker is a named member of staff who works with the person to obtain information so care can be personalised. They also act as a link with the family. The manager explained the system would provide people and their families with another opportunity to have a say about their care and what was important to them. We were unable to assess the effectiveness of this system as it had only recently been implemented.

We looked at two care plans in detail. In one care plan we could not easily see what the most current assessment of the person's needs were. This was because information in one part of the record had not always been transferred to another part of the record. For example, a person had recently lost their appetite and their weight had dropped. They had been referred to the dietician. The records had not been consistently updated to reflect the impact of the person's nutritional and hydration needs on their mobility and skin integrity. This meant the person might not consistently receive the care they needed to meet all their healthcare needs.

We saw people taking part in a variety of activities. In the morning some people joined in karaoke singing. They were reading and singing from the karaoke screen with the microphone. One person was dancing with a member of staff. Other people preferred to sit and watch. In the afternoon some were supported to visit a local pond to watch the wildlife. People we spoke with confirmed that they were supported to pursue interests and hobbies. One person told us, "There are lots of activities to do that keep me occupied and stimulated." Another person said, "There are lots of activities to keep me busy, we sometimes go out in the minibus and do things in the community."

There were good community links with the church and the primary school attached to the site. The manager explained that they were also developing links with the local secondary school. For example, a senior school pupil was coming to the home to provide IT support to people, such as learning how to make voice and video calls over the internet. The manager told us they were keen to encourage an environment of mutual learning where people in the home shared their life experiences with the young people.

The garden had a bowls pitch so people could play bowls. A volunteer attended the home to support people with this activity.

Relatives and visitors were able to visit the home at any time. People were encouraged to maintain relationships with people important to them.

People told us they would not hesitate to raise any concerns they had. One person told us, "I would talk to staff if I was unhappy or needed to complain. I think there's a residents meeting next week where we can discuss our issues." Another said, "If I wasn't happy about something I would chat to the staff and they would put it right."

Information displayed within the home informed people and their visitors about the process for making a complaint. There were also forms available at the front desk for people to complete if they had any concerns, 'grumbles' or complaints. The outcome of these was written in the book so people could see how they had been responded to.

We looked at the complaints received in 2014. We saw three complaints recorded. One was a 'grumble' but had been followed through in line with the complaints policy as the manager felt it important to investigate the issue more thoroughly. Letters responding to the complaints provided information about the action taken to investigate the concerns, the outcome of the investigation and the actions taken to address any issues identified. This meant people could be confident any complaints would be dealt with in line with the complaints policy.

Good

Is the service well-led?

Our findings

When we inspected the service in November 2013, we found there was a breach in the Health and Social Care Act 2008 and associated Regulations because systems were not in place to assess and monitor the quality of the service. We asked the provider to send us an action plan and tell us how they would make improvements. At this visit, improvements had been made. The manager used a variety of systems to identify areas where action was needed to improve the quality of service provided to the benefit of people who lived in the home.

People we spoke with were positive about the leadership within the home. One person told us, "The new manager is nice, he stops and chats to me and sometimes he sits and has a meal with me." Another said, "The new manager is very good and he talks to me as a person, not a resident." One person said, "It is very pleasant living here, if not I would tell [the manager]."

The manager was appointed in September 2014 and was in the process of applying to the Care Quality Commission to become the registered manager of the service. The manager had demonstrated clear management and leadership in the seven weeks they had been in post. They had turned the culture of the home around so it encouraged communication and a desire to continually improve.

Staff told us they felt able to go to the manager with any concerns and these concerns would be listened to. Comments from staff included, "He is a good man [manager], whatever you need you can mention to him", "He's very good, he know what he's doing, he's happy to muck in" and "The manager wants the best for everyone, always approachable, I feel I can talk to [the manager] about anything regarding work". Staff also told us they had been given more responsibility within the home. For example, staff were now involved in care planning and were key workers for people.

Staff had been issued with job descriptions which ensured they had a clear understanding of their role and responsibilities within the home. The manager had also undertaken an interactive quiz with the senior team which looked at responsibilities, expectations, judgement, accountability and knowledge. This quiz supported the manager in identifying any areas where senior staff needed additional training and support to carry out their role. The manager explained, "We are slowly increasing responsibility of staff. The seniors have not been allowed to flourish."

We found one of the first tasks completed by the manager was to review the policies used within the home. The manager had gone through the policies during supervision to ensure staff were aware of procedures and carried out their roles consistently. A senior member of staff confirmed they had gone through the medication policy during their supervision.

The manager had held seven meetings with different staff groups in the short time he had been at the home. We looked at the minutes of those meetings. We saw staff took turns to chair the meetings and were encouraged to provide feedback on the quality of the service provided. One member of staff told us, "We talk about things, no one is shy here to say anything."

The manager had developed a "Guide for Living" as a service user guide which was in every person's room. A person living at the home had contributed a section of the guide under the heading 'A Resident's Perspective'. This meant people were involved in making valued contributions to how the service was run. The manager had also introduced a monthly newsletter which was sent to people and their relatives. They explained this would support people in making suggestions about the service as they felt well informed.

We found the manager was responsive to concerns raised by people or their relatives. For example, we highlighted that there was a queue to the downstairs toilet prior to lunch being served. People told us they were not happy about this. The manager told us he was aware of the concerns and had already held discussions about how to use the downstairs space to add another toilet. The costings had been submitted to the management board for approval.

The manager had arranged for a person from an organisation which supports innovation in dementia care to visit the home. The person was going to recommend how the environment could be improved to meet the needs of people living with dementia and then deliver training to all the staff. It had been agreed they would work with staff after the learning session to ensure staff had

Good

Is the service well-led?

understood what they had learned and that learning was being implemented. The manager was keen to drive improvement in the quality of care provided to the people who lived in the home.

The provider is a small charity and had appointed a larger charitable organisation to provide consultancy support. This was provided through a process of audits, feedback and guidance for the manager.