

Imperial Care Homes Limited

Letheringsett Hall

Inspection report

Holt Road
Holt
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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

This inspection took place on 1 September 2017 and was unannounced.

Letheringsett Hall provides accommodation and care for up to 20 older people. At the time of this inspection 17 people were living in the home.

Our previous inspection in July 2016 identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to implementation of the Mental Capacity Act 2005 and the governance of the service. This September 2017 inspection found that improvements had been made in both of these areas and that the provider was no longer in breach of these regulations.

The provider was one of the two registered managers for the service. However, the registered manager who managed the service on a day to day basis had left five weeks prior to this inspection. A new manager had been appointed. They told us that they would be applying for registration. In the meantime the provider was at the service on a daily basis managing the home and overseeing the transition to the new manager.

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.

People felt safe living in the home and were cared for by staff that treated them considerately and with respect. There were enough staff to meet people's needs and provide them with caring, prompt and effective support. People's medicines were managed safely and administered as prescribed for them.

Assessments of people's ability to make decisions about their care had been completed and appropriate applications were made to the local authority's DoLS team when required. People's independence was supported without their safety being compromised. People's healthcare needs were managed well and people had access to a range of healthcare professionals. The service regularly sought the views of people about the standard of service that they received.

People liked the food and the service sought to provide as much homemade food as possible. Staff were trained and well supported to undertake their duties.

The home was well led and worked effectively with healthcare professionals. People knew the provider and the manager well. A smooth transition to the new manager was underway.

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.

Risk to people's welfare were identified and plans were in place to reduce risks as far as was possible.

People received their medicines as prescribed for them.

There were enough staff to meet people's needs. Recruitment systems were in place, however on one occasion these had not been followed.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to ensure that the service operated in accordance with the Mental Capacity Act 2005.

People were looked after by staff who had received the necessary training to support and care for them effectively.

Arrangements were in place to support people with their health needs.

Is the service caring?

Good ●

The service was caring.

Staff were positive about the staff that supported them.

Staff were friendly, patient and respectful.

People, and their relatives when appropriate, were involved in deciding what care was provided.

Is the service responsive?

Good ●

The service was responsive.

Care planning was person-centred and people's individual choices and preferences supported.

Staff had a good understanding of people's needs and preferences.

There was a complaints system in place and people knew how to make a complaint.

Is the service well-led?

The service was well led.

Improvements had been made to the governance of the home.

The provider had ensured that a smooth transition was underway to the new manager.

Good ●

Letheringsett Hall

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 1 September 2017 and was unannounced. One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us over the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local authority and two health professionals familiar with the home for their views on the service.

During our inspection we spoke with twelve people who used the service and five visiting relatives. We also spoke with the acting manager, two deputy managers and three care staff members. We viewed the care records for four people and the medicines records for four people. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, compliments and complaints, quality monitoring audits and minutes from meetings held.

Is the service safe?

Our findings

We spoke with twelve people living in the home, all of whom told us that they felt safe. One person said, "I feel really at home here and have no concerns about my safety." Another person told us, "I feel very safe here and cannot fault it. If I need any help they are very good at turning up."

People were protected from avoidable harm and abuse by staff that had been trained in safeguarding. Staff we spoke with understood the scope of issues that might require a safeguarding referral to be made to the local authority. The service had a safeguarding policy. Whilst the service had not needed to make any safeguarding referrals in the last twelve months, systems were in place to ensure that if they needed to do so they would follow the local authority's safeguarding procedures.

People's care plans contained risk assessments which enabled staff to assess the level of risk people were exposed to, for example the risk of falls, of not eating or drinking enough or from developing pressure areas. Where a risk was identified we found detailed guidance for staff to help them minimise the risks to people's welfare. We found that the appropriate actions were being taken. For example, we saw risk assessments that detailed what actions were necessary to help reduce the risk of pressure areas for some people. We checked and found that people were using the pressure relieving equipment identified as necessary in their risk assessments. One person at risk of falls kept a personal alarm with them at all times.

Accidents and incidents were regularly reviewed. Whilst there were few of them, the system in place would identify if patterns emerged, for examples times of the day when the incidents occurred. This would enable the provider to determine whether changes were necessary in the way the service was run to help reduce the frequency of incidences and consequently the risks to people.

Environmental risks were well managed. The provider made sure that utilities and equipment were inspected and serviced regularly. The provider had taken action to address areas we identified as requiring attention at our previous inspection in July 2016. The lighting in some darker areas of the home had been improved and the legionella risk assessment was now robust.

People told us that there were enough staff to meet their needs. One person said, "If I need to press my buzzer they always turn up fairly quickly." Another person told us, "If I need any help there is always someone about." We saw that throughout the day there were enough staff on duty to support people. A staff member told us "Yes, we have enough staff to support people. We have one staff member on overnight, but two senior staff live in, and there is always one of them on call."

The provider had recruitment checks in place to ascertain whether staff were suitable for their role. These included seeking references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. However, one person had commenced their induction without references or a DBS check being received. These arrived the following week. This was not safe practice. Other recruitment records showed that other staff had not commenced work without these checks having been carried out satisfactorily first.

People told us that they received their medicines on time. One person told us, "I get my medication when I should and staff always make sure I have taken it before they move on to someone else." People's medicines were delivered to the home each week in pre-packed dosette boxes made up by the pharmacy. The manager showed us how they checked each individual compartment against tablet recognition and description charts when the medicines were received. Prior to administration the staff member administering the medicines would do this again. This helped ensure people received their medicines as prescribed.

Medicines were stored at a safe temperature and medicines requiring extra precautions were stored and administered in accordance with specific requirements. We saw that the positioning of pain patches was alternated to ensure people's skin did not become sensitive. Guidance was in place for staff to help them identify when it was appropriate and safe to administer medicines prescribed for people on an 'as required' basis.

Is the service effective?

Our findings

Our previous inspection of July 2016 found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they had not adequately implemented the requirements of the Mental Capacity Act 2005.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that the improvements made meant that it was. Staff had received training in MCA and DoLS and were able to tell us about how their knowledge was implemented into the day to day support that they provided to people. We noted that information and guidance about mental capacity was prominently displayed in staff areas.

People told us and we observed that staff sought people's agreement before providing them with assistance. This was done in a conversational way. One person told us, "They always make sure that I am happy with what they are doing"

Care records relevant to people's mental capacity had been improved. When appropriate people's ability to consent to specific aspects of their care was assessed. A DoLS application had been submitted in respect of one person. The local authority ultimately decided that this had not been required because the person had subsequently settled in the home and was able to consent to being there. The application demonstrated that the provider would take the necessary actions when relevant circumstances arose that might require a DoLS application to be made.

Consequently, we were satisfied that the provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were confident that staff had the necessary skills to support them effectively. One person told us, "They know what they are doing when they care for us here." Another person told us, "They certainly know how to care for me when they help me move around."

The provider had a training system in place which tested staff knowledge and application of their training once received. If staff failed to score sufficiently highly then they received additional support before being re-tested. Training in a variety of areas including moving and handling, mental capacity and first aid

was up to date, underway or dates had been arranged. Staff received regular supervisions and appraisals.

One staff member told us about their induction and training programme and how well they felt this had prepared them to care for people in the home. They were confident that the ongoing support from senior colleagues, the manager and the provider meant that they were able to provide a high standard of care for people.

People told us that they enjoyed the food and drink. Menus were on display and people were offered choices. Meals were served in an attractive dining room overlooking the landscaped gardens. The large formal dining table was attractively laid with napkins and condiments. One person told us, "The food here is very nice and it's nice to sit down to meals with everyone else."

We spoke with the cook who told us how they mainly used fresh produce and showed us their fruit and vegetable delivery received on the day of our inspection. They told us that food was routinely fortified to increase nutritional value for people and described how they modified some recipes to make them more suitable for people requiring a diabetic diet. Most of the cakes and biscuits were homemade which people told us that they enjoyed.

People told us that they were supported to access the support of health professionals when necessary. This was supported by people's care records. We saw that a variety of health professionals attended to people's needs when necessary, for example GPs, community nurses and specialist continence advisors.

Health professionals were positive about the way the service engaged with them to support people living in the home. A health advisor told us that the staff were accommodating, open to suggestions and were proactive in supporting people with their health needs. A GP who attended the home on a regular basis told us that staff were well informed about people's health needs and they sought their support appropriately.

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff that supported them. One person said, "The care we get here is excellent. The staff are all very kind and are always polite." Another person told us, "The staff are very polite and always put you first. A third person told us, "I am very happy with the care I get here. They treat me with real respect."

We observed that staff were friendly and chatted amiably with people throughout the day of our inspection. We observed one person chatting cheerfully with a member of the domestic staff who was cleaning their room. The person whispered to us behind the staff member's back, "She's so lovely."

A staff member told us how they wanted to provide the highest standard of care to people and in particular to help fill a void for those who did not have many visitors. The staff member told us, "This home is their whole world and it's our responsibility to make it the best it can possibly be for them."

Staff were considerate of people's dignity and treated people with respect. For example, staff knocked on people's bedroom doors before entering and asked permission before placing a food protector around them before meals. Staff were subtle when assisting people. For example, assistance was provided in a discreet manner to support people to rearrange their clothing or help them to the bathroom.

Staff were patient. People were not rushed when being assisted. We saw staff hold people's hands appropriately to offer reassurance. Staff bent down or kneeled to talk to people who were seated.

A staff member told us how they helped people to maintain as much independence as possible. They gave an example of one person who sometimes struggled to dress the bottom half of their body. They suggested the person start dressing from the top down because they found this easier and made other suggestions that the person tried out to help them dress themselves more easily. The staff member told us, "I usually find myself another little job to do in their room whilst they dress their bottom half just so I am there and can offer to step in if they are not having such a good start to their day."

People told us they were involved in decisions about the support they received. One person said, "Before I came here they came and talked to me about how I wanted to be cared for. Every so often we have a chat to see if I am happy with the support I get or whether I need any extra." Another person told us, "When I came I arranged my care and that's what I get. I chat to the manager now to talk about whether everything is alright for me. And it always is." A third person stated, "The care I get here is first rate. My family members planned it all out for me with the staff."

Our observations and records we reviewed confirmed people's involvement in their care planning. Staff recognised that some people might need additional support to be involved in their care, and with permission, they had involved people's relatives when appropriate.

Is the service responsive?

Our findings

People told us they felt that staff supported them well and responded to their needs. They said that they were asked about their preferences and were offered choices. One person told us, "They listen to what we have to say and always act on it which makes it very comfortable here." Another person said, "They really understand what I like and what I don't like and they always make sure I get what I like."

When people were considering moving into the home they, and where appropriate their relatives, had been involved in identifying their needs, choices and preferences and how they wished these to be met. This information was used to form part of a pre-admission assessment so that the service managers could determine whether they would be able to meet people's individual needs before they moved in to the home. The pre-assessments formed the basis for the more detailed care planning which took place soon after the person had moved in to the home.

This care planning included details about people's physical health, emotional health and social care needs. People's care plans were detailed and were reviewed monthly or as required when people's circumstances changed. We found that people's care records were accurate and up to date.

Health professionals told us that staff asked them relevant questions and were open to suggestions about how best to support people. They told us that staff implemented recommended changes to people's care promptly.

Staff were knowledgeable about the likes and dislikes of the people they supported. They knew what was important to them and used this information to provide a good standard of person centred care to people. The cook knew about people's preferences in how they liked their food to be cooked and the food served ensured that people received food that they would enjoy.

Some people told us that there was not much for them to do in the home. Time was set aside in the afternoons where activities such as bingo, a quiz or word games took place. There was also short period of time in the mornings that had been made available to support people with social activity. Some people living in the home had artistic backgrounds and the service had arranged for an artist to come in periodically to work with them.

At a resident meeting in July 2017 several people had requested one to one time with staff. The manager and provider were aware that they needed to improve and tailor the social support provided to better meet people's requests. A new staff member had been recruited who had experience of providing activities and the intention was to utilise their experience to help improve the service in this area.

The service had a complaints policy and procedure which was available to people and visitors to the home. People told us that they had no cause to complain, but if they did they knew who to raise their concerns with. They were confident that any concerns raised would be dealt with appropriately. One person said, "I have no reason to complain, but I'd be happy to speak with staff here if I did." Two complaints of a minor

nature had been received in the preceding 12 months. We saw that both had been dealt with promptly and actions had been taken to remedy the concerns raised.

Is the service well-led?

Our findings

Our previous inspection of July 2016 found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they had not implemented effective governance systems to mitigate risks and assess the quality of the service.

This September 2017 inspection found that the provider had implemented a new system for quality assurance, risk assessments and auditing. Care plans were also in the process of being revised. These were all a considerable improvement on the previous systems in place. A few audits required details of which aspects of the service had been sampled to be able to definitively support conclusions. For example, a care plan audit did not say which care plans had been reviewed and a personnel audit did not state which staff records had been sampled. However, the framework for a good system was in place.

Our July 2016 inspection found that the arrangements for auditing the medicines management in the home had not been very frequent or very robust. This September 2017 inspection found that monthly checks were being carried out which included a stock check of all non dosette box medicines. The manager had a clear knowledge and oversight of the medicines arrangements in the home.

This inspection found that a more thorough risk assessment for legionella was now in place.

As a result of these improvements, the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had left the service at the end of July 2017. The provider had appointed an existing senior staff member to take over the manager's role and there had been a hand over period before the registered manager left. The provider had been in the service most days since the registered manager left to support the new manager. During this changeover period we continued to receive statutory notifications as required. A smooth transition to the new manager was underway. The new manager told us that they would be applying to CQC for registration as the manager.

People told us that the home was well managed. One person said, "The new manager is lovely and always goes the extra mile." People told us how they knew the new manager well and were happy with their appointment. Staff were supportive of each other and told us that they appreciated the positive working relationships in the home. Staff were clear about their role and responsibilities and carried out their duties confidently and competently during the inspection. Health professionals supporting people living in the home told us that staff were well organised and prepared in advance of their visits.

This September 2017 inspection found that the provider had addressed the majority of the concerns that had been raised from the July 2016 inspection. They were aware that there was some way to go, particularly in relation to the personalisation of some of activities provision. However, we were satisfied that this work was underway. During this inspection they told us about their personal and historical connection to the home and how committed they were to the home, the people living there and the staff.

There was a pleasant and light-hearted atmosphere in the home. We saw that people were happy to approach the provider and manager, both of whom they knew well.