

Croftwood Care UK Limited

# Leycester House Residential Care Home

## Inspection report

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12 November 2018

21 November 2018

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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

Leycester House Residential Care Home is registered for up to 40 people. There are two floors and a passenger lift. There are gardens at the rear and a sheltered seating area at the front of the home. It is set within a housing residential area with shops nearby. The service were not registered to deliver nursing care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were observed treating people with dignity, compassion and respect. People were being treated as individuals and were being supported in a person centred way.

Healthcare professionals were seen within the home providing therapy and interventions. This meant people were being supported to access healthcare when they needed it. Care plans we viewed evidenced this.

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

People's views were being sought and staff were seen stopping to talk to people when they needed reassurance. Activities were taking place within the home.

There was strong leadership at the home and systems were in place with quality checks being undertaken to always seek continuous improvements.

There were enough staff to deliver care for people when they needed it. Staff were seen spending time talking with people. People told us they felt safe living at the home.

Staff understood what their responsibilities were in relation to safeguarding people from abuse and the different types of abuse. We observed staff interacting with people in a kind and compassionate manner.

People were being provided with a balanced diet and their nutritional needs were being met. People were provided with a choice of drinks and food.

Prescribed medicines were being administered safely and medicines were being managed appropriately within the home.

Risks were being identified, recorded and reviewed as seen in care plans. The provider improved how they managed those risks during our inspection and demonstrated a commitment for continuous improvements.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Leycester House Residential Care 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 was planned to check 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 5, 12 and 21 November 2018 and was unannounced. On the first day of the inspection we found there was an outbreak of diarrhoea and vomiting and therefore, we returned when the home was open to admissions and clear of the infection.

There was one adult social care inspector and an expert by experience who inspected the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed as much information as possible prior to the inspection for example from notifications of events within the service, the last provider information return sent to us which is a document we requested to be completed to provide us with important information about the service.

As part of this inspection we spoke with seven people using the service, four relatives/visitors, nine staff, three care plans one of which we undertook a case track which involves reviewing all their care records, we observed a medicines administration round and observed a lunch time dining experience. We spoke with two healthcare professionals as part of the inspection.

## Is the service safe?

### Our findings

We asked people if they felt safe. Everyone we spoke with told us they felt safe at the home and there were enough staff around when they needed them.

During the inspection we pressed a call bell within a communal area of the home to test the safety of the system and how quickly staff responded. Staff responded within two minutes of the call bell being activated. This meant there were enough staff to respond when people needed them.

We checked the recruitment systems in place and viewed staff recruitment files. We found the provider had ensured there was a robust system of ensuring staff were recruited safely. Checks undertaken included Disclosure and Barring Service checks which confirmed if there were any previous convictions prior to commencement of staff being employed.

The home was clean with cleaning rotas illustrating how often carpets, bedding, slings and other items/equipment were being cleaned. There were stocks of personal protective equipment seen around the home and staff were using them when delivering care to people. There were systems in place to for the routine maintenance of equipment and the environment.

Risks were being assessed as seen within the care plans we viewed. We saw risk assessments such as for falls, fire, moving and handling, pressure areas, nutrition and swallowing. Risks were being reviewed when appropriate and action was taken to reduce risks when incidents/accidents occurred. The provider was seeking to learn when there were suggestions made of how to improve their systems or when things may go wrong.

We checked the systems for managing medicines. The medicines stock room contained a fridge which contained prescribed medicines stored at the appropriate temperature. Stock control systems were robust and staff member who we observed administered medicines followed safe practices. They ensured the medicines trolley was secure when left, medicines were administered appropriately such as from separate medicine pots and placed within the person's hand. The staff member was seen checking the person had swallowed the medicine prior to recording they had taken it.

Staff were able to tell us what they would do to report and record if they suspected abuse or if they saw abuse. They could talk to us about the different types of abuse and who they would report it. Not all staff were aware they could report any concern direct to the safeguarding authority so the provider ensured they placed a sign in the staff room to emphasize this during our inspection. The safeguarding log we viewed had been completed with actions seen. Staff were aware of what constitutes restraint and they could tell us how they ensured people are not being restricted within the home.

## Is the service effective?

### Our findings

We asked people if staff were effective in the way they delivered care and knew what to do. One person said, "Staff go above and beyond what you would expect them to". Everyone we spoke with were confident in the staff's knowledge and understanding of their role.

People's care needs were being assessed according to their individual health needs and care plans reflected this. Each person's care plan we viewed had separate care plans for specific care needs describing how the person wished their care to be delivered.

Staff were knowledgeable in their role and had received a thorough induction including following the Care Certificate. The Care Certificate is a nationally recognized set of standards which are recommended for carers. Staff had completed regular training such as safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, moving and handling, medicines management and dementia care training. Staff were encouraged to progress and achieve additional qualifications such as National Vocational Qualifications in care. Staff were receiving regular supervisions and we viewed evidence of these along with an annual appraisal.

The chef confirmed they visited people every day to go through the menu with them. Everyone we spoke with stated that the food was good. One relative said "(Persons name) is happy with the food here the chef is very considerate of his needs." A person living at the home told us "The food is good and the chef will always ask me if I want to try something, if I don't like it he will get me something else." We observed people enjoying the lunch time social experience, chatting with others whilst eating their lunch.

People told us they were being asked for their consent and we made observations where staff were asking people where they wished to sit, where they wanted to eat their lunch and choices of foods and drinks were being offered. People were seen freely walking around the home where they wished.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Where a person could not provide informed consent for care and treatment, the home had applied for a deprivation of liberty authorisation. Staff were following best interest's processes and were consulting with others when making decisions on behalf of someone who had difficulty making a specific decisions.

Some people were receiving interventions from healthcare professionals to support them to return home. People were being supported to access healthcare when they needed it and to access their hospital appointments. We observed good communication between healthcare professionals and the staff who worked together to deliver effective care and treatment.

The decoration within the home needed further improvements which the provider had begun to action. Following the inspection the provider provided us with a written plan for how they intended to improve the

interior of the home for people. This demonstrated the provider was committed to delivering the best possible environment conducive to a homely environment to meet people's needs.

## Is the service caring?

### Our findings

We asked people how they were treated living at the home. One visitor said staff were "Warm, open and friendly". One person living at the home told us, "The staff are kind and helpful". Everyone we spoke with described being cared for in a compassionate way.

We made observations throughout our inspection and could see people were being comforted when they needed it. For example, one person who was living with dementia who was walking around the home was seen approaching staff at intervals during the day. Staff demonstrated kindness, compassion and empathy when interacting with the person and stopped what they were doing to spend the time the person needed to reassure and comfort them. Another person who needed staff time was spoken to in a respectful and kind way by staff who used good techniques to communicate with them in the best way for them. This meant staff knew people well and knew which techniques worked best for them.

People were respected and their dignity upheld. We heard staff knocking on people's doors prior to entering the room, asking people if it was ok with them to provide care prior to them supporting them, explaining what they were going to do prior to them delivering care. This created a calm, supportive environment where people were being reassured.

People were being listened to and their views were being sought. We viewed the resident's meeting minutes and found people were being provided with opportunities to put their views forward. Advocacy services were being made available when people needed them and family members we spoke with told us they were kept informed.

People we spoke with told us they were supported to retain their independence. One person said, "The staff are great they help me stay independent". Another person told us "The staff work well together and we make our own tea and coffee when we want to."

We found different denominations of faith groups were coming into the home on a fortnightly basis. This meant the home were seeking to meet people's cultural and religious needs.

## Is the service responsive?

### Our findings

We asked people if staff knew their likes and preferences and asked staff about people. People we spoke with told us staff knew them well and what they needed help with. One person said, "They know I don't always want to get dressed". Staff we spoke with understood the person's changes in their mood which affected their motivation and were recording this within the care plan.

Care plans we viewed contained information about the person's background, people important to them and places of importance. People's rooms we viewed were personalised with pictures and items belonging to them to create a homely personalised environment. Staff knew people's preferences and seemingly small but important things which made a difference for people. Peoples preferences such as whether they preferred a bath or a shower were documented in the care plans we viewed. Staff were delivering person centred care. People were receiving regular reviews and were being referred for nursing assessments when their needs had increased where their needs would be best met within a nursing home.

Staff were overheard asking people what they preferred for example, asking people if they wanted their door closing or left open, if they wanted their television on or off or if they wished to join in on an activity. There was a hairdresser in the home who we observed people visiting during our inspection.

Activities were being offered within the home. We viewed the activities timetable and healthcare professionals we spoke with told us there were often activities going on when they visited the home. One person we spoke with told us there were not enough activities in the home. During the inspection we observed a crossword activity being held with a group of six people who could contribute and enjoy the activity. There were numerous pictures of activities within the home on display around the home of people living there taking part.

We saw numerous thank you cards and cards expressing their appreciation to the staff for the care provided for people. There was a complaints system within the home which was being followed. We viewed the complaints log and saw the home manager had recorded the complaint, investigated and responded to the complainant.

Although there was no one within the home who was receiving end of life care, we looked into how the home supported people approaching the end of their life. The care plans we viewed were personalised with information including all the things regarded as important for the individual person. People's wishes were documented clearly such as the person's preferred place to die and the name of the undertakers they wished to arrange their funeral.

## Is the service well-led?

### Our findings

The rating was seen displayed at the entrance of the home as people walk in for them to easily see it. The registered manager was unable to be present for this inspection but another manager was present.

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.

There was strong leadership at this home which promoted a caring and compassionate standard of care and open and transparent culture which upheld people's human rights. The home manager demonstrated they were a positive role model for staff as they were frequently seen stopping to talk with people as they needed to talk with them. The manager was seen spending as much time as was needed with people, placing them first. They were passionate about ensuring people's care needs were met in a person centred way and informed us they were working with the provider to make some further improvements within the home. These included providing access to more suitable wheelchairs for people and to improve the interior decoration of the home.

The leadership model was clear, they promoted a strong staff culture to retain staff and develop them as much as possible. As the staff team were being supported effectively by management, the staff turnover was minimal and staff told us how much they enjoyed working at the home. A number of staff told us they had been given the opportunity to develop their skills and experience and progress within the staffing team. This had created a culture of staff who were proud of the outcomes they were achieving and committed to making any further changes needed to continue to improve the care for people.

There were a number of different quality checks being undertaken auditing how systems were followed such as for dealing with incidents, safeguarding's and complaints. Standards of cleanliness, storage of medicines, building and premises, care plans, fire safety and infection control were all being checked. There were actions seen from audits undertaken with some outstanding which we asked the provider to confirm by way of an action plan for us to see the timeframes in which the outstanding actions were to be completed. This was provided to us after our inspection.

The service was working in partnership with other agencies and were referring onto other agencies when appropriate in a timely way. This demonstrated staff understood the importance of working in collaboration with other services to ensure they were delivering a service which met each person's needs.