

Review of compliance

Care South Leybourne House	
Region:	South West
Location address:	Western avenue Bournemouth Dorset BH10 6HH
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Leybourne House is a care home service without nursing. The home is registered to accommodate up to 41 people. It provides a service for older people who have enduring mental health needs.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Leybourne House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 April 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

At the time of our inspection of Leybourne House on Wednesday 11 April 2012 there were 37 people accommodated at the home.

All but one person were too frail physically or mentally to talk to us about their experiences of living at the home. We therefore used a formal way of observing people to help us understand how their needs were met and what it was like for them living at Leybourne House. This involved us observing small groups of people for a period of time and recording their experiences at regular intervals. Our observations included their state of well-being, how they interacted with staff, other people and the environment.

We observed two groups. One group comprised four and the other three people. They were in two different lounge dining areas in the home. Both groups were observed for a period of fifty minutes.

We saw some people positively engaging with each other and also with staff. Some people in one group became involved in a flower arranging activity organised by staff. We saw that care workers were attentive and provided support sensitively when people required help. We noted that staff understood people's needs and were able to anticipate those of individuals' who were unable to communicate verbally.

One person living at Leybourne House who was able to talk with us told us that that living there was "marvellous". They told us that the staff were "very good" and helped people who needed assistance. The person said that relationships with staff were "easy going" and that there were "lots of things going" on such as trips out. They also told us that clergy

visited the home and that until recently another person had gone out by taxi to a local church every Sunday. They said staff were polite and they were impressed by the home's manager who they described as a "smart operator". They told us they thought she was "on the ball" and "had made a difference".

We spoke with three visiting relatives all of whom called at the home very regularly. They all expressed positive views about the home and the care their relatives received. They all told us that they were involved in and consulted about the care their relatives received. One visitor told us that their relative had lived at the home for several years and said, "They know if my wife wants something or is unwell from her demeanour. They are very caring, if someone needs help they get on with it, they don't have to be told".

Another visitor whose relative had also lived at the home for some years told us that they thought the reason their relative had "done so well" was because of the "quality of care" the staff provided.

We also spoke with ten members of the home's staff team in order to hear how they worked. They included the registered manager, a dining room assistant, an activities co-ordinator and care assistants. They told us that they received regular training appropriate for their respective work roles.

What we found about the standards we reviewed and how well Leybourne House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's right to privacy, dignity and independence were respected. There were appropriate arrangements in place to enable someone to make decisions on behalf of people who lacked the capacity to do so themselves.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider was meeting this standard.

Outcome 12: People should be cared for by staff who are properly qualified and able

to do their job

People were cared for, or supported by suitably qualified, skilled and experienced staff

The provider was meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system in place to regularly check and monitor the quality of the service people received.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

One person living at the home was able to tell us about their experiences. They told us that staff were polite and respectful. They said that staff always knocked on their bedroom door and other people's doors before entering. They told us that they were asked recently if they had any complaints. They said that they thought all the care staff were "genuine and want to help people". They also told us that there were social activities and events organised in which they could take part and there were several choices available at mealtimes. They said that although the home looked after most of their medication they were able to look after some lotions that were prescribed for putting on their skin.

Other evidence

We saw that all bedrooms at Leybourne House were single occupancy. Single rooms helped to ensure that people's right to privacy and dignity was upheld.

Our observations of two groups of people in lounge dining areas during our inspection showed us that staff were respectful, patient, sensitive and supportive. We saw individuals being encouraged to maintain their independence and to join in a social activity.

We looked at the records and documents of three people who lived at the home. They showed that information about individual's likes, dislikes and preferred lifestyle were recorded. This included things such as food, leisure interests and times of getting up and going to bed. This would enable the service to promote person centred care.

We spoke with an activities co-coordinator who worked at the home. They told us there were two co-coordinators who between them were available seven days a week. They said they had undertaken relevant training and the home belonged to the National Association for Providers of Activities for Older People. They said the association was a source of ideas for activities that could interest and stimulate people living at the home. They told us that trips to places of interest were arranged each month and entertainment was also arranged regularly. They also said they spent one to one time with people who were too frail to join in group activities. We saw a programme of activities and events organised for April 2012 and relevant records that confirmed what the co-coordinator told us.

All the people whose records we looked at had been assessed as unable to understand or make decisions about the care and support they required. This was because of their mental frailty. We saw that there were documents in place that had been signed by relatives to show that they had been involved in decisions about how the help the person needed would be provided.

We spoke with three visitors and they all told us that they were consulted about and involved in decisions about the care and help their relatives received. One person said, "I have been involved in care plans for my wife and so has my son. I have attended reviews about my wife's care and I have always been able to ask questions".

The three visitors also told us that they were able to influence the service the home provided. They said they attended relatives and residents meetings and could make suggestions about how the home could be improved. They said they were asked for their views about décor throughout the home and how a former smoking room could be used. They all also told us that based on their experiences they were confident any concerns they raised would be addressed. They said that they had been sent questionnaires to obtain their views about the home.

One visitor told us about their observations that illustrated how staff promoted people's dignity. They said, "I see what they are like with residents and what they have to endure. I have seen them provoked, hit, scratched and spat at but I have never seen any lose their temper".

Our judgement

People's right to privacy, dignity and independence were respected. There were appropriate arrangements in place to enable someone to make decisions on behalf of people who lacked the capacity to do so themselves.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

One person living at the home was able to tell us about their experiences. They told us that they did not need much help but they saw that other people did and that the staff were very attentive. They said that the home arranged for them to see various healthcare professionals when they needed to including doctors, a podiatrist, an optician and "the flying tooth man".

Other evidence

We spoke to staff about the needs of three particular people whose records and documents we had examined. These documents included plans that set out the actions staff had to take in order to meet people's needs. The staff were able to describe in detail how the help those people required was provided and individuals' likes and dislikes.

The documents that we examined showed that care plans and the assessments upon which they were based were reviewed at least once a month. This ensured that the information in the plans was up to date and accurate.

Our observations of two groups of people in lounge dining areas showed us that staff had a good understanding of the needs of those people. The staff were proactive and anticipated people's needs so that help they required was not delayed. We saw individuals were provided with reassurance when they were anxious or distressed.

We saw staff helping people at meal times and checking with the people concerned

whether they were enjoying their meals. We noted that staff explained what they were doing when they helped people to mobilise. Where such help was required we saw that it was carried out in accordance with the person's plan of care.

We saw that where plans of care referred to matters such as equipment that a person required or action to be taken by staff that these things were in place. These included pressure relieving equipment and wheelchairs.

Other matters that we saw were provided in accordance with people's plans of care included medication they had been prescribed and special diets.

We saw that some people who had been identified at risk of malnourishment had their food and fluid input recorded and monitored. Records showed that these individuals were also weighed more often than other people as a means of monitoring their health.

One visiting relative told us that they thought the food the home provided was very good and extremely nourishing. They said (tongue in cheek), "Mum has it pureed, which is a shame because I can't nick her meat anymore".

We noted references in care plans of visits carried out by a variety of health care professionals to ensure the specific needs of people were being met. These included doctors, district nurses, speech and language therapists, community mental health nurses, opticians and podiatrists.

We looked at records that showed people who were receiving care in bed were checked regularly. We also saw that routines were in place to maintain their health and welfare such as regular repositioning to prevent pressure sores developing.

Three visitors that we spoke to were complimentary about the care and support their relatives received. One relative described the staff as "excellent" and "compassionate". They described seeing staff faced with behaviour from people that was challenging they added that despite this they had "never seen a carer walk away from anyone".

Another visitor told us their relative had developed a pressure sore in the recent past but that the home had worked with district nurses to heal it. They also said that the home had arranged with a podiatrist for an in-growing toe nail their relative had to be treated.

Our judgement

People experienced care, treatment and support that met their needs.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

One person living at the home was able to tell us about their experiences. They told us that they felt safe despite the behaviour of some other people living there.

Other evidence

The home had comprehensive written policies and procedures readily available for staff to refer to about safeguarding vulnerable adults. They included information about abuse the procedures to follow if it was suspected. They also included policies about managing people's money and financial affairs, staff recruitment, whistle blowing, and mental capacity.

We spoke with seven staff about safeguarding vulnerable adults. They all told us that they had attended relevant training. They all demonstrated an understanding of the types of abuse and the appropriate procedures to follow if they knew or suspected a person living in the home was being harmed.

We looked at a staff training matrix. It showed that all care and most other staff working at the home staff had completed some training about safeguarding vulnerable adults.

We looked at the records of three people living at the home. They showed that the home had followed proper procedures when they were concerned that someone living in the home might have been deprived of their liberty. We also saw evidence that important decisions made on behalf of people who lacked capacity were made in accordance with the law and in the individual's best interests. For example we saw

evidence that relatives and other interested parties were consulted about the following issues. Preventing a person coming to harm if they left the building and ensuring an individual took medicine critical for their health and well being.

The home's registered manager told us that Leybourne House did not manage the financial affairs of anyone living there but they did look after money for some people. We knew from our experience of inspecting other care home services managed by Care South (the registered provider) that records of the accounts of money held for people, were regularly independently checked and audited.

We saw that the front door to Leybourne House was kept locked to ensure that the building was secure and people could not enter the premises without permission.

We spoke with three visitors and they all told us that they had no concerns about the safety of their relatives living there.

Our judgement

People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider was meeting this standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We spoke with one person using the service but what they told us did not relate to this standard.

Other evidence

We looked at the records of three of the most recently recruited staff. They showed that appropriate checks were undertaken and references obtained before the staff began work. They also showed that there were effective recruitment and selection processes in place.

One visitor we spoke with gave us some very emphatic views about what they thought about the quality of the staff recruited by the home. They said, "I cannot emphasise enough how good I think the staff are. They are excellent and they have to do a difficult job. I see what they have to endure ... they do it all with such goodwill".

Our judgement

People were cared for, or supported by suitably qualified, skilled and experienced staff

The provider was meeting this standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke with one person using the service but what they told us did not relate to this standard.

Other evidence

During our inspection we observed two groups of people living at the home. One group comprised four and the other three people. They were in two different lounge dining areas in the home. Both groups were observed for a period of fifty minutes. This enabled us to see how available staff were to meet people's needs,

We noted that staff responded very quickly when people needed support with an almost constant presence of staff in both areas.

We spoke with three visitors to obtain their views about staffing levels at the home. They all told us that they thought there were enough staff on duty. One visitor said, "Sometimes it might seem they are a bit thin on the ground but it is a big building and they will be elsewhere. They will suddenly appear. It takes two staff to bath someone and they will be doing something like that".

Another visitor told us that that there had been some changes in the staff team and things had improved recently .They said "I have seen carers that I did not think would be good carers and they have not stayed long".

We spoke with five of the care staff team in the home. They all told us that they thought

there were enough staff on duty. We noted that the staff scheduled to be on duty on the day of our inspection comprised the following. The registered manager, deputy manager, care team manger, senior care assistant, six care assistants, two activities co-coordinators, dining room assistant, three domestic assistants, a chef and an administrator.

We saw that the staff team at night comprised four care staff, one of whom was a senior care assistant.

In February 2001 The Department of Health asked an organisation (The Residential Forum) to develop a method for calculate staffing levels in care homes. It produced a tool that takes into account the dependency levels of people living in home. The staffing levels at Leybourne House exceeded that calculated by the tool.

Our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with one person using the service but what they told us did not relate to this standard.

Other evidence

We spoke with seven staff about the training they had received. They all told us they had attended at least three days induction when they started working for Care South (the registered provider). They said they received training in subjects relevant for their work roles as well as regular health and safety updates.

On the day of our inspection fire safety training was being provided. Attending were not only staff from Leybourne House but also staff from other care home services owned by the registered provider.

From our experience of inspecting other care home services owned and managed by Care South we were aware that staff had access to a comprehensive training programme.

We looked at a matrix that set out a record of training all staff in the home had completed. We also saw a programme of moving and handling training to be provided for the home staff during 2012. They both confirmed what staff told us about their training.

We saw that staff had attended training about the specific and individual needs of people living at the home. This included; dementia awareness; managing challenging

behaviour; dementia awareness; care giving in dementia; implementing deprivation of liberty; pressure area care; catheter and stoma care; healthy bowel and constipation; understanding diabetes; and bereavement /end of life care.

The staff training matrix indicated that 43 per cent of the care staff team had obtained a relevant qualification. It also indicated that the home's other staff such as the management team, catering and housekeeping staff had also obtained appropriate qualifications and attended relevant training.

The staff that we spoke with about training told us that they received formal one to one supervision with their line managers and had an annual appraisal. The frequency of their supervision varied with each individual from once every two or three months to twice in a period of 18 months. All of them did however say that they could approach their line manager at any time to discuss issues of concern.

The registered manager said that they were aware that supervision was not being provided with the frequency set out in the procedures developed by the registered provider. They told us that a more structured programme of supervision was being implemented to ensure the provider's procedures would be followed.

The staff we spoke with told us that staff meetings were held at which they could make suggestions and discuss work issues. They all spoke positively about the home's management team and registered manager. One member of staff said, "They are always there for us if we have a problem".

We spoke with three visitors to the home and all of them told us they thought the staff team had the necessary knowledge and skills required to ensure the needs of their relatives were met. One visitor said, "You have to go to university to be a nurse but it seems that anyone can be a care worker. I think that is an insult".

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

One person living at the home was able to tell us about their experiences they told us that they had recently been asked if they had any complaints about the service.

Other evidence

We looked at documents that showed checks had been carried out on a range of the home's systems, procedures and working practices. This was in order to identify if and where improvements were required. They included checks of, documentation, catering and dining, privacy and dignity, night care, dementia care, call bell, infection control, health and safety, medication and "living life in the lounge".

We saw that action plans had been put into place to make improvements where the need to do so had been identified. We also looked at monthly reports produced by the registered manager that included information about progress with the action plans. They showed that these were also checked and monitored by a senior manager working for the provider.

We saw that an action plan had also been put into place to carry out improvements following a survey carried out in September 2011. This was done to get the views of people living in the home, relatives, staff and health and social care professionals about Leybourne House. We noted that a lot of the action plan had been implemented.

We noted that the home used a number of charts to record how often staff were carrying out certain tasks that were essential to people's health and welfare. These

included a chart to record when a person was repositioned to prevent pressure sores developing. A chart was also used to record when creams or ointments for a person were applied or put on by staff.

The provider might find it useful to note that we found that these records were not always completed and up to date. There was no evidence from other records that we looked at or from our observations that people were at risk. The completion of such records does however help to show that staff are taking action in accordance with people's care plans.

The provider may also find it useful to note that we saw that no record was kept of checks carried out to ensure that pressure relieving equipment was working effectively. One member of staff did tell us that they checked air mattresses daily to ensure they were on the correct setting and working. An accurate record of such checks would help to confirm that these were being done.

Our judgement

The provider had an effective system in place to regularly check and monitor the quality of the service people received.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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