

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Leadon Bank Reablement Centre

Leadon Bank, Orchard Lane, Ledbury, HR8 1BY

Tel: 01531632657

Date of Inspections: 26 September 2012
19 September 2012

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2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Shaw Healthcare Limited
Registered Manager	Miss Stephanie Hyde
Overview of the service	Leadon Bank Reablement Centre is a ten place facility in the purpose built Leadon Bank Care Centre in Ledbury that opened in January 2008. It is near the centre of Ledbury and so is very accessible to visitors.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Management of medicines	10
Supporting workers	11
Complaints	12
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Leadon Bank Reablement Centre, looked at the personal care or treatment records of people who use the service, carried out a visit on 19 September 2012 and 26 September 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

When we visited we met the manager and five of the staff. We spoke to three people who had used the service recently and we got feedback from the relatives of two people. We found that people were supported during the standard six week stay in promoting their independence and regaining their skills and confidence. One person told us, "I thought the care was very good, I was given choices and encouraged to make my own breakfast".

Appropriate referrals had been made to health professionals and the service was cooperating with other agencies to help people plan for the future. The physiotherapist had left in June 2012 and had not been replaced. There was no occupational therapy input available at the time of our visit.

At our visit on 19 September the pharmacy inspector found that some improvements were needed in how medicines were managed in the service to help protect people.

The people we spoke to told us they felt able to raise any concern during their stay with the staff or manager. The staff we spoke to were experienced and knowledgeable about the service and its aims to get people back home. Suitable training and supervision arrangements were in place.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 09 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found that people were supported during the standard six week stay in promoting their independence and regaining their skills and confidence. One person told us, "I thought the care was very good, I was given choices and encouraged to make my own breakfast". Another person said, "They made it clear before my stay that it was a two sided arrangements and I had to make an effort to get my independence back, I did and was able to move back home".

An activities coordinator was employed part time. In the dining area an activities plan was on display and they had a good variety of equipment to use to get people engaging socially and physically. People were able to access the restaurant and join activities in the day centre on the ground floor such as the weekly exercise class.

We found that people's diversity, values and human rights were respected. We observed that a person staying in the centre who was living with dementia was supported to make decisions during the day such as what drinks they wanted. The activities worker supported them for over an hour. This included their lunchtime meal. The person's visitors were welcomed and staff later intervened sensitively to help when the person showed some signs of distress.

The staff and the manager spoke about the people who had used the service in a caring and respectful way. They understood that people had different health and support needs and levels of independence. People's needs were assessed and care was planned and delivered in line with their individual care plan. We found that experienced staff assessed people before they were offered a six week stay at the centre. The manager said the person was always fully involved in this process and their views and wishes were included. They were not offered sight of the completed assessment or care plan to check for accuracy but the manager said she would offer this in future.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw complimentary letters that people who had used the service had sent in over recent months. One said, "Thank you for everything you have done for Mum, we can't believe the progress she has made under your care" another said, "I would like to thank you all for the care and exceptional kindness you afforded me during my recent stay".

People we spoke with told us they were helped to settle in and found the staff helpful. They were very satisfied with the support they received which helped them be as independent as possible. One person told us, "I stayed for three weeks and I found the service fantastic and the staff great, especially the night staff. I had a shower daily and chose the food I liked".

We saw that the centre was well equipped to meet people's physical care needs. One of the care workers was a moving and handling assessor so people's needs could be reassessed quickly. We saw an example of where a person's mobility needs had changed during their stay and the assessor had carried out a reassessment and shared the information with the care staff to ensure safe systems were in place. The physiotherapist had left in June 2012 and had not been replaced. There was also no occupational therapy input at the time of our visit. The manager said because of this she was not accepting anyone who had an assessed need for either of these therapies. One person told us they had been disappointed that the physiotherapist left the week they arrived but knew this was not the service's fault.

We saw that changes to people's needs had been recorded in their care plans. The care staff were able to tell us how they met people's care needs and confirmed they had read and contributed to the care plans. We looked at the plan for a person who was staying at the service. This contained guidance about their support needs such as their routines, physical, health and communication needs. The information was personalised and covered risks that staff needed to be aware of. Appropriate referrals had been made to health professionals and the service was cooperating with other agencies to help the person plan for the future. Daily care records gave an overview of the person's wellbeing and daily activities. Charts were used to record specific information such as fluid intake.

A body chart was used to record information about marks or bruises seen on the person. In one case a chart had been used to record marks observed on six dates which made the record unclear. The record did not show if any action had been taken. The manager said

she would review how these could be better linked to the accident and incident reporting systems.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The people we spoke to told us they felt safe during their stay. They liked the staff and could tell them if they had any concerns. Staff told us that they were clear about their duty to report any concerns, and they were confident that the manager would take any report seriously and take the correct action.

The manager said she had attended training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). She was able to describe action she had taken in one situation to help safeguard someone in line with DoLS requirements.

The manager had reported issues to us and through the local authority's safeguarding process such as medication errors. She had shared information appropriately and cooperated fully in safeguarding matters. There were incidents involving two people during their stay that the local authority had not been informed about and there were two injuries that we had not been notified about. The manager had made other notifications to us and said these were an oversight. She said she would tighten up the reporting procedures.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had not got appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

On the day of the inspection we found that only one person was using the service. We therefore used this person's records and records of people who had recently used the service to determine the service's level of compliance with outcome 9. We looked at the administration records and found that the service had good systems in place to demonstrate that people were receiving their medicines as prescribed.

We found that medicines were being securely stored and at the correct temperatures. Systems were in place to ensure the safe storage and administration of Controlled Drugs. This meant that people using the service would not be able to take medicines that were not prescribed for them. The storing of medicines at the correct temperature meant that the medicines would be at their best to treat the conditions they had been prescribed for.

We found that the service had a good system in place for the management of homely remedies. This system was safeguarding people living at the service against problems associated with the administration of prescribed and non prescribed medicines.

We found that the care plans did not have enough information in them about how staff should handle and administer medicines. In particular, the lack of information about medicines that had been prescribed on a when required basis did not ensure that these medicines would be managed safely and consistently by the staff who were administering them.

We found that the service was not carrying out effective and regular audits to identify problems with the administration of medicines to people using the service. It is essential that the service has an effective quality assurance programme in place to ensure the safe management of medicines for people using the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The people we spoke with told us they liked the staff and felt they helped them regain their confidence and independence. One person told us, "there was enough staff and they were brilliant, including the night staff". Another said, "the staff were very nice. They did seem to do a lot of paper work instead of sitting and talking with us".

The manager told us the staffing levels were flexible dependent upon how many people were using the service. A team leader was always on duty and this role included taking responsibility for the fire marshal and first aid cover across the site. The staff we spoke to were experienced and knowledgeable about the service and its aims to get people back home. The area manager told us there was a 73 percent success rate, with the others needing to go on to a care home or into hospital if their health declined.

Staff told us the staffing levels were suitable and they were able to spend quality time with people. They said they felt well supported and suitably trained. A new member of staff told us they were being well supported through an induction and mentoring programme and they received supervision from one of the team leaders. We saw the training records which showed that training was monitored and refreshers planned in. Distance learning by computer was now used to supplement what was available locally. The manager said she was arranging dementia training for staff as it was becoming more common for people living with dementia to be referred to the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on without the fear that they would be discriminated against for making a complaint. The people we spoke to told us they felt able to raise any concern during their stay with the staff or manager. One person said, "I felt safe and had no complaints".

The staff we spoke with told us that people were able to express if they were unhappy and that they would then take action to help.

The manager told us people were given information about the service before they arrived and this included the complaints procedure. She showed us the complaints file and talked about how any complaints would be responded to and investigated in a reasonable time. A record of complaints was held on the provider's electronic system so these could be monitored corporately.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider had not got all the appropriate arrangements in place. (Regulation 13)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 09 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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