

***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 Inspection: 18 November 2013

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December 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Requirements relating to workers	✓ 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.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 18 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

When we visited Leadon Bank Reablement Service we found that four people used the service and we met and spoke with three of these people. We spoke with two members of staff who delivered care, the registered manager and the deputy manager. We read everyone's care records and four care staff records.

We found that the provider had systems in place to gain the consent to care and treatment of people who used the service.

We found that staff had an understanding of the needs of people who used the service. We found that care and treatment was planned and delivered in a safe way, which met people's individual care needs. People we spoke with were positive about the care they received. One person told us, "They are very helpful, it's a good service, I should be able to go home soon."

We found that people's dietary needs were met and that people had a good choice about what they ate. One person told us, "The food is great. There is so much choice."

We found that the provider worked well with other services to ensure the health and wellbeing of the people who used the service. We found that there was an effective recruitment process in place to ensure that staff had the skills to meet people's needs. One person who used the service told us, "It's so comfortable here. I feel I am improving every day. The staff are marvellous."

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

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found that the provider had a consent policy in place. We looked at everyone's care records and saw that each one contained consent forms completed and signed by the person who used the service. The forms were for the consent to care and treatment and sharing of information with other services. We saw that each person's capacity to consent had been assessed prior to admission to the service. This meant that the provider had systems in place to gain consent from people who used services.

When we spoke with care staff they told us that they always asked for permission before they supported people with their care needs. People we spoke with who used the service raised no concerns about giving consent to the care they received. One person told us, "I have lots of choice about everything I need or want." We saw that staff asked for permission before they supported people with their care needs. This meant before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at everyone's care records. We saw that they contained detailed instructions for staff on how to care for people and that they had been updated. Care staff told us that they had read and updated people's care records on a daily basis. Care staff told us that if there had been any issues, they had spoken to the manager to let them know. The people we spoke with who used the service told us that they had been involved in their assessments and that their care plans had been agreed by them. People also told us that the care they had received had met their individual needs. One person told us, "They came and saw me when I was in hospital before I came here. They went through everything I needed with me and asked me about my likes and dislikes." This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans we looked at were easy to read and understand. The plans included information of the person's likes, dislikes and preferences about how they would like to receive care. The daily records showed that staff were aware of this information. We saw that risks to people's wellbeing had been identified. We saw plans were put in place to provide instructions for staff on how to support people according to their needs, to prevent harm and promote independence. For example, people's physical health, nutritional needs, mental state, medication and night care were assessed and had plans in place. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We spoke with care staff who told us that when a person had become very ill, they had administered first aid and called for the emergency services. Care staff told us about and we saw that there was an evacuation plan in place for each person in the event of a fire. This meant that there were arrangements in place to deal with foreseeable emergencies.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw the kitchen and dining room were accessible to all people and there were facilities to make a range of hot drinks. Cold drinks were available in the fridge, such as water and different types of fruit juice. We saw that people had the facilities to make hot drinks in their room and had a jug of fresh water. We saw that there was a range of snacks available to people throughout the day. These included fresh fruit, yoghurts, crisps, biscuits, toast, soup and teacakes. We saw that people took drinks and snacks to their rooms. We found there was a professional kitchen which had a range of fresh vegetables, fruit, meats and fish available. We saw that the menu had a range of choices for each meal. For example the breakfast menu included a full cooked breakfast, toast, cereals, fruit, yoghurt and hot sandwiches. The main meal of the day was served at lunchtime. There was a choice of three meals and a vegetarian option. There were seven different desserts available. People told us and we saw that if people did not want what was on the menu, they could choose something different and the kitchen staff made it for them. One person told us, "The food here is lovely. There is a really good choice and the quality of the food is excellent." This meant that people were provided with a choice of suitable and nutritious food and drink.

We looked at care records and found that people's nutritional needs were assessed. Where needs had been identified, we found that there was a care plan in place with information for care staff on how to support people with eating and drinking. We found that people had been weighed regularly and that food and drink intake was recorded daily. Care staff told us and we saw that meals were presented in an attractive way which encouraged people to eat. One person told us, "I don't have much of an appetite but the staff sit and talk with me about trying different things to encourage me to eat." This meant that people were supported to be able to eat and drink sufficient amounts to meet their individual needs.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at everyone's care records and we found that contact details of other professionals involved in the person's care were clearly recorded. For example GP, social worker, district nurse and hospital consultants. We saw that contact with other services and any action required was recorded. Care staff explained to us that they would support people to attend appointments where required and that any action would be discussed with the care team to ensure treatment plans were followed. The care records we looked at contained assessments that had been made by the provider with health care professionals. We saw that there were detailed plans for people which supported them with their health care needs.

People we spoke with told us that they had come to the service from hospital. One person told us, "The staff have been involved since I was in hospital. They help me to attend follow up appointments and explain to me about my future." This meant people's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of our inspection we looked at four staff records. We found that there were two references on file for each member of staff which indicated they were of good character. We found that all staff had a criminal records check on file and that no one had commenced employment until criminal records checks had been received. We found two identification documents for each member of staff and a record of a health check prior to appointment. We found that the application forms detailed staff work history and where there were gaps in employment that this was explained, for example taking time out to have a family. We saw that interviews were recorded and scored to reflect candidate's knowledge, skills and aptitude. This meant that the provider had effective recruitment processes in place to ensure that staff were of good character and were fit to carry out the role.

We found that staff either had the experience, knowledge and skills to carry out their role or had undertaken further training when they began work. This included induction training, the provider's mandatory courses and additional training such as dementia training. Care staff told us that they had regular discussions with their manager about updates and opportunities for further training. We saw that this was recorded in the staff records. We looked at staff records and found that staff had an annual appraisal of their performance and training needs. There was a record of discussions that had been held with staff and a plan for their development. Staff told us they were well supported to carry out their role and had opportunities for one to one discussions with mentors or group support. Staff told us they were encouraged to attend training to develop and enhance their skills. People who used the service were positive in their comments about the staff team. One person told us, "The staff treat me with respect. They seem skilled and well trained." Another person told us, "The staff are as good as gold. They know what they are doing." This meant that staff were appropriately experienced and trained to meet people's health and welfare needs.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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