

Leabrook Lodge Limited

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Inspection report

The Court Office, Meadowbrook Court Bungalows
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Shropshire
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Tel: 01691671555

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21 April 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Leabrook Lodge Limited is an extra care housing scheme that provides personal care and support to people living in their own bungalows in a large community. The office base was on site and staff were on hand 24 hours a day to respond if required.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 1 person was receiving personal care.

People's experience of using this service and what we found

People were not safe as the provider failed to identify and assess the risks associated with their care and support. The care and support plan failed to provide staff members with the information needed to ensure people received safe care which met their needs.

People could not be assured they received their medicines safely. The provider failed to complete protocols identifying the specific medicines people took including the provision of 'as required' medicines.

The provider did not have effective systems in place to review incidents, accidents or significant events to see if something could be done differently.

The provider did not have effective systems in place to identify improvements and drive good care. People were not asked about their experiences of care or effectively engaged with developing the service they received.

People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse. However, the provider needed to provide people, relatives and visitors with information on how to raise any concerns they had.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice.

People were supported by staff who arrived when expected and stayed for the agreed amount of time. The provider followed safe recruitment checks when employing staff.

For more details, please see the report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for the service under the previous provider was good, published on 28 August 2019.

Why we inspected

The inspection was prompted in part due to concerns received about the overall management of the service. A decision was made for us to inspect and examine those risks.

This report only covers our findings in relation to the key questions safe and well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leabrook Lodge Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to keeping people safe and with the overall management of the care provision.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Leabrook Lodge Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because it is an extra care housing scheme and the provider is often out of the office supporting staff or providing care. We needed to be sure they would be at the office to support the inspection process.

Inspection activity started on 3 April 2023 and ended on 25 April 2023. We visited the location's office on 5

and 21 April 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring it's quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. Additionally, we spoke with 2 other people about the management of the location.

We spoke with 5 staff members including carers, directors and the newly identified care manager.

We reviewed a range of records. This included 1 person's care plans and records of medicines administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed the files of 4 staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not safely managed. The provider did not complete risk assessments associated with people's medicines. The provider did not have assessment in place for the safe storage of medicines including any medicines which were temperature sensitive. The provider did not have systems in place to ensure people received medicines that were still effective. The provider did not complete checks to ensure people received their medicines as prescribed. People were at risk of receiving ineffective medicines.
- Although staff had received training in the safe use of medicines, they did not receive any spot checks or assessments of competency to ensure they followed safe processes. This put people at the risk of harm from unsafe medicines administration.
- The provider did not have guidelines in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.

Assessing risk, safety monitoring and management

- People were not supported to identify and mitigate risks associated with their care and support.
- Staff members were not given current or accurate information on how to safely support people in their own homes as risk assessments had not been completed.
- The provider did not complete assessments of the physical environment where people lived. The provider could not assure themselves the home environment was safe for people to receive personal care.

Learning lessons when things go wrong

- The provider did not effectively review all incidents, accidents or near misses to see what could be done differently to minimise the risk of reoccurrence.

We found no evidence people had been harmed. However, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These issues constitute a breach of Regulation 12 (Safe Care and Treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider did not make information available to people, staff or relatives on how to report any concerns. However, after we raised this, the provider produced and displayed information on how to raise a safeguarding concern or a complaint.
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.

- The provider knew how to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA.

Staffing and recruitment

- People were supported by staff who arrived when expected and who stayed for the agreed length of time.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Preventing and controlling infection

- Staff had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have a manager registered with the CQC at the time of the inspection. However, a care manager had been identified and they were going through employment checks prior to registering with the CQC.
- The provider did not have effective quality monitoring systems. There was a lack of checks to ensure people received good care. The provider had failed to check people received their medicines as prescribed. The provider failed to ensure people's medicines were stored safely or that staff knew how to identify and respond to any potential issues with medicines.
- The provider failed to check care plans and risk assessments to ensure these met people's known or changing needs.
- Staff members did not receive checks to ensure they followed safe care practices when supporting people. Staff did not receive competency assessments to evidence they remained safe to support people with their medicines.
- The provider had commissioned the services of a care consultancy who had produced an improvement plan. However, the provider had not completed a priority assessment of the improvements identified. This meant people were at continued risk of receiving unsafe care and support until the provider identified what needed to be done and by when.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All those we spoke with found they had a positive relationship with the provider who they found to be accessible and engaging. However, the provider had yet to formally introduce systems where they could gather and act on people's experiences of care and make improvements based on the responses.
- Staff members found the provider to be supportive and their opinions were welcomed and valued. However, those we spoke with said there were no formal processes yet to ask for their opinions or views and they felt this would be welcomed by all those working for the provider. There was a lack of formal one-to-one with staff members or staff meetings. Staff believed they received information on an "ad-hoc" basis with no formal process for passing or receiving important information needed to support people.
- Although staff members understood what whistleblowing meant there was no guidance informing them what to do and or who to approach should they have any such concerns.

We found no evidence people had been harmed. Managerial oversight and environmental assessments were not robust enough to demonstrate their quality monitoring was effective. These issues constitute a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not needed to submit any notifications to the CQC however, they knew what to do if required. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider told us they were looking at introducing 'spot checks' with staff but had yet to do this. They went on to say they anticipate they will include people's feedback as part of these checks.

Continuous learning and improving care

- The provider told us they kept themselves up to date with developments and best practice in health and social care. This included regular updates from local authorities. However, the provider failed to understand the requirements of meeting the regulations associated with delivering personal care. Moreover, they went on to say they were reliant on the newly identified care manager to bring their experience and knowledge with them to help them to develop their understanding of regulated activities and compliance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure systems were in place to keep people safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems in place to identify and drive good care.