

Leabrook House Limited

Leabrook House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Leabrook House Nursing Home is a care home providing personal and nursing care to up to 40 people, including people with physical disabilities or learning disabilities. At the time of the inspection there were 34 people using the service.

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

Right Support

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

People were assessed so any potential risks were identified, and steps taken to keep them safe. Systems in place safeguarded people from abuse and staff were knowledgeable about how to support people safely.

People were protected from harm, for example through infection control measures and safe management of medicines.

Right Care

People did not always experience caring, person-centred care. Whilst some staff interacted positively with people, staff members were sometimes task orientated in their approach due to staffing pressures. People sometimes spent long periods of time without meaningful interaction with others.

The service promoted people's independence and scheduled activities were organised for people. People's health needs were well managed and the service worked in partnership with other agencies to promote people's health and wellbeing.

Right Culture

Systems and processes were in place to promote a positive culture at the home. However, further improvements were required to boost staff morale, which would positively impact people's experiences.

Practices at the service were audited to monitor quality of the care people received and areas of improvement were identified. There was good communication with other agencies to ensure people's needs were met.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about alleged abuse and neglect of people and allegations about the cleanliness of the home. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concerns. However, we have found evidence that the provider needs to make improvements. Please see the effective, caring, responsive and well-led sections of this full report.

Follow up

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 House Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and a nurse specialist advisor.

Service and service type

Leabrook House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Leabrook House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. At the time of the inspection, the

manager at the service had not yet sought to register with CQC but intended to do so.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke and spent time with 8 people and spoke to 4 relatives about their experience of the care provided. We spoke with 3 professionals who have contact with the service. We spoke with 12 members of staff including the manager, deputy manager, catering manager, an activity coordinator and 8 members of nursing and care staff. We reviewed a range of records. This included 5 people's care plans, a range of medicine administration records (MAR) and 3 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems. We spent time observing the care that people received within the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff rotas were formulated to ensure staffing levels were sufficient to keep people safe. However, staff sickness and the use of agency staff was having an impact on how much time staff had to spend with people. This was because many people had complex needs and staff often needed to work in pairs to support people. The manager was in the process of recruiting staff at the time of the inspection and has now confirmed several new staff have commenced employment.
- At the last inspection we found staff recruitment records did not always contain enough information to demonstrate all required pre-employment checks had taken place. At this inspection we found this had been addressed and records showed that staff members had been recruited appropriately.

Assessing risk, safety monitoring and management

- People's care needs were assessed, monitored and managed effectively. At our last inspection we found inconsistencies and gaps in the records for monitoring people's diabetes care. At this inspection we found there was an effective system in place for managing diabetes and monitoring people's blood sugar levels.
- People who received nutritional feeds via a percutaneous endoscopic gastrostomy (PEG) and those requiring tracheostomy care were supported safely. At our last inspection we found temperature checks were not in place for the storage area containing nutritional feeds. At this inspection we found these checks were conducted. In addition, staff were knowledgeable about PEG feeding and tracheostomy care and received regular training. We observed the correct equipment was available for people with these needs.
- Care plans and risk assessments were comprehensive to guide staff about people's health needs. For example, people with epilepsy had detailed care plans in place to document their individual needs. Staff were knowledgeable about how to support people and respond in the event of a seizure.
- There were robust fire safety procedures in place. People had individual evacuation plans to ensure they were supported safely in the case of an emergency and regular fire drills took place.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us that people were safe at Leabrook House Nursing Home. One person said, "It's brilliant. It's better than I expected going into a home would be. It's great, I've had no problems at all."
- Systems were in place to identify, report and investigate any safeguarding risks to people. Incidents were recorded and referred to the Local Authority safeguarding team where appropriate.
- Staff had received safeguarding training and understood the signs of abuse and how to report any concerns they may have.

Using medicines safely

- People's medicines were administered as prescribed. Several people received their medicines through a PEG tube and we observed this being managed appropriately. Medication records correctly reflected the medications people had received and the remaining medications in stock at the service.
- Systems were in place to ensure people's individual medication needs were met. For example, clear protocols were in place for people's 'as and when' medications or if a person needed to take their medications covertly. Staff were knowledgeable about people's time critical medications and systems were in place to ensure these were received at the correct time.
- Staff received appropriate training and competency assessments were in place to monitor staff practice in relation to administering medications.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people in the home. During the inspection we observed several relatives and friends visiting their loved ones.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents and identify any learning. There was a separate process for recording any hospital admissions, with a view to identifying any patterns or trends that could improve the care people received.
- Staff felt able to raise any issues with a view to improving processes. For example, staff had identified that delays in the electronic recording system sometimes meant that people's repositioning records weren't updated in a timely way. Staff discussed how they were going to highlight this at the next staff meeting to agree the best way to resolve the issue.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- People's bedroom doors weren't personalised with individual names or pictures. The manager had identified this and advised that they were considering how best to improve orientation around the service, without breaching people's confidentiality. However, people had been supported to personalise inside their bedrooms in line with their wishes.
- The environment wasn't always managed to maximise people's experience. For example, some communal areas had both the radio and TV on, which could be disorientating. The provider was aware of this issue and explained that plans were underway to update the environment. Since the inspection, the layout of the dining area and living room has been adapted to minimise ambient noise from other areas and improve people's meal-time experience.
- People had individual aids to support their independence. For example, some people used a plate guard at meal-times. This is an aid that supports a person to eat their meal independently, without the meal being spilled.

Staff support: induction, training, skills and experience

- Training was not in place for learning disabilities, in line with the legal requirement introduced in the Health and Care Act 2022 on 01 July 2022. The manager explained that the service had only recently began to support people with learning disabilities. The provider took immediate steps to introduce this and staff were enrolled on online learning disability and autism training.
- Staff received an induction and training. Training was delivered through a mix of online courses and face to face sessions. Staff told us the training helped them in their roles and reported the provider was supportive in their professional development.
- The provider was responsive to any training needs identified for staff. One professional told us, "Staff are always keen and receptive to any training and will often request training when they have new staff start."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the last inspection we found decision specific capacity assessments and best interest decisions weren't always carried out and documented. At this inspection we found people's capacity was detailed in each care plan, to consider whether they were able to consent to any support or treatment required. Where people were assessed to lack capacity for a decision, such as the need to have bed rails in place, a separate assessment and best interest decision was completed.
- Systems were in place to seek DoLS authorisations for people at risk of being deprived of their liberty. The management team maintained oversight of completed authorisations to ensure further requests were submitted prior to the expiry dates for these documents.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff knew people's likes and dislikes and any specific dietary requirements people had. However, on the first day of our inspection we did observe some people waiting to for support with their drinks and meals.
- Care plans and risk assessments detailed people's nutrition and hydration needs, including any modifications required. People at risk of losing weight were closely monitored and steps taken to encourage their nutritional intake.
- The kitchen and care staff worked closely together to ensure people's needs were met and they were given choices. The catering manager explained how people didn't need to stick to the set menu and food requests would be accommodated as much as possible. We observed this in practice throughout our inspection, with people being offered alternatives or supported to order takeaway food if they wished.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services to promote their health and wellbeing. One relative said, "Since moving in, [my relative] is a different person. It's the most improvement we've seen."
- The provider worked well with other healthcare services to meet people's needs. One professional told us, "Communication with my team and the nursing staff at Leabrook House is very good. Staff appear to have a good insight into their client's current conditions and issues and appear to all have a good background knowledge of their clients when this information is required."
- People were supported to access healthcare services as needed. We reviewed documents which reflected that professionals were consulted and referrals were made when appropriate

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans and risk assessments were in place to detail people's specific needs and preferences. Staff were knowledgeable about people individual needs and choices. One person said, "Oh yes, they [the staff]

definitely know me well."

- People who experienced distress had care plans in place to guide staff about how best to support them. Staff knew how to de-escalate situations where people were in distress.
- Systems were in place to prevent pressure sores and monitor people's wounds. People's skin integrity was assessed and maintained through care planning, monitoring and pressure relieving support and equipment as necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People didn't always receive a caring, dignified service. We observed inconsistencies in the compassionate nature of interactions between staff and people. Staff expressed a desire to provide high quality, respectful care. However, staffing pressures resulted in staff prioritising tasks over people's experience. For example, we saw a staff member quickly carrying out a health intervention with a person without speaking to the person and explaining what they needed to do. One staff member explained, "The main issue is staffing. If you get a good day with our own staff you'll see the difference [in people's experience] but if there are agency staff it brings everything back down."
- Low staff morale was sometimes affecting people's experience. One person explained that there was sometimes animosity between certain staff members. They told us, "Staff tell me their problems, I have enough on my plate."
- People's cultural and religious needs were assessed and documented. However, care plans didn't always give enough detail about the considerations staff should make about these important aspects of people's lives. For example, one relative told us about some cultural requirements of their loved one's personal care needs that hadn't been identified by the service.
- Despite the inconsistencies in approach, we observed several caring and friendly interactions between staff and people. One relative told us how they were happy that staff spoke to their family member as an adult and didn't treat them like a child. They said, "Overall, I can't fault the place. They are brilliant, fantastic."
- People had sexuality care plans that considered people's gender and how they may express their sexuality. There was a diversity sign in the entrance of the home, indicating the provider encouraged inclusivity for people and staff.

Supporting people to express their views and be involved in making decisions about their care

- People's ability to be involved in decisions about their care was considered in each care plan. People had a 'Resident's rights' care plan that considered whether the person would benefit from the support of an advocate.
- People were given choices and involved in decisions about their care during our inspection. For example, we saw people being given further options if they weren't enjoying a meal or didn't like the food choices on offer. In the evening we saw a staff member discreetly asking someone if they wanted to go to bed, then supporting them to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs weren't always fully assessed and documented. Communication plans in place lacked detail about people's communication needs and preferences. However, established staff members were knowledgeable about people's individual needs and understood how to engage with people about their needs and preferences.
- Systems weren't always in place to support people and staff with non-verbal forms of communication. For example, one person used some Makaton signs, but staff had not received training in this form of communication. The provider took immediate steps to implement Makaton flash cards to support people and staff with this method of communication.
- We observed that some staff members lacked confidence in engaging with people who used non-verbal communication. For example, during lunch time we saw that some staff mainly engaged with people who responded verbally, leaving others without interaction. Since the inspection, the provider has reviewed the dining room experience and made changes to how the space is used to improve the social aspect of mealtimes. It is reported that this has had a positive impact on how staff and people communicate and socialise during this time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People weren't always supported to avoid social isolation. People often spent a long time without engagement, while staff attended to people's health needs. One person told us, "I'd like more staff to actually come and talk to me for 10-15 minutes. I talk to myself a lot." We raised this with the provider, who has since employed further staff to increase the time available to spend with people.
- An activity coordinator facilitated a program of daily activities for people. We observed people engaging in a range of activities such as playing games together and watching a movie.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained detailed information about people's health needs. However, care plans that considered people's communication needs and religious, spiritual or cultural preferences weren't always

completed thoroughly. Despite this, staff knew people's needs and wishes and we found no indication this had impacted people's experience.

- People were supported to maintain their independence at the service. One person explained that their health had improved significantly since being at the home. We observed them being supported by staff to be in control of some of their personal health needs.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record, investigate and respond to complaints received. We saw that any issues raised had been explored and addressed appropriately.
- The manager conducted regular audits of online reviews for the service. This meant the provider maintained oversight of online feedback and could take action in response to any potential learning from online reviews.

End of life care and support

- There were systems in place to provide end of life support to those who required it. Staff had received training in end of life care and care plans were developed to document people's wishes, values and beliefs for end of life care and beyond.

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 requires improvement. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection systems and processes to assess and monitor the quality and safety of the service were not robust. This placed people at risk of harm and was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider did not have a registered manager in post. The previous registered manager left the service in April 2020. A registered manager is a person who has registered with CQC to manage the service. The acting manager stated they would now seek to register with CQC.
- Issues with staff recruitment and sickness were having an impact on staff morale, which was subsequently affecting the quality of people's experience at the home. Recruiting and retaining care staff is a known national issue affecting many care homes. Since the inspection, the provider has employed several new staff to help address this issue.
- Audit systems in place had not identified the shortfalls we highlighted in relation to care plans for people's communication and cultural or religious needs. This was raised with the provider who was responsive to our feedback.
- Staff spoke positively about their roles, the people they worked with and the support they received from management. Staff members enjoyed their roles and wanted to ensure people had happy fulfilled lives. They told us that management were approachable and would act on any issues brought to their attention.
- Systems and processes were in place to ensure people's complex health needs were met and people were kept safe. At our last inspection we found systems had not identified shortfalls we highlighted in relation to people's diabetes care and the storage of nutritional feeds. At this inspection we found that these processes had been improved and these now met people's needs.
- The provider had identified issues with staff morale and had incentives in place to boost spirits within the staff team. One staff member told us how small gestures from the management team helped to make them feel appreciated, such as ice lollies on a hot day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback from relatives about the communication from the provider. One relative said, "Communication could be better. If I call, sometimes I can't get through."
- The provider informed us that the service engaged with people, relatives and staff in a variety of ways. We were informed that surveys had previously been used, but we were unable to review this information as part of the inspection.
- Staff meetings were held to engage the staff team with the service. The provider was in the process of updating supervision and appraisal processes to improve this for staff.
- Systems were in place to ensure people could access external services as needed. Feedback from professionals was positive about home. Professionals told us that the provider communicated well and staff were knowledgeable about the people they supported.

Continuous learning and improving care

- Systems were in place to audit processes, highlight any issues and take action to address them. Audits showed that any shortfalls identified were swiftly addressed and records updated.
- The provider involved the staff team in developing improvements. Staff meeting minutes showed that members of the nursing team had been tasked with individual projects to consider how systems could be improved.
- The provider had developed additional audit systems to review elements of the service. For example, people with tracheostomy care had boxes of equipment in their rooms that were audited monthly to ensure they were suitably stocked.

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 manager understood their responsibility in relation to duty of candour. Systems were in place to ensure any incidents were recorded, investigated and relevant parties notified.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.