

Shaw Healthcare (Ledbury) Limited

Ledbury Intermediate Care Unit

Inspection report

Ledbury Community Health & Care Centre
Market Street
Ledbury
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

- People living at Ledbury Intermediate Care Unit and were supported by staff who promoted their independence and respected them.
- Care plans reflected people's needs and people, their relatives and other health and social care professionals input. This helped to ensure people's needs on admission to the home and when they returned to their own home were always considered.
- People had access to the healthcare they needed. The registered manager had put systems in place to ensure working across organisations helped people to achieved good health outcomes.
- Staff understood people's safety needs well and supported people so their individual risks were reduced, and people's medicines were regularly reviewed and checked.
- People were supported to have their medicines regularly, by staff who had the skills and knowledge to do this.
- There were sufficient staff to care for people at the time people wanted.
- The environment at the home was regularly checked, and the risk of accidental harm or infections was reduced as staff used the resources and equipment provided to do this.
- Staff had received training and developed the skills they needed to care for people. Staff were supported to maintain and enhance their professional qualifications. This helped staff to provide good care to people.
- People, their relatives and other health and social care professionals told us staff knew people's care preferences well, and supported people in the ways they preferred.
- People's health needs were assessed and plans put in place based on their individual needs, so people would enjoy a good level of well-being.
- People were supported to keep in touch with others who were important to them.
- People were supported to enjoy a range of activities which reflected their interests, and enhanced their lives.
- People, their relatives, staff and other health and social care professionals were encouraged to make any suggestions for improving the care provided and the service further.
- The registered manager and staff reviewed the care provided, so improvements in people's care would be driven through.
- The registered manager planned to review how people's care preferences was recorded, and was further developing the information available to people, so they would know the full breadth of support available to them.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good. The last report for Ledbury Intermediate Care Unit was published on 11 August 2016.

About the service: Ledbury Intermediate Care Unit is a residential care home with nursing and

rehabilitation services, providing short-term personal care and accommodation for people who require support following an incident at home, or support following illness. Thirteen people were living at the home at the time of our inspection. People living at Ledbury Intermediate Care Unit live with physical disabilities. Ledbury Intermediate Care Unit provides care and accommodation to the whole population, including people at the end of their lives.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Ledbury Intermediate Care Unit

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector and an assistant inspector. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Service and service type: Ledbury Intermediate Care Unit is a care home service with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with five people who lived at the home and three relatives to find out their views of the quality of the care provided. We spoke with eight members of staff including the provider's representative, the registered manager, a member of catering staff and five care staff. The views of two visiting health and social care professionals were also obtained.

We reviewed a range of records. This included four people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints, and the checks undertaken by the registered manager on the quality of care provided.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The registered manager and staff understood their responsibility to safeguard people from abuse. People and staff were confident the registered manager would act to protect people if they raised any concerns for people's safety.
- Staff had received training about the different types of abuse. The registered manager understood their legal obligation to report their concerns to the relevant authorities.
- The provider continued to check the suitability of potential staff to care for people living at the home.

Assessing risk, safety monitoring and management

- Staff understood people's individual safety risks well. Staff used this knowledge when supporting people. For example, when people wanted assistance to move safely round the home.
- Staff promoted people's safety. This included if people needed extra assistance with their skin health, so they would recover as quickly as possible, or if people needed specialist equipment to maintain their safety.
- People's care plans contained risk assessments which reflected their safety needs. For example, if people were at increased risk when mobilising. People's risk assessments gave clear guidance to follow to reduce risks to people.

Staffing levels

- Staffing levels enabled people to have support when they wanted. One person told us, "You've only got to ring that bell and somebody's here, there's no messing." There were sufficient numbers of staff to care for people.
- Where agency staff were used, they were supported by permanent staff who knew people's safety needs well.
- The registered manager was in the process of recruiting additional staff to respond to changes in the level of care being provided.

Using medicines safely

- People's medicines were managed safely. Staff had to undertake training and their competency was checked before they could administer people's medicines.
- The administration of medicines was regularly checked by the registered manager, so they could be assured these were provided as prescribed.
- People's medicines were stored and disposed of safely.

Preventing and controlling infection

- The home and equipment were well maintained. One relative told us, "It's always so clean and tidy, here."

The registered manager and senior staff checked the home was regularly cleaned, to support good hygiene management.

- Staff used the equipment they were provided with to reduce the likelihood of people experiencing poor health.

Learning lessons when things go wrong

- Accidents, near misses and untoward incidents were regularly reviewed by the registered manager with staff, so any learning could be taken from these.

Is the service effective?

Our findings

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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's, their relatives' and other health and social care professionals' views were considered when people's care needs were assessed. This helped to ensure people were supported by staff who understood their preferences and needs.
- Staff applied the knowledge they gained during assessments, so people's needs were met in the ways they wanted.
- Staff carefully and honestly considered if they could meet people's assessed needs prior to them moving to the home, to ensure people's needs would be met.

Staff skills, knowledge and experience

- People and their relatives were complimentary about the way staff used their skills to support them. Staff had been supported to develop the knowledge and skills they needed to care for people.
- Staff induction and training was linked to the needs of the people they cared for. One staff member told us their professional competencies were regularly checked and renewed. Another staff member said, "We have done a lot of falls training, here, and found out about how people's balance can affect them. It helps you to understand how patients, [people], feel."
- Staff used the skills gained through induction and training to carry out their roles effectively. For example, when supporting people to manage their health.

Supporting people to eat and drink enough with choice in a balanced diet

- People were positive about their meals, which reflected their lifestyles and choices. One person told us, "The food is good, there's more choice than you get in a restaurant."
- Staff encouraged people to have enough to eat and drink to remain well. We saw people's mealtimes were sociable occasions, and people were not rushed.
- People were supported to have enough to eat and drink. Where staff had identified people were at risk of poor nutritional or fluid intake plans were put in place to support them.

Staff providing consistent, effective, timely care

- Staff met regularly to consider if people's care needed to be adjusted to meet their needs. A catering staff member told us they met regularly with staff, to discuss people's nutritional needs. The staff member said, "I always get to know the outcomes. We adjust things, if we need to."
- People were supported to access routine health appointments including with chiropodists and their GPs, so their health was promoted.
- Other health and social work professionals regularly provided advice to staff, so effective plans would be

put in place to support people during their time at Ledbury Intermediate Care Unit. For example, physiotherapists, speech and language specialists and occupational health professionals supported staff to ensure people enjoyed the best health outcomes possible. This also helped to ensure people received the care and equipment they needed when they returned to their own homes.

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

- People had access to a lounge/dining area, where they could socialise as they wished. A private outside area was also available for people to enjoy.

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 Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in decisions about their care.
- Staff gave us examples which showed people's decisions were respected. For example, if people preferred to eat their meals in their rooms, their views were respected.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People sat and chatted with staff when they wanted to. We saw staff spent time doing this, including when staff were on their breaks. Relatives highlighted caring relationships had developed between their family member and the staff supporting them.
- Visiting health professionals confirmed staff knew people's histories and preferences well.
- Staff spoke warmly about the people they cared for, and were pleased for people when they enjoyed improved well-being and health. One staff member said, "I have such admiration for the patients [people] here. Despite what they are going through, we have giggles all the time, because they make the best of what they have got."
- Staff took time to find out how people liked to be supported. Two staff members explained they got to know about people through checking their preferences when they first moved to Ledbury Intermediate Care Unit. Both staff members told us this helped them to understand people's histories, and what was important to them. One staff member said, "If you see someone is knitting or colouring, you chat to them about this, and it opens up wider conversations, so you get to know them."

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

- People made day to day decisions about their care. For example, people decided what personal care they wanted, what meals they would like and what enjoyable things they would like to do.
- Relatives and health and social care professional told us they were consulted, so they would also be able to support people to make decisions about their care.
- One member of staff gave us an example of how they had supported a person to be fully involved in decisions about their care. The staff member explained they supported the person so their sensory needs had been met. As a result of this, the person now enjoyed better hearing, and improved communication, and were more easily able to make their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was recognised and promoted by staff who cared for them. One person told us, "They let you do things for yourself and help when it's needed, they don't treat you like a child."
- Staff consistently knocked people's door and sought people's permission before entering their rooms.
- People's right to dignity and respect was embedded in the way staff cared for them. This included treating people's bodies with respect at the end of their lives.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People and their relatives were complimentary about the way they were involved in planning care and how this was provided. One person told us, "Staff would lean over backwards to help you."
- People, their relatives and health and social care professionals were involved in planning people's care. Staff observations about people's needs and were incorporated into people's care plans and reviews.
- People's care plans provided staff with clear details of people's health needs. Staff understood people's histories and preferences through regular discussion with people and other health and social care professionals. The registered manager was planning to review systems for recording people's preferences, further, so they could be assured people would consistently receive their care in the ways they preferred.
- Care plans were regularly reviewed to reflect people's changing health needs, and provided staff with guidance from other health professionals. This ensured people had a consistent approach to their care. For example, advice from physiotherapists was incorporated, so staff would know how to support people to achieve good outcomes.
- Staff gave us examples of documents available to support people to be involved in planning their care, such as pain management plans, which were provided in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
- People were supported to keep in touch with people who were important to them. One person chose to do this using their iPad. Relatives could visit their family members whenever they chose. A member of the catering staff gave us examples of times when people and their families ate together, so their relationships would be maintained.
- People had a range of interesting things to do within the home, such as knitting, reading and board games. A member of staff with specific responsibilities for supporting people to enjoy activities was also in place, to assist people. People were also able to access a range of activities at one of the provider's other homes, which was adjoined to Ledbury Intermediate Care Unit.
- Some people also looked forward to regular hairdressing appointments from a hairdresser who regularly visited the home.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to complaints or any concerns raised. The registered manager and provider had followed these systems to investigate and consider if any changes were required to drive through improvement in the home.
- None of the people or their relatives we spoke with had wanted to make a complaint, as they considered the quality of the care provided to be good.

End of life care and support

- Staff had been supported to provide good end of life care through training and systems for working with other health and social care professionals. One staff member said, "It's a real privilege to care for people at this stage of their lives."
- Plans for providing care to people at the end of their life were based on people's wishes, and needs. We saw several compliments had been received from family members highlighting compassionate care had been provided to their family members at the end of their lives.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, their relatives and other health and social care professionals were positive about the way the home was led, and felt the registered manager was approachable.
- People and their relatives found the management team to be approachable. One person said, "[Registered manager's name] is such a nice lady." Relatives, staff and other health and social care professionals were confident any suggestions they made for improving care would be listened to.
- Staff said they were supported to provide good care, and enjoyed working at the home. One staff member said, "You get such good job satisfaction when you have done something positive for people and made them smile." Another staff member said, "We get support along with relatives, particularly if we have been caring for someone at the end of their lives."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People's care needs were met and the home was managed well.
 - The registered manager said, "We want people to have a good quality of life and for them to be supported so they can return to their home well. We want relatives to know our ethos is to treat their family members in the way we would want our own family to be treated." This vision was clear to staff. One staff member told us, "[Registered manager's name] wants them [people] to have good care and good communication from us, so they have successful admission and discharge."
- Staff were supported to understand their roles through regular meetings to discuss people's care, meetings with their managers, and team meetings. The registered manager also used these meetings to update staff on developments at the home. For example, staff knew changes were planned to the type of care to be provided. Staff were aware of this, and knew the registered manager was planning to recruit additional staff to meet the changing needs.
- The registered manager and provider checked the quality of the care provided. For example, checks were made to ensure the environment was safe and people's medicines were administered as prescribed. The provider also checked people's care was appropriately planned and visited the home and staff had received the training they needed to care for people, so they could be assured people were receiving good care.
- The registered manager confirmed they received support from the provider. The registered manager explained they met regularly with the provider's other managers to share best practice, so improvements in the service would be driven through.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- The registered manager sought the views of people and visitors through feedback surveys. We saw the feedback had been positive. The registered manager gave us examples of positive changes introduced because of suggestions made by staff. For example, changes to condiments available to people to enhance their meal time experience, and how the communal areas of the home were presented. We found these suggestions had been acted on.
- The registered manager gave us an example of how staff had worked effectively with the other health and social care professionals. This had led to improved health and well-being outcomes for people, including for people at the end of their lives. Links were being further developed with the local community, in line with people's needs. For example, the registered manager ensured people had access to information on local places of worship.

Continuous learning and improving care

- The registered manager also reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.
- Staff were encouraged to reflect on their practice and take learning from any untoward incidents, so lessons could be learnt.
- The registered manager planned to review the recording of people's care preferences and to further develop information available to people, to promote people's understanding of support available to them.