

HC-One Limited

# Leighton Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Leighton Court is a care home providing residential and nursing care to up to 48 people. Some people live in the home and others stay for short periods of rehabilitation and assessment of their ongoing needs. At the time of the inspection, there were 41 people residing in the home.

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

Records did not always allow for clear oversight to be maintained in some areas of the service and required some work to ensure all records were robustly and clearly completed. A range of audits were in place to help the registered manager and provider monitor the quality and safety of the service. We saw that actions identified through the audits had been addressed to help drive improvements.

People told us they felt safe at Leighton Court. The home was well maintained, and staff were knowledgeable about safeguarding procedures and reporting any concerns they had. The home was clean and effective infection prevention and control procedures were in place, including those for COVID-19. Staff told us they felt safe going to work and they had access to all required personal protective equipment.

Individual risk assessments had been completed to identify risks to people and care files included information on how those risks should be mitigated. Regular reviews of accidents and incidents helped to monitor risks and reduce the chance of recurrence. Records showed that referrals were made to relevant professionals when required for specialist advice and support.

There was mixed feedback regarding staffing levels within the home, but most people and staff agreed that there were enough staff to meet people's care needs. Feedback regarding the quality of service people received was positive and relatives told us they were kept updated about any changes regarding their family members health and wellbeing.

Medicines were managed safely and people told us they received their medicine when they needed them. Systems were in place to encourage independence with administration of medicines, especially for people receiving reablement support.

The registered manager and care manager were aware of their roles and responsibilities. CQC had been notified of incidents that providers are required to tell us about and the rating from the last inspection was displayed as required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 December 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

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.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Leighton Court 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 Care Act 2014.

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

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Leighton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams. The provider was not requested to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people and four people's relatives about their experience of the care provided. We spoke with eight members of the staff team, including the registered manager, maintenance person and the care manager.

We reviewed a range of records. This included four people's care records and six people's medication records. We looked at four staff files in relation to safe recruitment. A variety of records relating to the management of the service were also reviewed, including accidents, safeguarding information and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed additional records provided after the site visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported and recorded appropriately.
- Staff had undertaken safeguarding training and were clear about their responsibilities in reporting and recording any concerns. A policy was also in place to guide them.
- People told us they felt safe at Leighton Court. Comments included, "I feel safe here and would recommend it to anyone. They are getting me back on my feet", "It is very good here, very safe, the meals are excellent and the carers are very nice and attentive" and "I feel so safe here."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed appropriately.
- Individual risk assessments had been completed to identify risks to people and care files included information on how those risks should be mitigated.
- Care plans were detailed and personalised and informed staff how to safely support people.
- Personal emergency evacuation plans were in place, to help ensure staff knew what support people needed in the event of an emergency.
- The environment was safely maintained to minimise risks to people. Regular internal and external checks were made to ensure the building and equipment remained safe.

Staffing and recruitment

- Staff were recruited safely. Not all files included evidence that gaps in employment history had been discussed, but records showed that all other necessary checks were made to ensure staff were suitable for the role.
- Feedback regarding staffing levels was mixed. Some people did not feel there was enough staff and told us, "Staff are too busy to hang around and chat to you" and "You can be left a long time waiting to be supported to go to the toilet." However, most people felt that their needs were met in a timely way by staff. People told us, "If you ring the bell they come quickly if needed", "There are plenty of staff around the place" and that staff were, "Very quick and efficient." Staff agreed that there were enough staff to meet people's needs.
- We observed there to be enough numbers of staff on duty during the inspection and staff rotas showed us these staffing levels were consistently maintained.

Using medicines safely

- Systems were in place to help ensure medicines were stored and administered safely.
- Medication administration records were completed fully and accurately and reflected any allergies people

had.

- Information was available to inform staff when to administer medicines prescribed as and when required.
- Staff had completed training and had their competency checked to ensure they could administer medicines safely. A policy was also in place to guide them in their practice.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. A policy was in place that reflected current guidance and a dedicated visiting room had been created.
- The provider was admitting people safely to the service, including a period of isolation and COVID-19 test prior to admission.
- We were assured the provider was using PPE effectively and safely. There was sufficient stock and staff were observed to wear PPE as required. One person told us, "They are very diligent observing the rules."
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. There were regular cleaning schedules in place and the home was well maintained. People agreed and told us, "They are very clean here, very fussy. There are cleaners going around all the time."
- The provider's infection prevention and control policy was up to date and supported staff in their practice.

#### Learning lessons when things go wrong

- All falls were recorded and reviewed to look for any potential trends. Records showed appropriate actions had been taken following incidents to reduce risk to people.
- Complaints were investigated and responded to and included information on any lessons learnt from the process.



# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

### Continuous learning and improving care

- Not all records were managed to ensure that effective oversight of the service could be maintained in all areas. For instance, information regarding staff COVID-19 testing was recorded in different places, so it was difficult to evidence during the inspection if these had been completed and so would also be difficult for managers to oversee this. Additional information was provided after the site visit which evidenced they had been completed as required. This was also the case for people's temperature monitoring and repositioning support records.
- A range of audits were in place and completed regularly to help drive improvements within the service. When issues were identified an action plan was created and it was evident that any actions had been addressed.
- Audits and checks were completed electronically and regular visits were completed by the area manager and members of the providers quality assurance team to ensure they were aware of any significant issues within the service.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service helped ensure good outcomes for people.
- Feedback from people and their relatives regarding the quality of service people received was positive. Comments included, "The staff all go above and beyond what is required of them", "They generally look after you and help you with everything that needs doing. I would describe the service as good and would recommend" and "All the staff are wonderful with [name]."
- People told us they felt the home was managed well. Not everyone knew who the manager was, but those that did told us, "I had regular contact with [manager] pre COVID-19. Her door is always open and I always speak and say hello" and "I have spoken to the manager a couple of times. At our initial meeting she was very helpful and accommodating. She is always cheerful on the phone and communication is excellent."
- Measures had been taken during the COVID -19 pandemic to facilitate people maintaining contact with their relatives.

### 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

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Records showed that family members were informed in the event of accidents or incidents and relatives confirmed this. One relative told us, "[Relative] has had minor falls where no harm was done and [staff] have

always got in touch straight away."

- Staff told us they would not hesitate to inform the manager of any issues or concerns they had.

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

- The registered manager and care manager were aware of their roles and responsibilities.
- A range of policies and procedures were in place to help guide staff in their roles and had been updated as necessary.
- The manager had notified CQC of events and incidents providers are required to inform us about.
- The ratings from the previous inspection were displayed as required.

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

- The registered manager worked with other health and social care professionals to help ensure people's individual needs were met.
- Records showed referrals were made to relevant professionals when required for specialist advice and support.
- People told us they were provided with questionnaires to share their feedback regarding the service and records showed regular meetings were held with people to gain their views.