

Leamington Spa Nursing Home Limited
Royal Leamington Spa
Nursing Home

Inspection report

14-16 Adelaide Road
Leamington Spa
Warwickshire
CV31 3PW

Tel: 01926426820

Date of inspection visit:
10 April 2019
11 April 2019

Date of publication:
08 May 2019

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

About the service: Royal Leamington Spa Nursing Home is a care home consisting of two buildings identified as house number '14' and '16' with care provided across three floors. The houses are connected by a corridor known as 'the link'.

Royal Leamington Spa Nursing Home is a care home with nursing that provides accommodation and personal care for up to 43 older and younger people living with dementia and physical disabilities. At the time of our visit, 38 people lived at the home.

People's experience of using this service:

- People felt safe and were protected from avoidable harm. Staff understood how to keep people safe and how to report any concerns they may have.
- Staff knew about the risks associated with people's care and understood how to minimise risks to them. Further information was available in care plans for staff to refer to.
- Staff supported people to take their medicines as prescribed.
- Staff understood how to prevent the spread of infection.
- People received care from a consistent team of staff who understood their needs.
- Staff were recruited safely and processes checked the background of potential new staff.
- People's needs were assessed to ensure they could be met by the service.
- Staff received the training and guidance they needed to complete their role well. The registered manager encouraged staff to expand their knowledge through specialised training.
- People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
- People were offered choices. For example, in the meals and drinks they were offered.
- Staff respected people's rights to privacy and dignity.
- People received information about the service in a way that was appropriate to their needs.
- People were involved in planning their care.
- Care plans contained the information and guidance staff needed to support people.
- The service used innovative ways to achieve meaningful outcomes for people
- Systems were in place to manage and respond to any complaints or concerns raised.
- The registered manager had robust systems and processes to monitor quality within the home.
- The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

Rating at last inspection: At the last inspection the service was rated as good overall with one area of requires improvement within the responsive domain (The last report was published on 14 October 2016).

At this inspection we found improvements had been made and the service is now rated good in all areas.

Why we inspected: This was a planned inspection based on the date and the rating of the previous

inspection.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Royal Leamington Spa 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and a specialist advisor. A specialist advisor is a qualified health professional.

Service and service type: Royal Leamington Spa Nursing Home 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: The inspection visit took place on 10 April and continued on 11 April 2019. The first day of the inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and other professionals who work with the service such as Healthwatch. Healthwatch is an independent organisation which collects people's views about health and

social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

We used all this information to plan our inspection.

During our inspection visit we spoke with:

- Six people who lived at the home
- Eight relatives of people who lived at the home
- Two members of care staff
- One senior member of care staff
- A registered nurse
- The head chef
- A housekeeper
- The activities co-ordinator
- The deputy manager
- The registered manager
- Two healthcare professionals

We looked at:

- Four people's care records in full and specific aspects in other people's care records
- Three people's medicine records
- Three staff personnel files, recruitment, induction and training records
- Meeting minutes
- Records of complaints and compliments
- Management quality audits and checks

We also completed checks of the premises and observed how staff cared for and supported people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from avoidable harm. One person told us, "I'm safe. I have got my buzzer if I need anything. Staff are very attentive."
- A relative told us they were anxious when their family member's health deteriorated which meant they had to move into a nursing home. They said, "We came in not trusting anybody and now we trust them completely and have for a long time." This relative had no concerns with their family members safety.
- Safeguarding procedures were in place and staff understood how to keep people safe. Staff felt comfortable to report any concerns to the management team.
- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

Staffing and recruitment

- The provider had an effective recruitment process to prevent unsuitable staff working with vulnerable adults.
- There were enough clinical and care staff to meet people's varying and complex needs.
- Staff told us they worked well as a team to ensure people's needs were met.
- People and relatives were happy with the staffing levels in the home. Comments included: "There always seems to be someone around", "There always seems to be plenty of people running around" and, "We are never without anyone to help."

Assessing risk, safety monitoring and management

- People's needs had been assessed to identify any risks to their health and wellbeing, such as mobility, nutrition and skin damage. Risk management plans informed staff how to manage identified risks.
- Staff understood the importance of risk management. For example, one member of care staff described how important it was to ensure people at risk of skin damage ate and drank well.
- One relative told us their family member had risks around swallowing which were managed well by staff. They told us, "She is always propped up with pillows" which minimised any potential choking risk.
- Whilst most records evidenced people with skin damage were receiving appropriate care and treatment, we found two examples of where treatment was not delivered in line with the person's care plan. For example, one person's wound dressing had not been changed and another person had not been repositioned within the timeframes specified in their care plans. The registered manager took immediate action and implemented a new monitoring system to minimise the risks of this happening again. The deputy manager also assured us additional medical advice would be sought to review the time intervals between repositioning for some people, particularly during the night when people may not want to be disturbed.
- Regular safety checks of the building and equipment took place to make sure it was safe for people and

staff to use.

- However, the last fire risk assessment had been completed by an external contractor in May 2016 and had not been reviewed since as per Fire Authority standards. The risk was mitigated as there had been no changes to the structure or layout of the building in the last three years and records showed that services such as electricity and gas had been checked for safety. Following our visit, the registered manager confirmed a fire inspection had now been booked with an external contractor, to assure themselves, the fire risk assessment remained correct.

Using medicines safely

- Medicines were recorded and administered safely. People received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
- However, one person's records did not evidence that topical medicines, medicine applied directly to a person's skin, had been applied as directed. The registered manager took immediate action and implemented a topical cream audit which was to be completed during their daily walk around.
- Medicines were stored safely. There were clear records of storage temperatures and medicines were dated once opened. This reduced the risk of medicines becoming ineffective from incorrect storage or being used past their expiry date.
- Some people were given medicines covertly (disguised in their food or drinks). Records demonstrated this had been agreed in a person's best interests and authorised by a pharmacist.
- Protocols to guide staff when administering 'as required' medicines were in place.
- Staff were trained and competent before they administered medicines and staff were regularly reassessed.

Preventing and controlling infection

- Staff prevented the spread of infection by wearing personal protective equipment, such as gloves and aprons, when necessary.
- The home was clean and tidy and people's bedrooms were deep cleaned monthly as part of the 'resident of the day' cleaning schedule.
- One relative told us, "It is spotless, there is no issue, they are always in here cleaning up."

Learning lessons when things go wrong

- At our last inspection we found no system to analyse accidents and incidents. At this inspection we found accidents and incidents were now recorded and monitored to identify any patterns or trends with action taken to reduce potential incidents.
- The registered manager's analysis had identified falls happened most frequently between nine o'clock and midnight. As a result, staffing numbers had been increased to help mitigate this risk and the number of falls during this period had reduced.

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

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

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

- People's needs were assessed before they moved into the home to ensure their needs could be met.
- People and those closest to them contributed to their assessment which included their clinical and social needs. One person told us, "Before I came they sat and asked me loads of questions about how I liked things."
- People's needs were continually reviewed whilst living at the home in a 'weekly ward round' so that changes in a person's health could be responded to quickly.

Staff support: induction, training, skills and experience

- Staff received an induction and worked alongside experienced members of staff to help understand people's varying needs. One staff member told us, "I felt very confident after the shadowing."
- The provider's induction for staff new to care included starting the Care Certificate. The Care Certificate is a nationally recognised qualification in social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Training records demonstrated staff were encouraged to attend additional courses to expand their knowledge. The deputy manager told us they had recently taken staff to a dementia conference. A staff member told us, "It put things into perspective because you see it and feel it from their point of view." They explained this had improved their practice, such as standing in front of people when talking to them, so the person could see their mouth movement.
- People and relatives said staff had the skills to do their jobs well. Comments included, "Staff are well trained to look after me" and "They are skilled people, they are very skilled and care."

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

- People were supported eat enough to remain well. Staff knew people's individual needs and how to maintain their safety when eating, such as choking.
- People spoke positively of the food. Comments included, "The food is very good here. There is a good selection and it is very tasty" and "There is plenty to eat and drink."
- The chef knew people's specific dietary requirements such as allergies and specific health conditions and appropriate choices were offered.
- Some people were at risk of losing weight. The chef made homemade milkshakes every day which were offered to people at risk. Where necessary, referrals had been made to healthcare professionals such as dietician support.
- Following our visit, we spoke to a healthcare professional who told us, "The nutritional champion is very

good at keeping me up to date with nutrition and hydration needs. For the people I am seeing their weight is remaining stable. The support is good."

- Our observations and conversations with people showed us people were encouraged to drink regularly. One person told us, "It is one thing they always make sure I have enough to drink."
- However, staff did not always record when people were offered drinks but refused and fluids were not always added up correctly. This was discussed with the registered manager who explained a 'hostess' was employed on every shift to ensure peoples hydration needs were met. They provided assurance this would be addressed immediately.
- Following our visit, we discussed this with a healthcare professional who had found similar issues with the recording of fluids. They were in the process of arranging some bespoke training to support their recording in this area.

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

- People were supported to access to healthcare professionals when needed.
- Staff understood their responsibilities to obtain further advice or support if they noticed if any changes in people's health.
- One relative told us because staff knew their family member well, they were good at identifying changes in people's moods and behaviours that might indicate they were unwell. They explained their family member had a surgical intervention after staff recognised they were sleeping more than usual. Another relative told us they were 'very impressed' with the physiotherapy their family member was receiving to support them to maintain their mobility.

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

- Royal Leamington Spa Nursing Home is an older building which has been maintained and decorated to a good standard. It has a large garden that people told us they enjoyed spending time in.
- Many people living at the home were cared for in bed and therefore it was important for them to be able to get help or assistance when needed. Call bells were accessible in people's bedrooms, bathrooms and communal areas.
- Bedrooms were decorated to reflect people's own preferences and interests. One person told us how important it was to be able to personalise their room with their own belongings. They said, "It is as close as I can get to being at home. This room is my home."

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where there were concerns a person did not have the ability to make a specific decision, their capacity to do so had been assessed. Where people were deemed to lack the capacity to make a decision, decisions had been made in their best interests.
- Staff understood the principles of the MCA and offered people choices about how they lived their lives.

One staff member told us, "It is all about people's choice. We always ask even if we know as they might change their minds."

- A person told us, "They respect my choices and they ask if I like this or that."
- The registered manager understood their responsibility to comply with the requirements of the Act. They had made DoLS applications for people because they had identified potential restrictions on their liberty.

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People provided positive feedback about staff and the service. Comments included, "I love it here, I don't want to leave", and "I have recommended three or four people to come here. I can't fault them."
- A relative told us about their confidence in the standards of care within the home. They said, "It's like a weight has been lifted off our shoulders. The staff are all very welcoming, they are proficient and have a lovely attitude with [person]."
- Staff knew people well and understood the importance of forming good relationships with family, so they could find out about people and their likes and dislikes. One staff member told us, "You have to treat people how you would want to be treated. I always think of it like it is your mum or dad laying there."
- Staff told us they enjoyed working at the home. One said, "It is really enjoyable and a welcoming environment."
- We observed some very kind and thoughtful interactions between people and staff. One person had a 'special basket' and staff understood the value this had to the person and ensured this was always with them.
- On the day of our visit, staff celebrated a person's birthday with them and their family with a cake and balloons. A family member commented, "That was really special."
- The registered manager told us that equality and diversity was actively promoted within the home. They explained they worked within a multicultural environment and it was important people and staff felt they were treated equitably.
- People's spiritual and religious needs were supported with visits from different faith groups. The activities co-ordinator told us, "We have a lady who likes the Bible so we read the Bible to her."

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

- People were supported to express their views and were involved in making decisions about their care.
- Staff communicated with people in a variety of different ways to empower them to make informed choices. For example, one person communicated using pictures.
- Where people needed extra help to make decisions, referrals had been made to advocacy services when people did not have an appropriate person to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. One person told us, "They respect my privacy by closing the curtains and the door when they are helping me with personal care."
- Relatives told us that staff promoted their family members dignity and wellbeing. Comments included,

"She always looks presentable" and "She is very happy with the personal care she has been getting."

- Although most people were very frail and dependant on staff to meet their needs, where possible staff encouraged people to maintain or regain their independence. For example, one person was being encouraged to be independently mobile following an illness. Their relative told us, "[Person] has commented that when she has been walking down the corridor with her walker, staff have said 'well done'."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. The views of people, their relatives and other health and social care professionals had been considered when plans for people's care had been put in place and reviewed.
- Care plans focussed on people's whole life and gave staff information about people's backgrounds, interests and hobbies. The activities co-ordinator told us they used this information to generate conversations with people, for example, "Some people talk about recipes and their favourite food."
- Each person had a pen picture of their primary needs on the inside of their bedroom door. This ensured all staff, especially any new staff, had immediate access to important information that would enable them to respond appropriately to each person's individual needs.
- People told us they were able to take part in different activities that interested them.
- One person told us they were very involved in planting plants and flowers in the garden. They told us, "It has given me something to do and I enjoy it, I love flowers." A staff member told us they were planning a sensory area of the garden with the person once the weather had improved.
- There was a photo board in the entrance with information about the planned activities for the week. There were also photos of people enjoying being involved in different activities. On the second day of our inspection people enjoyed a game of bingo in the afternoon.
- Staff used innovative ways to achieve excellent outcomes for people. For example, one person who had moved into the home had initially not wanted to leave their bedroom due to anxiety. With consistent support from staff this person's confidence increased to a point where they felt comfortable leaving their bedroom. This person had dreamed of travelling abroad to visit an important location, close to the family's heart. They spent two years planning this trip and last year they achieved their dream with the support of two staff from the home.
- Another person had not been able to get out of bed for two years at a previous care home. Staff supported the person to source an adapted wheelchair. The person built trust with staff who helped them to access the community with their loved ones. Comments from the person's family at the time included, "I will always remember [person's] face when the wind blew."
- A high proportion of people in the home were frail and were either cared for in bed or chose to remain in bed for most of the day. Staff made sure people in their rooms had their television or radio on with programmes or music that reflected their individual likes or preferences.
- Relatives told us staff spent time with people in their rooms. One relative said, "[Name of activities co-ordinator] is a nice girl, she does the activities. She comes and reads to [person] two or three times a week". The activities co-ordinator told us, "For people who are really poorly, I will just hold their hand and read a poem so they know I am there."
- Staff understood the Accessible Information Standard. People's communication needs were identified and recorded in care plans. We saw evidence the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- A system was in place to promote, manage and respond to complaints or concerns raised. Records showed action had been taken to investigate complaints and concerns and the registered manager took learning from these to improve the quality of care.
- People and relatives knew how to raise concerns and were confident action would be taken. One person told us, "I would go and speak to the manager, he is always ready to lend an ear."

End of life care and support

- Staff provided care for people at the end of their life, whether they lived at the home long term, or had gone there direct from hospital to receive end of life care.
- The deputy manager told us about a success story they had with a person who was admitted to the home for end of life care. With the person's determination and the care from staff, the person lived at the home for two years and their quality of life increased.
- People's choices for their end of life were recorded in their care plan. This included a 'respect form' which recorded important information such as whether a person wished to be resuscitated.
- The service had received positive feedback about their end of life care. "It was a great comfort to know that he was being so well looked after and treated with respect and in a manner, that kept his dignity."
"Thank you for making my Mum's last week of living so comfortable. I was really impressed with the nursing care she received."

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives knew who the registered manager was and told us they were available when needed.
- The registered manager told us it was important they were visible to people, relatives and staff to promote an open culture and to keep up to date with the changing needs of people.
- Staff felt confident in the leadership of the home and the support of the wider staff team. Comments included, "It is the best manager ever and strong team work" and "If I need to see a manager I don't need to make an appointment."
- Following our visit, we spoke to a healthcare professional who told us, "The clinical knowledge within the nursing team is good. Care is delivered methodically. It's a great home that is a work in progress."
- The provider visited the home regularly and was known to people and staff. The registered manager spoke positively of the support they received and said, "He is a hands-on boss and very involved in the home. He gives me all the support, anything I need and we talk nearly every day."
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated a good understanding of their regulatory requirements and had provided us with notifications about important events and incidents that occurred at the home.
- The registered manager kept their knowledge of legislation and best practice up to date. This included important issues within the local community as they were part of the Warwickshire registered managers meetings and also attended the local provider forums.
- A range of systems were used to continually monitor and evaluate the quality of the service provided. For example, this included daily, weekly and monthly audits of clinical issues, health and safety, infection control, accidents and incidents, and medicines. Where issues had been identified, a home improvement plan had been put in place and signed off when completed.
- However, these systems had not always identified risk to people's safety. For example, the gaps in topical cream, repositioning charts and fluid monitoring. Following our visit, the provider had taken steps to strengthen their audits to include closer scrutiny of important records to ensure people continued to receive good outcomes.
- The provider also arranged for an external quality assurance company to audit the service to ensure best practice was being followed. They visited the home quarterly and we were told about the positive impact this had on the home. For example, records for covert and patch medicines had been improved.

- Staff told us they were encouraged to develop their careers and expand their knowledge to benefit the service. One staff member told us, "[Registered manager] will encourage us to develop our careers and find a way for us to do it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to give feedback through an annual survey. We saw the result of the last survey was positive overall. One area where improvements were identified was in the provision of activities. In response, the registered manager had sent the activities staff on a training course and new activities were being introduced into the home.
- Regular staff meetings and supervisions took place to promote effective communication. One staff member told us, "We have good communication. The nurses listen very well."
- The activities co-ordinator told us they arranged various functions and events during the year where relatives and people living within the local community were invited. They told us it was important people understood the care being provided in nursing homes.

Working in partnership with others

- The registered and deputy manager spoke passionately about working in collaboration with their GP practice to reduce hospital admissions. They had recognised that sepsis had been a main cause of hospital admission within the local community and arranged specialised training to enable staff to recognise early warning signs. The service adopted a pilot scheme and used the modified early warning score (MEWS) system to recognise signs of sepsis. The deputy manager told us this had reduced hospital admissions as medical intervention was sought at the earliest opportunity. They aimed to share this with other local care homes to improve outcomes for people living in nursing care and reduce hospital admissions within the area.