

Leazes Hall Care Home Limited

# Leazes Hall Care Home

## Inspection report

The Leazes  
Burnopfield  
Newcastle Upon Tyne  
Tyne and Wear  
NE16 6AJ

Tel: 01207271934

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14 June 2016

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 18, 22 December 2014 and rated the service as 'Good' After that inspection we received concerns in relation to the building and the care provided to people using the service. As a result we undertook a focused inspection on 14 June 2016 to look into those concerns. This latest inspection was also unannounced. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leazes Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Leazes Hall Care Home is situated in the village of Burnopfield, County Durham. It is an extended Grade II Listed building originally built in the late 18th century and can accommodate up to 50 people. At the time of our inspection there were 45 people using the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had in place emergency evacuation plans and these were readily available to emergency rescue services.

We found people were given their oral medication in a safe manner and the clinic area was well organised and well run. However we could not be assured that everyone was given their prescribed topical medicines (creams to be applied to the skin) as required.

People living in the home had been diagnosed with a dementia type condition and we found the premises required further adaptations to ensure people living with dementia were able to safely navigate around the building.

Staff, including night staff and agency nurses were provided with appropriate training and supervision to enable them to carry out their duties. We saw staff also had in place an annual appraisal where they discussed their performance.

The home met the requirements of the Mental Capacity Act 2005 and we found applications had been made to the required authority under the Deprivation of Liberty Safeguards (DoLS). This meant people were appropriately deprived of their liberty and kept safe in the home.

The service had worked with other agencies to ensure people's nutritional needs were met. We saw the home had in place arrangements which meant people who required nutritional supplements were given them as prescribed.

Checks on the building were carried out at regular intervals to ensure people who lived in the home were kept safe. These included fire checks, specialist bed checks and checks on bedrails. We found the home had in place an in date fire risk assessment and updated gas and electric certificates.

The service had in place robust recruitment procedures. Checks were carried out on staff before they commenced working in the service and prospective staff were required to provide details of their past experience and knowledge.

People had a choice of food to eat at mealtimes. We observed staff supporting people to eat at their own pace.

A monthly newsletter was provided to relatives and visitors about the home.

We observed staff communicating with each other about people's care needs. There was handover information available in the clinic room and tasks had been allocated to staff to carry out at each handover. This ensured the smooth running of the service.

During our inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not always safe.

We could not be assured that people were given their prescribed topical medicines.

Staff underwent the appropriate checks before they started working in the home.

We found a comprehensive range of checks on the building had been carried out to ensure people who lived in the home were kept safe.

**Requires Improvement** ●

### Is the service effective?

The service not always effective.

The premises required adaptations made to ensure the provider was doing all that was possible for people living with dementia.

People were given a choice of meals and we observed staff supported people to eat in an unhurried manner. Information was readily available to staff on people's dietary needs.

We found appropriate arrangements were in place to support staff including training, supervision meetings and appraisals.

**Requires Improvement** ●

# Leazes Hall Care Home

## Detailed findings

### Background to this 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 was planned to check 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.

We carried out an unannounced comprehensive inspection of this service on 18, 22 December 2014 and rated the service as 'Good'. After that inspection we received concerns in relation to the building and the care provided to people using the service. As a result we undertook a focused inspection on 14 June 2016 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leazes Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The inspection team consisted of an inspection manager and an inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

During our inspection we reviewed four people's care records and also looked at people's oral medicines records, topical med food and fluid charts. We spoke with three people using the service and carried out observations of people using the service who were unable to speak for themselves.

We spoke with the registered manager, two nurses and four members of the care staff. We also spoke with two visitors to the home..

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

## Is the service safe?

### Our findings

We talked to people about feeling safe in the home. One person said, "I feel safe coming here, the staff are kind." We carried out observations of people who were unable to speak for themselves and found they enjoyed the interaction with staff. No one showed any distress with staff members.

We found medicine records were up to date and medicines were administered at the right times. We saw copies of the medication records, which identified the medication type, dose, route e.g. oral and frequency. Controlled drugs are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. Staff were able to demonstrate to us the controlled drug procedures and we sampled the controlled drugs. We saw the medicines fridge daily temperature record and saw that all temperatures recorded were within the advised temperature guidelines. Clinical staff were able to respond promptly to our questions and were also able to access the information and documentation we required without any hesitation. They told us about people who had been assessed as needing their medicines covertly and told us what actions they took to meet people's individual needs.

People's care plans included their needs for topical medicines; these are prescribed creams used on top of people's skins. We found the topical medicines were kept in people's bedrooms. Whilst some people had body maps in place to guide staff where to apply the medicines, the frequency of application the amount to be applied we found some people did not have application records in place. We asked staff to assist the inspection and find the application records. Staff were unable to do this. This meant there was not a contemporaneous record of the care and treatment of people in relation to topical meds.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at five staff recruitment files and found the service had carried out the required checks on prospective staff members to ensure they were safe to work with people. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We saw the service had carried out DBS checks on staff and sought references to assess the suitability of prospective staff members. Each person who had applied for a post had completed an application form detailing their past experience, qualifications and training. The service had sought information to check the staff member's identity. This meant the registered provider had in place a robust recruitment process.

The registered manager told us there were no on-going investigations into disciplinary issues or whistleblowing concerns raised by staff. Whistle blowing is where staff raise concerns they may have about the service.

We checked to see if the registered provider had in place arrangements to ensure the building was appropriately maintained to keep people safe. We found the service had in place a current fire risk

assessment and fire checks had been carried out. There were audits in place of each room and if any faults had been identified these were quickly rectified. Gas and electrical installation certificates were available and in date. Regular checks were in place for specialist beds, bed rails and the nurse call system. The registered provider also had in place a contract for the removal of clinical waste. This meant the registered provider had put in place systems to ensure people who lived in the home were kept safe.

People who lived in the home had personal emergency evacuation plans (PEEPs) in place. These were kept in the reception area which meant they were accessible to emergency rescue services who would have available to them information on people's support requirements to evacuate the building.

We looked at the accident records of the home and found there had been a significant number of accidents including falls since our last inspection. Each of the accidents had been recorded and where people had sustained injuries actions had been taken to seek medical attention. We looked at the audits carried out by the registered manager and found they had audited the accidents where people had multiple accidents in the home and had put actions in place to prevent re-occurrences. We discussed with the registered manager alternative arrangements to review the accidents for example by location to ensure they done all that was possible to reduce the number of falls. The registered manager agreed to look into this.

Arrangements had been put into place by the registered manager to ensure risks of cross infection were reduced. Staff explained to us the routine in the laundry and what actions they took to ensure dirty and clean laundry did not get mixed together. We found people's bedrooms and the communal areas of the home to be clean and tidy. We saw the kitchen area and the trolleys designed to store hot food were clean and free from a build-up of waste food.

During the inspection we heard and saw nurse call bells were responded to promptly by staff. This indicated that there were sufficient numbers of staff on duty in order to meet the needs of people using the service. We observed there to be sufficient staff on duty to support people to eat at mealtimes. We discussed with the registered manager staffing levels. They told us over the last six months there had been an increase in people's needs and she was monitoring staffing levels in relation to those needs

## Is the service effective?

### Our findings

People talked to us about their breakfast. One person described the choices they had and said, "I enjoy my food here." Another person told us they can go out in the garden, "But don't bother much", they commented on the peacock in the garden and said it was lovely to see the bird.

At our last inspection we found the building was not designed to aid people living with dementia orientate themselves. We spoke with the registered manager about what actions they had taken. They showed us they had put in place signage to guide people to their bedrooms.

The registered manager provided us with a list of people using the service and we found out of 45 people living in the home 30 people were diagnosed with a dementia type condition. Prior to the inspection we were alerted to the fabric and design of the building including sloping corridors, patterned carpets and items stored in corridors which people had to navigate. We found the service had not incorporated the guidance provided in the government's Health Building Note 08-02 Dementia-friendly Health and Social Care Environments.

We asked the registered manager for a list of falls and found there were a significant number of falls in the home which had resulted in injuries but also where people had fallen and no injuries were sustained. During the inspection we found equipment was stored in communal areas including lounges, and bathrooms and toilets. We observed people letting go of handrails designed to support them as they had to walk around trolleys on wheels in the corridors. This meant the premises were not suitable for the purpose for which it was being used.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can 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. We found the service had assessed people's capacity and had made application to deprive people of their liberty to the appropriate authority. Staff had been trained in Mental Capacity and DoLS. The registered manager had informed CQC of all the applications they had been made. We advised the manager CQC required only notifications which had been approved and they agreed to do this in future.

The provider had in place a training company who arranged the training for the staff. We saw the training company provided an updated training matrix to the registered manager which enabled the registered manager to monitor the training. We found the training company provided training at night to involve night shift staff and agency staff had been included the training sessions. This meant all staff were kept up to date.

We saw staff members received regular supervision from their line manager. A supervision meeting takes place between a staff member and their manager to assess the staff member's performance, identify their training needs and address any worries or concerns they may have about their work. We saw the service had in place a checklist for discussion during a supervision meeting which covered tasks such as eating and drinking, communication and mobility. In one staff member's file we saw their supervisor had written, "[Staff member] delivers a high standard of care to the residents". Staff had also received annual appraisals from their manager. This meant staff were supported to carry out their duties.

Staff confirmed to us they had received training. We saw the staff training included, nutrition, emergency first aid, moving and handling, oral health, equality and diversity, health and safety as well as specific training to meet people's diagnosed conditions for example epilepsy, dementia and Parkinson's disease. We also saw senior care staff had received additional training to support the nurses including venepuncture and were able to take people's blood pressure with the understanding of what blood pressure readings meant. We found staff had received training pertinent to their roles and had been provided with appropriate developmental opportunities to enable them to carry out their roles.

We carried out observations over a breakfast and a lunchtime period and found people were able to eat their meals at their own pace. People were given a choice of meals and where required were supported to eat. Staff communicated with each other about people who were being cared for in their bedrooms and ensured those people received their meals. We noted people's dietary needs had been assessed and there were lists of people's requirements available to staff in each of the dining rooms. This meant staff had access to information about people's food and drink requirements at each mealtime. We also found some people had food and fluid charts in place to monitor their intake and these were kept up to date by staff.

The service had used the Malnutrition Universal Screening Tool (MUST) to monitor if people were at risk of malnutrition. The staff weighed people on a regular basis. We saw where people were at risk of losing weight the service had involved GP's and dieticians. Arrangements were in place to ensure where people were prescribed dietary supplements these were given to them and signed for by the staff.

The home had in place a monthly newsletter which communicated to visitors to the home events which had taken place and also "Dates for your Diary". Communication in the home was also assisted using handover information written in a handover book. The book detailed tasks to be carried out and the tasks were allocated to individual staff. This meant tasks were clearly defined and accountability arrangements were put in place.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Premises required adaptation to meet the needs of people diagnosed with dementia type conditions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Accurate and up to date records of people's topical medicines were not in place.