

## Leazes Hall Care Home Limited

# Leazes Hall Care Home

### Inspection report

The Leazes  
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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 

## Overall summary

This inspection took place on 18 and 22 December 2014 and was unannounced. This meant the staff and the provider did not know we would be visiting.

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 set in its own grounds with outstanding views from the back and well maintained gardens to the front. The accommodation included 48 bedrooms, 3 lounges, 2 dining rooms, a conservatory, several bathrooms and communal toilets.

Leazes Hall Care Home provides nursing care and accommodation for up to 50 people. On the days of our inspection there were 48 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

# Summary of findings

Leazes Hall Care Home was last inspected by CQC on 19 August 2013 and was compliant.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. We found the manager was following the requirements of DoLS.

We found evidence of mental capacity assessments or best interest decision making in the care records. Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions and the provider had made applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people being restricted of their liberty.

People were protected against the risks associated with the unsafe use and management of medicines.

The levels of staff provided were based on the dependency needs of residents.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia.

People who used the service were complimentary about the standard of care at Leazes Hall Care Home. They told us, "I am very happy with the home." and "I can't say anything against the staff they are wonderful."

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity and respect. People were encouraged to care for themselves where possible.

We saw that the home had a programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed before they moved into Leazes Hall Care Home and we saw care plans were written in a person centred way.

We saw that pre-admission assessments had been carried out. We saw that daily records were up to date. Care plans and risk assessments were in place when required. Care plan reviews were up to date.

We saw weight, malnutrition universal screening tool (MUST), food charts, fluid balance charts and waterlow records, which assess the risk of a person developing a pressure ulcer, were completed regularly and were up to date.

We saw records of visits by healthcare professionals, such as GP's, social worker, speech and language therapist, podiatrist, falls team, community psychiatric nurse, physiotherapist, dentist and district nurse.

We saw evidence that people using the service, their relatives, visitors or stakeholders were asked about the quality of the service provided.

# Summary of findings

## 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.

Staff had knowledge on safeguarding and knew how to identify and raise safeguarding concerns.

Medicines were stored securely and administered as required.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staffing was provided to meet the dependency needs of people who used the service.

Good



### Is the service effective?

The service was effective.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS) and had made applications to apply it in practice.

Staff were properly supported to provide care to people who used the service and mandatory training was up to date.

People had access to food and drink throughout the day and we saw staff supporting people when required.

Good



### Is the service caring?

The service was caring.

People who used the service were complimentary about the standard of care.

Staff treated people with dignity and respect and people were encouraged to care for themselves where possible.

People we saw were well presented and well groomed and we saw staff talking with people in a polite and respectful manner.

Good



### Is the service responsive?

The service was responsive.

People were supported by caring staff who respected their privacy.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs. The home had a programme of activities in place for people who used the service.

The provider had a compliments, concerns and complaints procedure in place.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People using the service, their relatives, visitors and stakeholders were asked about the quality of the service provided.

Staff we spoke with told us they felt able to approach the manager and safe to report concerns. They told us they felt supported in their role and that the manager listened to them.

People who used the service had access to healthcare services and received ongoing healthcare support.

# 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.

This inspection took place on 18 and 22 December 2014 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector. The inspection also included a second Adult Social Care inspector and an Expert by Experience. An Expert by Experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and

complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service and two family members. We also spoke with the registered manager, the registered provider, six staff, a visiting professional, agency staff and an external training provider.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files of four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

For this inspection, the provider was not asked to complete 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. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

A person who used the service told us “I am very happy and feel safe here.” We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

The building provided adequate space for people but some corridors were obstructed with lifting equipment and wheelchairs. We noted several corridors were poorly lit and many had sloping floors. Some stairways and steps were poorly highlighted. This meant that people with walking aids or wheelchairs may find it difficult to mobilise safely around the home.

During the first day of our visit we saw a missing tap handle in the ground floor visitor’s toilet, bread with the use by date of 22/11/14 in the pantry and a stairlift out of order. We mentioned these issues to the manager and saw that these had all been addressed on the second day of our visit.

We saw windows fitted with restrictors to reduce the risk of falls and wardrobes in people’s bedrooms were secured to walls. Call bells were placed near to beds and chairs and were answered quickly.

People who use the service told us “I am very happy with my room here” and “I have a nice room.”

En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. Handrails were secure.

Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap and towel dispensers and easy to clean flooring and tiles. We saw equipment in place to meet people’s needs including hoists and shower chairs.

We looked at the safeguarding file and saw reports of safeguarding incidents and concerns. These included the name of the person involved, the nature of the incident/ concern, what action had been taken and who else had been informed, for example, police, CQC etc. We saw copies of local authority safeguarding adults initial decision forms, which described details of the incident, what action had taken place and whether safeguarding had been invoked. We saw a risk threshold tool was used to determine

whether the person involved lacked capacity or could protect themselves. We also saw witness statements from members of staff describing what they saw and what action they took in relation to safeguarding incidents.

We saw a copy of the protection of vulnerable adult’s policy displayed on the home’s notice boards. This described the provider’s commitment to preventing inappropriate behaviour and advised people to discuss any concerns immediately with the manager or inform “Social Care Direct” contact details were provided.

We saw an annual fire risk assessment review had taken place in October 2014. In addition there were risk assessments in place for health and safety management, first aid at work and control of substances hazardous to health (COSHH). These were all up to date and relevant.

We looked at the personal emergency evacuation plan (PEEP) policy and procedure. This described the emergency evacuation procedure for the home and included a colour coded moving and handling chart for each person who used the service. This included the person’s name, room number and impairment or disability.

We looked at the falls management policy and procedure, which explained that all falls should be immediately recorded in the care plan daily records and reported to the manager or deputy manager. We saw the accident report book, which recorded accidents that had taken place in the home.

We discussed staffing levels with the manager and looked at documentation. The manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff and regular agency nurses. During our visit we saw the home was staffed with one nurse, one senior care assistant and ten care assistants.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member’s previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, marriage certificates, national insurance cards

## Is the service safe?

and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed the medicines procedures with the Nurse-in-Charge and looked at records. We saw medicines were stored securely in two locked medication trollies which were secured to the wall in a medicine store room which was kept locked at all times when not in use. We looked at the medicines administration charts (MAR) for five people and found no omissions. We also looked at the 'controlled' drugs for two people and found the drugs in stock matched the records. The controlled drugs cabinet was locked. Records were kept for medicines received and disposed of.

We saw that medicines audits were up to date. We also saw that temperature checks for refrigerators and the medication storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was observed by senior staff. This meant that the provider stored, administered, managed and disposed of medication safely.

During the first day of our visit we noticed some problems with cleanliness of the home. For example we saw daily toilet cleaning schedules had not been completed since

the 16/12/14. The plastic stands presenting the menus on the tables and the dresser in the dining room near to the conservatory were dirty. There was a noticeable build-up of grime on the backs and arms of chairs throughout the home. Crash mats in people's bedrooms were dirty.

We discussed the cleaning of the home with the manager and looked at records. The manager told us there were usually two cleaners on duty every day between 7am and 4pm however due to recent sickness and holidays there had only been one and there had been no cleaner on duty on 17/12/14. Staff told us "We get done what we can but it is hard going" and "I have been delayed today because I had to go and clean some carpet areas". "Normally there would be two cleaners per day" and "Many of the staff have gone down with a bug". "[Name] helps us out from the laundry when she is available" and "When there are three of us we get deep cleans done and move furniture". We saw that on the second day of our visit the home was cleaner with no unpleasant odours.

We saw copies of monthly infection control audits, which were up to date. These included audits of the environment, equipment, general environment, clinical room, bathrooms, utility room and domestics' room. No actions had arisen as a result of the audits we looked at for October 2014, November 2014 and December 2014.

We spoke with a visiting professional who told us "Their infection control here is spot on, they are always washing their hands."

# Is the service effective?

## Our findings

We asked people who used the service, and family members, if they were happy with the food provided at Leazes Hall Care Home. They told us, “The food is normally very good, sometimes it’s not to my liking.”

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We observed staff chatting with people who used the service. There were well presented menus on the dining room tables, showing pictures of the meals. The atmosphere was calm and not rushed.

People who lived at Leazes Hall Care Home received care and support from trained and supported staff. We saw a copy of the provider’s annual training plan for 2014. Mandatory training included moving and handling, first aid, fire safety, dignity in care, medication awareness, safeguarding of vulnerable adults, infection control, health and safety and food hygiene. We looked at the training records for four members of staff and saw certificates, which showed that mandatory training was up to date.

Staff we spoke with told us “I have completed several training courses including manual handling, quality of care and infection control” and “If I wanted to carry out further training I would ask the manager and I am sure it would be considered.”

From the training records we looked at we saw that staff had received a thorough induction. Records also contained competency checklists for specialist training completed by nursing staff including catheterisation, venepuncture and percutaneous endoscopic gastronomy (PEG) feeding.

We spoke with the operations director from the external training provider for the home. He told us about the training planned for 2015.

The manager showed us a copy of the staff supervision and appraisal plan for 2014. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We checked four members of staff’s records and saw supervisions and appraisals had been

carried out and recorded. Staff we spoke with told us “I am very happy working here.” This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the manager, who told us that there were DoLS authorisations in place and others had been applied for. This meant the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment.

We saw that consent forms had been completed in the care records we looked at for the recording of information, taking photographs and the use of bedrails. All of these had been signed by the person using the service or the person’s representative. In two people’s care records, we also saw copies of bedroom key wishes. These had been signed by the person’s representative.

We saw there were robust handover arrangements in place for staff to communicate resident’s needs, daily care, treatment and professional interventions between shifts both orally and in writing. In addition we looked at the ‘allocation book’ which recorded staffs daily duties and responsibilities. We also saw records detailing the communications between professionals and people’s next of kin.

Many of the bedrooms had lovely views. Most bedroom doors were numbered and some displayed people’s name. We saw clear signage on all toilet, bathrooms and utility room doors. The white boards hanging in the bedrooms were shabby and did not help to promote a homely feel. The layout of the building had many corridors and stairways leading off in various directions to separate sleeping and living accommodation which could be difficult for some people to navigate. The building was not designed to aid the orientation of people with dementia. We saw handrails were not clearly identified and all the passageways and doors were painted the same colours.

## Is the service effective?

We spoke with the registered manager about the good practice guidelines in the design of homes and living spaces for people with dementia. The registered manager told us that the home had just recently been redecorated in neutral shades as the previous colour scheme had not

been to everyone's liking. The registered manager agreed to look into improving the design and layout of the home to support the orientation of people with dementia in consultation with the people who used the service and their relatives.

# Is the service caring?

## Our findings

People who used the service, and family members, were complimentary about the standard of care at Leazes Hall Care Home. They told us, “I am very happy with the home.” and “I can’t say anything against the staff they are wonderful.”

People we saw were well presented, well groomed and looked comfortable. We saw staff talking to people who used the service and encouraging them to engage in chatting and laughing. Staff interacted with people at every opportunity, for example having conversations with people or asking people if they wanted help when they saw them in the corridors.

We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

We saw in the care records that people who used the service had been consulted about their wishes in respect of expressing their sexuality, religious matters and end of life.

We saw copies of daily report sheets, which showed staff had involved family members in reviewing care plans and

assessments. We spoke with a relative of a person who used the service who told us, “I am always welcomed by the staff, they know who I am and keep me well informed of my relative’s health.”

We saw a copy of the advocacy policy and we also saw from care records that people had access to advocates to help them understand the decisions which affect their lives and ensured their views and wishes were heard.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence.

We saw the bedrooms were individualised with people’s own furniture and personal possessions.

We sat with people in the lounge and conservatory and asked if they were happy. They told us, “I am comfortable and well looked after” and “There are nice people here.”

We saw a member of staff available at all times throughout the day in most areas of the home. Staff focussed on the resident’s needs. We spoke with agency staff who told us “The staff in this home really care about the residents.”

We observed a church service in the conservatory. We saw staff asking people if they wanted to attend. Staff were explaining the event to people with gentle encouragement. Staff knew which people would be interested in attending.

# Is the service responsive?

## Our findings

We saw the service employed an activities co-ordinator and we asked people about activities. They told us, "I enjoy taking part in the ball games", "We had some local school children in to sing to us", "I would like more games and activities" "I can ask to go shopping for clothes and staff will take me to the Metrocentre" and "I would love to have a sing song, but they don't have them here." There was a notice board with photographs of recent trips out. This meant the activities coordinator engaged people in activities.

We saw a copy of the service's 2014 annual newsletter. This provided a summary of activities that had taken place during the year, for example, visits to Newcastle quayside, Hall Hill Farm, the Metrocentre, Tynemouth, Beamish Museum and walks in the local village. The manager told us that the home did not have its own transport but on average, six times a year, they would book a local bus to take the people who used the service on trips.

We looked at four care records. We found care records were consistent and up to date. We saw that pre-admission assessments had been carried out, which included personal information, next of kin, GP and social worker details, medical history, communication needs, medication, dietary requirements and any mobility issues.

We saw that daily reports were up to date and included updates on the person's well-being, diet, preferences and professional interventions carried out that day.

Care plans were in place for maintaining a safe environment, communicating, breathing, nutrition, personal care, mobilising, expressing sexuality, sleeping, spiritual needs, psychological/emotional wellbeing and pressure sores. Care plans were person-centred to the individual and were written in collaboration with people who used the service and their representative. For example two people had signed to confirm their preference to have their own door key for their bedroom. Each care plan had a monthly review sheet, which were up to date.

Risk assessments were also in place for patient handling, falls, nutrition, use of bed rails, wheelchairs and hoists. Assessments contained recommendations from professionals including occupational therapists, and speech and language therapists. Risk assessments were regularly reviewed and were up to date.

We saw that one person who used the service had twelve falls in November 2014 and a further six in December (1st to 20th). We saw this person had a mobility care plan in place. An evaluation of the care plan on 11 October 2014 stated, "[Name's] mobility is getting worse and requires assistance of the staff for her mobility needs." The evaluation on 13 November 2014 stated, "Care plan continues to meet [Name's] needs." This care plan did not reflect the person's recent falls and increased risk although there was evidence of referrals made to relevant professionals, for example, the GP, falls team, physiotherapist, district nurse and community psychiatric nurse. We brought this to the manager's attention who told us this was an oversight and the care plan would be rewritten to reflect the individual's current needs.

We saw weight, (MUST) which is a five-step screening tool to identify if adults are malnourished, at risk of malnutrition, or obese, waterlow, behavioural charts and fluid balance records were completed regularly and were up to date. We also saw records of visits by healthcare professionals.

We spoke with a visiting professional who told us "Staff here always have a good knowledge of the residents and their needs, they can always tell me exactly what the problems are with all the residents."

We saw two people had a detailed 'This is me' in their care records. This is me is a tool available from the Alzheimer's Society for people with dementia to complete which lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. This meant the service enabled health and social care professionals to see people as individuals and deliver person-centred care that was tailored specifically to their needs.

We saw a copy of the complaints, suggestions and compliments policy and procedure displayed in the entrance hall. This described how complaints could be made and what the procedure was for dealing with them. For example, an acknowledgment of the complaint would be made within 24 hours, complaints should be resolved within 28 days and people's rights to refer to the ombudsman. We saw a copy of the complaints procedure on display on the home's notice boards.

We discussed complaints with the manager, who told us that no formal complaints had been received. She explained that she had an open door policy and if people

## Is the service responsive?

who used the service, or their family members, had any issues, they were dealt with straight away and not documented. We discussed with the manager that it would be useful to record these conversations as evidence of actions taken and lessons learnt.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns. They told us they felt supported in their role and that the registered manager listened to them. Staff told us “I would have no problem approaching the manager with issues.” and “The manager is very supportive, the staff and the manager work to their best ability, it is a lovely place to work.”

We looked at what the registered manager did to check the quality of the service. We saw that a laundry audit was carried out on a monthly basis. This included an audit of storage, equipment, training, staff practices, cleaning, ordering and the use of personal protective equipment (PPE). There were no concerns identified as a result of the audits we looked at for September 2014, October 2014, November 2014 and December 2014.

We saw electrical equipment test records and bedrail maintenance records dated December 2014. We saw completed and up to date monthly repair and maintenance records for bedrooms and communal areas and hot water checks, which were all within relevant guidelines. We also saw records of fire safety and detection equipment checks, lift and hoist service records and gas safety checks were all up to date.

We looked at what the registered manager did to seek people's views about the service and we spoke with the registered provider who told us that he would welcome any recommendations for improving the quality of the service.

We saw the results of the annual service user satisfaction survey dated July 2014. This included forty six questions about the quality of the service, including staff, management, food, activities, independence, privacy, accommodation and complaints. We looked in detail at ten of the responses and found that most rated the service good or very good, and none of the ratings were worse than average. Comments included, “No faults, I am content” and “It’s a wonderful place.”

We also saw the results of the family satisfaction survey dated July 2014. This asked fifteen questions about the quality of the service and also provided good results. Comments included, “Always informed of my relative’s falls.”

We saw the results of the employee satisfaction survey dated December 2014. There were 22 surveys returned and provided good results. Staff felt able to approach the registered manager, their training needs were met and they felt involved in the running of the home. Comments included, “Training needs are met”, “Regular meetings to keep us up to date” and “My employer is supportive if I ever need to speak to her.”

Staff meetings were held regularly. We saw a record of a care staff meeting dated 6 October 2014. Six staff were in attendance at the meeting. Communication with residents, job roles and attitudes, completion of records, training, and health and safety were all discussed. We also saw a record of a kitchen staff meeting in November 2014. Four staff attended the meeting. Discussion items included providing snacks and biscuits at 2pm and requests from residents for different flavoured pies were discussed. We spoke with kitchen staff who told us that these changes had been implemented.

This meant that information about the quality of the service was gathered from a variety of sources.

We saw a copy of the provider’s business continuity plan that had been reviewed in January 2014. This identified how many people who used the service could help themselves in an emergency/disruption to the service situation (4/48) and how many required assistance from staff members. It also included checklists for staff to follow, including what to do in case of loss of the residential areas.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP’s, social worker, speech and language therapist, podiatrist, falls team, community psychiatric nurse, physiotherapist, dentist and district nurse.