

Top Care Homes Limited

Legra Residential Care Home

Inspection report

54 Salisbury Road
Leigh On Sea
Essex
SS9 2JY

Tel: 01702712222

Date of inspection visit:
07 August 2018

Date of publication:
31 August 2018

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

The inspection took place on the 7 August 2018.

Legra Residential Care Home provides accommodation and personal care for up to 17 people some of whom may be living with dementia. At the time of our inspection 15 people were living at the service. The service was provided over two floors. There was access to the upper floor via a lift. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from other health care professionals. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views, they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Legra Residential 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 the 7th August 2018 and was unannounced. The inspection team consisted of one inspector.

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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with five people, the registered manager, regional manager, deputy manager and two care staff. We reviewed four care files, three staff recruitment files, audits and policies held at the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "There is a nice ambience here." Another person said, "I feel much safer here, I was having a lot of falls at home and I have not had any since I have been here."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report anything to a senior or to the manager and write everything down. If needed I could take it to a manager at another service or a higher authority, like the council." The registered manager was fully aware how to raise safeguarding concerns with the local authority to protect people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments and skin integrity. Staff knew it was important to follow these assessments to keep people safe. Assessments were regularly reviewed and kept up to date for staff to follow. Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service. People had personal evacuation plans in place and staff knew what to do in an event of an evacuation. The registered manager also had a business contingency plan in place in the event of a disruption to the service.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. The fire alarm system had been upgraded and door guards added to some doors.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

There were sufficient staff to meet people's needs. The registered manager told us that they only used agency if regular staff could not cover shortages such as when staff were on leave. The registered manager held profiles for any agency used and we saw that they had an induction to the service. A dependency tool was used as a guide to calculate staffing needs at the service. Throughout the inspection we saw that there were staff available to spend time with people and to meet their needs.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufacturer's guidance. We observed a medication round and saw that the staff wore a

tabard to instruct people not to disturb them during the round. We reviewed medication charts and saw that these were all completed correctly. One person said, "The staff bring around a trolley and give me my medication." There was guidance in place for as required medication and homely remedies. Regular audits of medication were completed and policies and procedures were up to date.

Is the service effective?

Our findings

Staff were supported to complete training to develop their skills and help them perform their role. Staff told us that they were supported to complete nationally recognised qualification, one member of staff said, "I am 75% through my NVQ level 3 it has been difficult but it has helped me." The registered manager told us that they had a blended approach to training which included on-line training and face to face training. People told us that they felt staff had the training they needed, one person said, "The staff know what they are doing and they have had training to help me with my condition as well, they are all very patient."

New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. Staff also completed the Care Certificate this is an industry recognised award that equips staff with the skills and knowledge they need to work in care. Staff had regular staff meetings and supervision with the registered manager to discuss all aspects of the running of the service and any support or training needs they may have. The registered manager also completed appraisals on staff performance and asked staff for their feedback.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. People told us that they were supported as individuals and that their opinions mattered. One person said, "We are treated as individuals and our opinions are paramount." We saw assessments of people's capacity in care records had been made. This told us people's rights were being safeguarded.

People were very complimentary of the food. One person told us, "The food was better than expected, they ask us each day what we would like and if I don't like what is on offer I can have something else." Another person said, "I like plain food, they do a nice egg and bacon sandwich." People were supported to maintain their independence when eating with eating aids such as plate guards. Where people needed support from staff to eat this was done in a dignified manner. We observed a lunchtime meal which people confirmed was very enjoyable.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input. Where appropriate the cook provided special diets such as fortifying people's food to encourage weight gain.

People were supported to access healthcare. The registered manager had developed links with a local GP

practice to provide healthcare at the service. A practice nurse visited weekly to review people's healthcare needs to ensure people's physical well-being was being looked after. In addition, the service has good relationships with a dementia nurse specialist who also attended the service to review people's dementia care needs. People were supported to have all their healthcare needs met including attending hospital appointments. People told us if they were unwell and they wanted to see a doctor this was arranged for them. One person said, "I was feeling unwell and I told the senior who got the doctor out for me, they sent me to hospital for a week, but I am feeling alright now."

The environment was appropriately designed and adapted to support people. The service was set over two floors with a connecting lift. There were spacious communal living areas for people to access. People had their own rooms which they could furnish with their own belongings. One person said, "I am very happy with my room and I have bought in a few pieces of furniture to make it feel like home." The provider carried out general maintenance and the registered manager has been working towards refurbishing the environment. Since our last inspection we saw areas had been redecorated and flooring was due to be replaced. For more specialised work the registered manager employed the appropriate contractors.

Is the service caring?

Our findings

People told us that they were happy living at the service. One person said, "I like the staff, I feel safe with them." Another person said, "It's a happy home."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw care plans were very detailed and contained biographies of people's life so far as well as containing all the details of how they preferred to be supported. People were supported to follow the routines they chose such as when to have their meals or when they wanted to go to bed or get up. One person said, "It's not regimented here everything is our choice, that matters." Another person said, "I prefer my own company and like to stay in my room. Staff come to see me and bring me drinks." One person told us how they enjoyed watching sport so when they came to live at the service they arranged for a satellite dish to be installed by their room so that they could access their favourite channels.

Staff had good relationships with people. Throughout the inspection we noted there was a very calm and relaxed atmosphere. We saw that staff had positive relationships with people and spent time talking and laughing together. We saw where one person became unwell and was upset staff spent time listening to their concern and reassuring them in a meaningful way.

Staff treated people with dignity and respect. The registered manager displayed a charter which was a pledge of how people should expect to be supported by staff. We saw that people had their own individual rooms and if staff were assisting them with personal care their doors were closed. People told us that staff made sure they were given choices and were involved in making decisions around their care needs. This included their day to activities and choices. Staff supported people's diversity, cultural and religious needs. Each month there was a multi faith service held at the service, one person said, "They come in every month and sing hymns and say prayers. I join in if I am here." Another person told us that they had visitors from church and their vicar came to see them regularly.

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions. Some people had their own telephones in their rooms or had mobile phones which enabled them to stay in touch with family easily. One person said, "My friends and relatives are always made to feel welcome and staff offer them a drink."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager met with them and their family or carers to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. Care plans were then reviewed with people and updated at least monthly to ensure all care needs were kept up to date. Before people decided about coming to live at the service they or their relatives could look around the service to see if they thought it would meet their needs. One person said, "When I decided I needed more support I rang up and [managers name] came to my home and we went through everything and what I needed. I have a care plan and I have been through all the paperwork." Another person said, "I knew what the home was all about as my wife use to be here, it suits me fine."

The service remained responsive to people's needs. The registered manager is proactive at involving other healthcare professionals as required to provide on-going support and review for people and their changing healthcare needs. The registered manager has been responsive in updating the environment for people to add colour to the service. In addition, the registered manager has been responsive to people's request. For example, where one person wished to have their bedroom door propped open they arranged for a door guard to be fitted that would work with the fire alarm system to keep the person safe and respect their wishes.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from records that staff had assessed people communication needs and had recorded how these could be supported. This showed the service was acting within the guidelines of accessible information for people.

Staff encouraged people to maintain their interests and links with the community. People were supported to go out with staff and relatives. We saw people going out with care staff during the inspection. One person told us, "I will be going to the jewellers later to pick up some rings I ordered. The staff like to come out with you." We saw people were supported to follow their own interests, one person told us they had a kindle which they used to read books on. Staff engaged and supported people with activities such as quizzes or art and drawing. During the inspection we saw people listening to a murder mystery pod cast, which they then discussed as part of a series of pod casts they had been following. People gave their opinion over who they thought the guilty person was. This was a very engaging activity which people seemed to enjoy.

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. We saw where complaints had been made the registered manager worked to resolve these. The service also received compliments one read, 'Thank you for the friendship and wonderful care.'

People were supported at the end of their life. The registered manager spoke with people and relatives and

were clear about what people wanted at the end of their life. When required the registered manager would involve other healthcare professionals such as the palliative care team.

Is the service well-led?

Our findings

The service had a registered manager. 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 and staff were complimentary of the management of the service. People told us that they spoke with the registered manager or deputy manager daily and felt comfortable raising any issues with them. Staff told us that they felt supported by the management team to do their job. One member of staff said, "The managers are good they really get involved and lead you."

Staff shared the registered managers vision and values for the service. One member of staff said, "We want people to be happy to have a homely comfortable environment." The registered manager told us, "I want people to feel happy, like they belong and are important. I want them to feel like family and promote friendship."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us that they were happy working at the service and that they felt they had a good team. One member of staff said, "we have a really good team, you feel supported, it is a good place to work, I enjoy working here." Staff told us that they attended meetings and had a hand over every day to discuss people's care needs. In addition, for important information to be shared they used a communication book. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service daily through their interactions with people. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback. They also sent out regular questionnaires for people and relatives to complete. We saw from questionnaires people were asked their opinion on the home, their comfort, privacy and dignity amongst other questions. The registered manager reviewed and responded to the results where appropriate by using a 'You said' 'We did' format to demonstrate their response. For example, a request for more chips so menu was changed to incorporate more chips, a request for a smaller room was addressed. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager had spent time making links with the local community and had held coffee mornings inviting their neighbours. They had also made links with their local GP practices to provide consistent healthcare into the service. At request of people living at the service they had contacted an animal sanctuary and rehomed a cat. We saw the cat was a popular addition and people told us how they had named the cat and enjoyed fussing the cat.

The registered manager had a good oversight of the service and had quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits,

for example, on people's care plans, accident and incidents, health and safety, and environment. They used the information to see where they could make changes or improve the experience for people living there. In addition, the provider employed an area manager who made frequent visits to their services to carry out their own independent audits to ensure services were working to the fundamental standards. Where required actions plans were in place and these were closely monitored to ensure their implementation.