

Aims Care Limited

Leighton House Private Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Leighton House Private Nursing Home is a care home which provides personal and nursing care for up to 27 people. At the time of the inspection there were 24 people living at the service. They had a range of support needs, such as dementia, older age, frailty, and some required more complex nursing care.

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

People told us that they felt safe living at the service. Staff knew people well and demonstrated a good understanding of their needs. Recruitment procedures were robust and adequate checks were made on their conduct and suitability before they started work. The service was clean and well maintained, and staff adhered to the latest infection control guidance. Medicines were appropriately administered and recorded.

There was visible leadership and a clear person centred culture within the service. Staff were able to raise concerns with the manager and these were addressed in a timely manner. Relatives told us that communication was good and they felt involved in decisions and were made to feel welcome when visiting. The Registered Manager had good oversight of the service with systems in place to identify shortfalls and rectified these without delay.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 16 March 2020).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Leighton House Private Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Leighton House Private 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

This inspection was unannounced.

What we did before the inspection

We reviewed information that we had received about the service since the last inspection. We sought

feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who lived at the service and three family members about their experience of the care provided. 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. We spoke with the clinical lead who was in charge on the day of inspection and three members of staff including the activity co-ordinator. The registered manager was on leave on the day of inspection.

We reviewed a range of records. This included four people's care and medication records. We looked at four staff files in relation to recruitment and supervision. We looked at policies and procedures and other records relating to the management of the service, such as maintenance, training, and governance audits.

After the inspection

We spoke with the registered manager, and continued to seek clarification from the provider to validate evidence found. We looked at audits of incidents and accidents, complaints and compliments, and maintenance audits and related action plans. We spoke with health professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we made a recommendation that the provider consider current guidance on employing fit and proper persons. The provider had made improvements to their recruitment procedures.
- Records showed that staff were recruited safely with the appropriate checks to ensure their suitability. References had been sought and Disclosure and Barring Service (DBS) checks had been completed before they had started work. The DBS is a national agency that holds information about criminal records.
- The turnover of staff at the service was low and several staff had worked there for many years. One relative commented in a feedback survey that they, "Felt happy seeing the same faces at the home which shows a low turnover of staff. I am happy that we waited for a space."
- Staff were knowledgeable about how to support people. Staffing levels were appropriate to keep people safe, and had been adjusted to meet any changes in people's needs. We saw people received prompt attention when they needed support. One health professional told us, "There is always someone around to help them - they are well looked after."

Systems and processes to safeguard people from the risk of abuse

- People that we spoke with told us they felt safe living at Leighton House. Relatives said they had no concerns about safety. One family member told us, "The care of my dad is the best that he has had – he has been in five different care homes now. As a relative, I'm happy."
- Staff had received training in safeguarding, they could explain the process to follow if they had concerns. One staff member told us, "It is about keeping our residents safe from harm. Signs might be bruising, or if they are upset. I would go to the nurse in charge, manager or CQC."
- Records showed that referrals had been made to the relevant authorities by the registered manager where appropriate. Safeguarding had been discussed with staff regularly in their supervision meetings with their manager.

Assessing risk, safety monitoring and management

- People's care plans included detailed risk assessments that contained clear information. We saw that staff understood the guidance and followed it when supporting people.
- Risks assessments were regularly reviewed, and the registered manager involved families and people. One record showed a family had been involved in trying several different strategies to support someone who became very distressed when being supported to wash and dress. The provider had worked with the family to find out the person's hobbies and favourite music to use as a way of distracting them whilst being supported. The family member said the staff had, "Gone out of their way and adapted their approach."

- The provider had used management tools to support decision making around risks, for example Waterlow assessments for pressure care, Malnutrition Universal Screening Tool (MUST), and falls risk assessments.
- Staff had received training to help them understand how people's behaviours may change when they have dementia. They could identify individual triggers to see when a person may be feeling distressed and knew how to use techniques to calm them. One member of staff said they had recognised one person became very agitated just before family visited. They planned in some additional time to spend with the person just before the visit to help them feel more relaxed. This resulted in a more positive visit for both the person and their family.

Using medicines safely

- Medicines were managed safely. Medicines were ordered, administered and monitored by the nursing team. Individual medicine charts were completed accurately, and information was included in the medicine record to advise when PRN (when required) medicines should be given.
- Medicines were administered by nurses who had recently had their training refreshed. Competency assessments were carried out by the clinical lead before they were able to give medicines unsupervised. Audits were completed regularly and issues identified and addressed. We saw the most recent audit had not raised any concerns.
- The provider had recently been audited by their local pharmacy. They had worked closely with the registered manager and commented in the report, "All action points are always acted upon by the home manager and this has ensured best practice."
- Records showed where covert medicines were required, a best interest decision had been recorded, and involved the persons GP, and family where appropriate. Medicines which were only given when required (PRN) had a protocol in place to guide nurses when they may be needed, the frequency, the dose and the possible side effects. These procedures were carried out in line with best practice guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were logged, and their details recorded and investigated promptly. An action plan was implemented and then signed off by the registered manager once concluded. Lessons from the incident were then shared with staff and practices changed where necessary.
- Staff told us they felt able to raise any issues with the management. One staff member said, "We can talk freely here – they take immediate action." Records we saw showed that staff were spoken with individually by the registered manager where there were concerns about standards of care, and actions agreed and recorded.
- The clinical lead maintained good oversight of care quality on a daily basis. They said, "I'm constantly

walking around every day...I'm very hands on." Staff we spoke with confirmed this and told us they were able to go to the registered manager in their office at any time for advice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. Whilst the provider had systems in place to monitor quality of the service, it had failed to identify issues with recruitment processes and some safety checks had not been recorded.

At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Audit processes had been improved and identified issues promptly. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes used to monitor the quality and performance of the service had been improved. Auditing of the environment was completed monthly and had identified areas to address or improve, including the décor, cleanliness, condition of furniture and equipment, and bathrooms were well equipped. Action plans were recorded and signed off by the registered manager once completed.
- Staff had been involved in improving the service. They had completed regular feedback surveys by rating a variety of statements about the service from inadequate to outstanding and had made suggestions for improvement. Staff told us they were involved in the running of the service. One said, "We [the staff team] wanted the hair salon to be refurbished and it got done. We asked for new bedding, we got it straight away."
- Clinical audits had been carried out monthly to identify shortfalls promptly. These covered records of air mattress settings, controlled drugs, medicine stocks and pressure care. The registered manager had good oversight of the audits and identified trends and themes by analysing the data. One record showed the manager had noticed a change to some people's weight. They arranged an initial meeting and monthly updates with the chef, and arranged refresher training for staff about nutrition and techniques to use to prompt people to eat.
- We saw that where standards had fallen short, staff had been invited into a meeting with their manager, and given an improvement plan when necessary.

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

- The culture within the service was open and friendly. Relatives felt involved and informed by management who made themselves available to speak with them. The registered manager told us, "When you come to our home, you should feel that you are part of a family." Relatives we spoke with confirmed this, "I do know the manager. His office door is always open, and the nurses, so I can bring up issues."
- Staff told us they were happy working for the service. Some comments were, "I am very proud to work here – it's like my family", and "I would recommend working here to my friends."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their responsibilities relating to the duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. Records showed relatives felt well informed, and were included in care reviews, and decisions about people's support. One said, "Yes, they contact me if anything happens – even small updates when I come in, there is good communication."
- Records showed the registered manager had responded promptly to concerns, investigated incidents fully, and had put measures in place to prevent reoccurrence. The staff team had been included in considering solutions and subsequent actions had been signed off once completed. Relatives had been invited to meet with the manager to discuss any further concerns they may have had.

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

- Regular relative surveys were used to monitor quality of care. Records showed that the provider acted on the information and views received to improve outcomes for people.
- The management of the service engaged with people daily and sought their views and feedback regularly. People were reassured and issues addressed there and then where possible.
- The registered manager held regular meetings with staff teams to identify concerns and to listen to their views. Staff said this made them feel listened to and valued. "We have them [meetings] by zoom and in person. Sometimes pizzas are provided." We saw records of a recent discussion with staff about improving pureed meals following some feedback in a recent survey. The registered manager had put an improvement plan in place and had reminded staff to monitor the appearance of meals and inform the chef where they didn't meet the required standard.
- The provider worked closely with other health and social care professionals to support people. Records showed referrals had been made when required to specialist such as occupational therapists, podiatrists, and mental health teams. One health professional told us the nurses at Leighton House are quick to refer to them for support and acted on advice to improve people's outcomes. One specialist we spoke with said, "It is one my favourite services to visit."

Continuous learning and improving care

- The culture in the service was one of continuous learning. Audits of all aspects of the service were seen as an opportunity to improve. The registered manager was fully involved in all aspects of the day to day running of the service. They kept connected with people, relatives and staff which gave them an accurate picture of the quality of care.
- We saw the environment had been improved to enhance people's wellbeing. The large lounge had wide doorways which opened onto an attractive decking area with seating. On the day of inspection, the doors were open and we saw people walked in and out of the garden and people sat with families and friends on the decking area. One relative told us, "The garden is looking beautiful."
- The registered manager had a refurbishment plan for the home which involved a complete redecoration of rooms prior to someone moving in, and re-decoration plans for the lounge area. A new barbecue, parasols and garden furniture had been ordered. Staff, people and relatives views had been considered when planning improvements. A coffee machine had been purchased for the visiting lounge, to make relatives feel welcome. The registered manager told us, "I like to give them something new."