

## Derbyshire County Council

# The Leys Care Home

### Inspection report

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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

The inspection visit at The Leys Care Home took place on 1 October 2015 and was unannounced.

The Leys Care Home is a care home for older people, some of whom may have dementia. The home is located in Ashbourne, in Derbyshire. The service is registered for 34 people and at the time of our inspection 32 people were living at the service.

At our last inspection on 21 May 2014, we found the provider did not always protect people against the risks of receiving unsafe care and treatment. We found the provider had not sufficiently assessed and monitored the quality of the service and did not have effective systems

to assess the risk of or prevent infection. We also found the provider had not consistently ensured the health, safety and welfare of people using the service. These were breaches of Regulations 9, 10, 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the actions we required had been completed and these regulations were now met.

At our inspection we were assisted by the registered manager and the deputy manager. A registered manager

# Summary of findings

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 were cared for by staff who had been recruited and employed once appropriate pre-employment checks had been completed. New staff participated in a period of induction which included a period of shadowing an experienced staff member. Staff felt they received training to enable them to meet the needs of people.

There were enough staff available to support and respond to people's needs in a timely manner. The registered manager and provider were actively making attempts to recruit more care staff.

Staff and the provider were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Care records were regularly updated and staff were provided with the information needed to meet people's needs. People's care was planned in a way that was intended to ensure and maintain their safety and welfare.

Medicines were managed safely and in line with current legislation and guidance. There were systems in place to ensure medicines were safely stored, administered and disposed of. Staff who administered medicines received training to ensure their practice was safe.

People were offered drinks and snacks throughout the day. Nutritional needs of people were assessed and records were maintained. Where potential risks people were identified, staff ensured people were monitored and referred to the relevant professionals for assessment and any recommendations followed.

People and their relatives with the support and care that was provided and everyone felt people's need were being met. Staff demonstrated a knowledge and understanding of people's needs and preferences. Staff were aware of the importance of treating people in a respectful and dignified way. We saw and heard staff supporting people with compassion and respect.

The provider had procedures in place to ensure any complaints were documented and resolved as quickly as possible. People knew how to complain or raise any concerns.

The provider had implemented a number of quality monitoring audits to ensure the service ran safely and effectively. Audits included checks in relation to safe administration and storage of medicines and ensuring the environment was safe and repairs were dealt with in a timely manner.

The provider ensured people had the opportunity to voice their thoughts about the service and held regular meetings with the people, relatives and staff.

# 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.

People were protected by a thorough staff recruitment procedure. Staff numbers were sufficient to meet people's needs.

Staff were aware of how to protect people from the risk of abuse or avoidable harm.

Medicines were stored, administered and disposed of safely.

Good



### Is the service effective?

The service was effective.

People received sufficient, varied and nutritious meals. Staff consulted and involved relevant health care professionals to ensure people's health and care needs were being met.

Staff received training, supervision and appraisal needed to meet people's needs.

Staff received training in the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed to ensure people's rights were protected.

Good



### Is the service caring?

The service was caring.

People were supported to maintain relationships that were important to them.

Staff were considerate towards people and their needs and took time to get to know people. People's dignity was maintained and staff ensured needs were met.

Good



### Is the service responsive?

The service was responsive.

Care plans were well organised and maintained in electronic and paper format.

Staff understood people's likes, dislikes and preferred way of being supported. People were encouraged to make decisions about daily living.

A complaints procedure was available and people told us they were confident any complaints or concerns would be taken seriously.

Good



### Is the service well-led?

The service was well-led.

People and staff had confidence in the management at the service. Staff understood their roles and responsibilities and felt they had a supportive management team.

There were effective auditing systems in place which provided quality monitoring and assessing as well as recognising ways to develop and improve the service.

Good



# The Leys 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 was 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 1 October 2015 and was unannounced. 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.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example, experience of services that support people with dementia and services for older peoples.

Before this inspection we looked at key information we held about the service. This included notifications the provider held about the service. A notification is information about important events which the provider is required by law to send to us.

During our inspection we spoke with eight people living at the service and four relatives. We also spoke with four staff, a deputy manager and the registered manager. We also spoke with two health care professionals. We observed how care and support was provided by staff in communal areas and we looked at three people's care plans and other records associated with the management of the service. For example, meeting minutes, medicines records and checks of quality and safety.

As some people at Leys Care Home were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

At our last inspection on 21 May 2014, we found the provider did not always protect people against the risks of receiving unsafe care and treatment. We found the provider did not have effective systems to assess the risk of or prevent infection. We also found the provider had not consistently ensured the health, safety and welfare of people using the service. These were breaches of Regulations 9, 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made.

All the people we spoke with at our inspection told us they felt safe living at the home. One person told us, "I feel very safe." Another person told us, "They (the staff) look after me and make sure we all have what we need." Relatives were confident their family member was safe and their needs were being met. Professionals we spoke with confirmed people were safe and staff understood the need to keep people safe.

Throughout our inspection we saw staff assisted people in a way that supported safe care and treatment. For example, supporting people to take their medicines at the time required and safely moving and transferring. We saw staff using personal protective equipment (PPE), such as disposable aprons and gloves as well accessible hand washing facilities. This meant the staff recognised identified risks to people's safety.

Staff knew how to keep people safe. Staff were able to identify signs of abuse and knew what action they should take to protect people from potential harm. Staff we spoke with all confirmed they understood the local safeguarding procedure and would have no reservation in reporting any concerns to any member of the management team. There was a policy and procedure for staff to follow on 'whistle blowing' and staff knew they could contact the Care Quality Commission (CQC) to report any concerns. This assured us that staff knew and understood the need to keep people safe.

Safe staff recruitment procedures were in place. Staff records showed pre-employment checks were carried out before they started working at the home. Checks included obtaining references, proof of identity and undertaking

criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident that staff had been screened as to their suitability to care for the people who lived there.

One person told us there were times when they had to wait for staff, but went on to say, "there's a lot of us and it's not easy when we all want help at the same time." Another person told us, "staff are helpful and make sure we have what we need." A health professional told us there always seemed to be enough staff available to assist people when they visited. The Staff we spoke with thought there were usually enough staff on duty, but recognised there were occasions when more staff would be welcomed. One staff member told us the registered manager and provider was actively recruiting more staff. They went on to tell us there were times when agency staff were used to cover sickness or unexpected absences. We spoke with the registered manager who confirmed agency staff were used, but they assured us they ensured the staff were regular agency staff to the home. The registered manager told us they tried to use the same agency staff for continuity of care for the people. Throughout the day we saw staff responding quickly and promptly to people's requests for support and call bells were answered without delay ensuring people's needs were met in a timely manner.

Equipment servicing records were kept up to date and showed that equipment, such as fire extinguishers and emergency lighting were checked and serviced. Equipment used to assist people to move safely was periodically checked according to current health and safety guidance. There were procedures in place to deal with unforeseen incidents and emergencies. Personal evacuation plans had been completed and were available in the event of an emergency, such as a fire. Every bedroom door had a colour coding system in place to identify what people's need were in the event of an emergency. The coded system was discrete and straightforward and meant people's needs were easily identified in an emergency situation.

One person told us, "the staff make sure I get the pills I need and it stops me worrying about them." The person told us they understood why they needed their medicines and knew why their GP had prescribed them but felt reassured by the staff giving them. Staff responsible for the administration of people's medicines had completed training in the safe handling of medicines. Information and assessments were in place along with details of how best to

## Is the service safe?

support each person with their medicines. We saw information and protocols regarding the use of 'as required' medicines. Medicine was stored safely and securely and

records showed that current legislation and guidance was followed. This showed medicines management was taken seriously and people received their medicines safely and as prescribed.

# Is the service effective?

## Our findings

People were very pleased with their care. One person told us, "I am very happy and comfortable living here." They went on to say, "The staff are always concerned for our welfare." Another person told us, "It's very good here and always has been." A relative told us they were involved in their relative's care and was happy with the care their family member received. They said they believed their relative was well looked after and felt reassured by this.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff had knowledge and understanding of the MCA and the importance of acting in people's best interests. The manager was aware of their responsibilities under the MCA and acted accordingly. There were systems in place to ensure their knowledge was up to date and refreshed. Records showed that people's capacity and understanding in relation to specific decisions had been considered. For example decisions relating to people's end of life care and treatment. We saw people had been consulted throughout the decision making process and any specific requests documented and supported.

The Deprivation of Liberty Safeguards (DoLS) process had been applied. DoLS are legal protections which require independent assessment and authorisation when a person lacks mental capacity and understanding and need to have their freedom restricted to keep them safe. The manager was familiar with the process and understood the conditions which may require them to make an application to deprive a person of their liberty to protect the person from potential harm.

People and relatives were all complimentary about the food. People told us there was always different options and choices. We saw drinks and snacks being offered to people throughout the day. One person told us there was always a jug of water placed in their bedroom at night. We saw lunch was a very relaxed and calm occasion. The majority of people chose to eat in the dining room. People had been supported to make a choice of food and drink and when required, they were provided with support to eat their meal whilst remaining as independent as possible. We saw people were offered an alternative if they did not like what was on the menu that day. The kitchen staff catered for people with specialist diets and served different types and consistencies of meals to people that suited personal choices along with specific dietary and professional requirements. For example, offering choices suitable for people with diabetes and ensuring that food was prepared correctly for people on soft and fortified diets. This meant that people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

People told us they had access to GP's and other health care professionals when needed. The registered manager and their deputy told us they had good links with their local GP practice and demonstrated that people were supported to maintain good health. People had access to and received on-going support from healthcare professionals. One visiting professional told us they were very happy with the care people received and they would happily recommend the service to others.

During the inspection a number of health care professionals visited at the request of the staff due to them recognising changes to an individual's condition. A health professional told us the staff monitored people's health and well-being and took action and requested visits and support when required.

# Is the service caring?

## Our findings

One person told us, "I love this place, everything is excellent." They went on to say, "Everyone is lovely, the staff are lovely and so very very kind." Another person told us, "The care staff are very good." One person told us they had a "Keyworker." They went on to explain their keyworker made sure they had what they needed. A relative, who had a social care background, told us, "Staff are very good." A health professional told us the staff were very caring and compassionate and always kept them informed of any concerns.

There was positive interaction between people and staff. People told us they were treated with respect. Staff clearly knew the people well and people clearly knew the staff well. Staff were able to tell us about people's past lives, likes and dislikes and how they used the information to ensure people's need were met. This meant the staff were able to chat and reminisce with people. One person pointed out two of their favourite staff to us. We saw one person popping into the office to have a chat about something they wanted them to do and they were happy with the response.

The home had a relaxed atmosphere and staff were approachable and friendly. We saw staff delivering care in a respectful and dignified manner. A health professional told us staff were very aware of promoting dignity of each person and always ensured care and treatments were carried out in private.

Staff were gentle and caring in their approach. Staff ensured people were comfortable and took time to tell people what was happening. A health professional told us staff were extremely caring and compassionate when someone's health had deteriorated and they were at the end of their life.

The professional told us the staff ensured the person's needs were at the centre of any decision making in relation to end of life care and made reasonable adjustments to ensure people's wishes were respected.

We saw staff discretely observe people and they were quickly available and on hand, should anyone require assistance. This showed the staff had an understanding of the need to promote people's independence whilst balancing risk. People's privacy was respected and people had space to be able to spend time alone with relatives.

We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, one care worker told us about how they ensured people's privacy was maintained during personal care. Health professionals confirmed that staff were always conscious of maintaining people's dignity and always supported people to move to a private place for any consultation or treatment when they visited. We saw the Derbyshire Dignity Award had previously been awarded to the provider and staff. This showed us there was an understanding of the importance and awareness of upholding people's dignity.

# Is the service responsive?

## Our findings

People were very complimentary about staff and the way they were supported. People told us they were supported to follow personal interests since moving in to the home. One person told us they were a very keen gardener and told me they were able to spend a lot of time in the garden growing both flowers and vegetables. A number of people told us they were keen readers and the home provided some books and arranged for the mobile library to visit. We saw some daily newspapers were provided for people. One person told us they were being supported by staff to learn how to use the internet. This showed us that people were provided with activities of their choosing.

Relationships with family and friends were encouraged. We saw visiting friends and relatives being welcomed. There was no restriction or specific visiting times and we saw visitors coming and going throughout the day. Visitors told us staff were always helpful and always made them feel welcome. We were made aware that some people who had few or no relatives had the opportunity to have a 'befriender'. One person told us their befriender visited to, "keep me in touch with the outside world." The person went on to tell us their befriender was always made welcome by the staff.

One person told us the staff had responded very quickly to a change in their health and mobility needs. They went on to tell us the staff had ensured the correct equipment they needed to help was quickly put in place and they were very pleased with the staff's quick actions. Staff we spoke with were knowledgeable about the people in the home. Staff knew people's care and medical needs, and what was significant to them in their lives. We observed staff responding to people's requests accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

Care plans were standardised and in both paper and electronic formats. We saw people's care plans were routinely reviewed and updated. Care plans were detailed, easy to follow and informative. Each care plan was personalised and reflective of each person's individual

needs and included risk assessments, health needs' assessments and personal information for emergencies, such as fire evacuation. Care plans for people with complex healthcare needs and special instructions relating to end of life care were easily identified. Staff were aware of people's specified instructions. This led us to believe staff understood people's personal needs and decisions relating to their health and welfare.

People were asked if they had ever complained. All the people we spoke with told us they had never had cause to complain, but reassured us they knew who to complain to. People told us they knew to speak to the staff or any of the management team should they want to make a complaint. We saw there were systems in place for any concerns or complaints to be formally documented and recorded with written responses, outcomes and actions from the management team. This showed us the management team took concerns and complaints seriously and looked for ways to resolve them.

A large amount of information was available for people and visitors in the reception area. There was information in relation to complaints, local safeguarding procedures, key points relating to dignity, a suggestion box and copies of meeting minutes with relatives and people living at the home. We saw that 'residents' meetings were advertised and took place. On the day of our inspection we saw a scheduled residents meeting took place to agree autumn and winter activities such as, Bonfire night, Halloween and Christmas. We saw the majority of the people attended the meeting and there was evidence of a real attempt to engage everyone which meant people were included in decision making relating to the running of the home and activity planning.

One person told us that they went to the residents' meetings and felt able to speak up and be listened to. Staff told us that they used the meetings to ask people about activities in the home and whether anyone had any concerns or suggestions for improvement. This demonstrated to us the management team and staff listened and responded to people's requests and suggestions. This also showed us staff had involved people and looked for ways to develop and improve the home.

# Is the service well-led?

## Our findings

At our last inspection we found the provider had not sufficiently assessed and monitored the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made.

We spoke with the registered manager about how they assessed, monitored, evaluated and improved the care being provided. The registered manager was able to show us documentation which detailed how they assessed and monitored the quality of the service and care being delivered. Audits carried out included medicines audits, quality monitoring audits by the provider and generalised health and safety audits. The audits gave the registered manager the opportunity to identify and address any areas for change or improvement. This demonstrated to us the registered manager understood the need and importance of continuous improvement and monitoring of the services being provided.

People told us they thought the home was well managed. One person told us there were, “some good managers.” A relative whose family member had lived at the home for a short while told us they were pleased with the initial dealings with the management team. They went on to tell us they had been fully involved with decisions involving their relative. Another relative told us they thought the home was, “a well-run operation.” They went on to say they had measured it against a previous experience with another care home and felt this one was, “considerably run better.”

A health care professional told us the management team always effectively communicated any concerns relating to the health and welfare of people living at the home. Staff felt the registered manager and the deputy manager worked well together and were supportive and approachable.

There were clear arrangements in place for the day-to-day running and management of the home. The registered manager told us they were supported by a deputy manager, a team of carers and senior carers. The registered

manager told us they felt they had a supportive network of people working with them which enabled them to provide a good service to the people. The registered manager recognised progress had been made, but told us needed to continue moving forward and sustain improvements.

Staff reassured us they understood their roles and responsibilities and told us they felt supported by the management team. A staff member told us they were confident in raising any issues or concerns they had to any member of the management team. They went on to tell us they felt reassured any concern or complaint was taken seriously. Our observations and conversations with the staff demonstrated staff understood the provider’s vision and values for the home. Staff understood how to raise any concerns and how to communicate any changes in relation to people’s needs. For example, staff understood the importance of reporting and recording any accidents, incidents or any potential safeguarding concerns. This meant that people and their relatives could be confident the registered manager and the staff took their needs and safety of others seriously.

Staff meetings took place periodically and all the staff were encouraged to share their views and opinions to help develop and improve the quality of service being provided. People living at the home along with their relatives had opportunity to be involved in decisions being made about their care and the service provision.

Records required for the running and management of the home were maintained and stored safely. The registered manager sent CQC written notifications to inform us of important events that had taken place at the home. For example, notifications of accident or injury of people at the home.

We saw there was a program of training, supervision and appraisal of staff. Staff were aware of the need to attend training and keeping their knowledge and understanding updated. Staff understood the need for supervision and appraisal. One staff member told us supervision was important and was a way of discussing any concerns they may have as well as discussing their own personal development.