

Littleborough Care Home Ltd

Littleborough Home for the Elderly

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?

Requires improvement 

Overall summary

This was an unannounced inspection which took place on 6 May 2015. We last inspected the service in January 2015 when we found there was a breach of five of the regulations we reviewed. We issued warning notices in relation to breaches of regulations regarding the administration of medicines, complaints and quality assurance processes in the service. We also made compliance actions that required the provider to make improvements in relation to supporting staff and respecting and involving people who used the service.

Following the inspection in January 2015 the provider sent us an action plan telling us what steps they were going to take to ensure compliance with the regulations. This inspection was undertaken to check that all the required improvements had been made.

Littleborough Home For the Elderly (HFE) is registered to provide accommodation for up to 26 people who require support with personal care. At the time of this inspection there were 20 people living at the service.

Summary of findings

There was a registered manager in place at Littleborough HFE. 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. The registered manager was supported by a management team including a manager who was responsible for the day to day running of the service; this manager was in the process of registering with CQC as manager for Littleborough HFE to allow the current registered manager, who is also the provider to deregister. A deputy manager and care manager were also in post.

We found that systems regarding the administration of medicines had been improved. Medicines were stored securely. Staff responsible for administering medicines had received training for the task and were regularly assessed to ensure they were able to administer medicines safely.

Staff had received training in how to protect vulnerable adults. They were aware of the potential signs of abuse and of the action they should take should they have any concerns about a person who used the service.

Staff were safely recruited and there were sufficient numbers of staff on duty to meet people's needs in a timely manner. We observed staff were caring in their approach towards people who used the service.

Suitable arrangements were in place in relation to fire safety and the servicing of equipment was undertaken so that people were kept safe in Littleborough HFE.

The training, supervision and appraisal systems in the service had been improved. Staff told us they received training relevant to their role and had opportunities to discuss their personal development and work practices with managers in the service. All the staff we spoke with spoke positively about the support they received from managers, in particular the care manager.

Care records had been improved and care plans clearly documented people's needs. We saw evidence that the processes for involving people who used the service and, where necessary their relatives, had been improved.

Managers in the service were aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Although care staff were able to tell us how they supported people to make their own choices and decisions wherever possible, two staff told us they felt they would benefit from additional training in the Mental Capacity Act.

Systems were in place to ensure people's health and nutritional needs were met. People who used the service were generally positive about the food provided in Littleborough HFE. We noted the chef was in the process of reviewing the meals which people who used the service preferred in order to update the menu.

We found people had opportunities to comment on the service provided in Littleborough HFE. People told us they would feel confident to raise any concerns and considered staff would listen to them. We noted the arrangements for recording and investigating complaints had been improved.

Quality assurance systems in the service were effective. A number of audits were undertaken and action plans were in place to help ensure all actions identified as necessary were completed. Managers in the service were clear about their responsibilities for continued improvements in the service.

Significant improvements had been made to the way the service was led. However, these needed to be further embedded to demonstrate consistency and sustained improvement in 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.

Systems were in place to support the safe administration of medicines.

Staff had received training in the safeguarding of vulnerable adults. They knew what action to take in order to protect people who used the service from the risk of abuse.

Staff were safely recruited. There were enough staff to meet people's needs.

Good



Is the service effective?

The service was effective.

Staff received the training, supervision and appraisal necessary for their role.

Care records clearly documented people's needs and provided good information for staff to follow to help them deliver effective care.

Systems were in place to ensure people's health and nutritional needs were met. People were mostly positive about the food provided in the service.

Good



Is the service caring?

The service was caring.

People we spoke with during the inspection told us staff were kind and caring in their approach. Our observations during the inspection provided evidence of caring and respectful interactions between staff and people who used the service.

We noted positive feedback had been provided by relatives regarding the care provided in Littleborough HFE.

Good



Is the service responsive?

The service was responsive to people's needs.

Wherever possible people who used the service were involved in planning and reviewing the care they received. Where necessary family members were consulted to help ensure the care provided met individual needs and preferences.

Systems were in place to record and address any complaints received at the service.

Good



Is the service well-led?

Significant improvements had been made to the way the service was led. However, these needed to be further embedded to demonstrate consistency and sustained improvement in the quality of the service provided.

Requires improvement



Summary of findings

Quality assurance systems in the service were effective. Managers in the service were clear about their responsibilities for continued improvements in the service.

Staff told us they received good support from the management team and were confident they would be listened to should they raise any concerns.

Littleborough Home for the Elderly

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 6 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and a pharmacist inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We had requested the provider to complete a PIR form. 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 saw evidence that the provider had made attempts to submit this report to CQC although the process had not been fully completed.

We also contacted the local authority adult services team, the local commissioning team and the local Healthwatch

organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with three people who used the service and six visiting family members. We also spoke with a total of eight staff; these were the registered manager, the manager responsible for the day to day running of the service, the deputy manager, the care manager, three members of care staff and the chef. We also spoke with the manager of another service run by the same provider who was visiting Littleborough HFE on the day of the inspection to check on the audits completed for the service.

During the inspection we carried out observations in the public areas of the home and undertook a Short Observation Framework for Inspection [SOFI] observation during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for four people who used the service and medication records for 80% of the people who used the service. We also reviewed records relating to how the service was managed; these included staff personnel files and training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our inspection in January 2015 we identified a continuing breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 regarding the management of medicines in the service; this corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued to ensure the provider made the necessary improvements. During this inspection we found the requirements of this warning notice had been met.

Medicines were stored securely and at the right temperatures. Our pharmacist inspector looked at the medicine charts of 80% of the people living in the home. There were no omissions in the records of administration and details about medicines were recorded accurately.

All the staff who administered medicines had been assessed as being competent for the task. Our pharmacist inspector observed some people being given their morning medicines and saw that the member of staff gave medicines in a safe and kind way. Medicines and emollient creams were administered at appropriate times. Medicines that should be given before food were kept separately from other medicines to alert staff to this requirement.

The service had a medication policy and clear procedures for the administration of medicines. There was written guidance for staff on when to give medicines prescribed as 'when required'. One person was self-administering their inhaler and a risk assessment was in place. This should help ensure medicines were used in the way the doctor intended.

Medicines that were controlled drugs were stored and recorded correctly, and a daily stock check was carried out. This minimised the risk of errors or misuse. Records we looked at showed a medicines audit was carried out each month and any issues found were acted upon.

People we spoke with told us they generally felt safe in Littleborough HFE although one person commented that they occasionally had concerns about the impact of other people who used the service on their sense of safety and security. Visitors we spoke with were confident that their family members were safe and well cared for in

Littleborough HFE. One visitor told us they were happy about their relative being admitted to Littleborough HFE and commented, "[My relative] is safer; we've done the right thing."

Staff we spoke with told us they had completed training in safeguarding vulnerable adults. They were able to tell us how they would recognise any signs of potential abuse and what action they would need to take if they had any concerns about a person they were caring for. Staff told us they were also confident to report any poor practice in the service and considered they would be listened to and taken seriously should they do so.

We found recruitment processes were robust; these should help protect people who used the service from the risk of unsuitable staff. We looked at the personnel files for three staff and found all contained the required pre-employment checks. Staff had also been asked to provide evidence of their identity and any qualifications they had completed.

We reviewed the care records held for four people who used the service and found that risks to people's health and safety had been identified. Care plans which provided directions for staff to follow about how to manage these risks were also in place and had been regularly reviewed.

Our observations showed there were enough staff on duty on the day of our inspection to meet people's needs in a timely manner. None of the people we spoke with who used the service or their visitors expressed any concerns about staffing levels at Littleborough HFE. The registered manager told us they regularly gathered information from staff about the dependency levels of people who used the service and adjusted their staffing levels accordingly.

We found suitable arrangements were in place with regards to the safety and suitability of the premises. General risk assessments had been completed where potential hazards had been identified. These had been regularly reviewed and updated when necessary. Records showed that equipment used within Littleborough HFE had been regularly serviced and maintained in accordance with the manufacturers' instructions.

Systems were in place in the event of an emergency occurring within the service. Records we reviewed showed that a fire risk assessment was in place, checks had been undertaken regularly on the fire alarm system and the emergency lighting. Staff had completed training in first aid

Is the service safe?

and in the action to be taken in the event of a fire. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency.

Is the service effective?

Our findings

At our inspection in January 2015 we identified a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; this corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not provided with effective training, supervision and appraisal. During this inspection we found the required improvements had been made.

We found a central training record was held for the service. This helped to ensure that staff had completed the required training for their role. We saw that the majority of staff had completed recent training in the safeguarding of vulnerable adults, moving and handling, food hygiene, health and safety and infection control. Staff confirmed that a programme of e-learning had been rolled out and there had been an expectation that all identified courses were completed. One person told us, "There has been a lot of training recently."

Personnel files we reviewed showed that an induction was completed when new staff started work at the service. We saw there was also a system in place to record the supervision and appraisal provided to staff. Care staff we spoke with told us they had received recent supervision from a member of the management team and that the discussions covered both professional development and work practices.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected. The registered manager demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

The registered manager had submitted applications to the local authority where it was assessed that individuals needed to be deprived of their liberty to ensure they received the care they needed. The care manager also told us they planned to arrange a best interests meeting for a

person where there were differences between what family members wanted and what staff considered was in the person's best interests. This demonstrated staff were aware of the process to follow to protect people's rights.

Training records we reviewed showed most staff had completed training to help them understand DoLS. However, only 8 out of 18 staff had completed training in the Mental Capacity Act 2005. Although all the staff we spoke with were able to tell us how they supported people to make their own decisions, two staff told us they considered they would benefit from further training incorporating a discussion of practical examples to increase their understanding of this legislation. One staff member told us, "I always ask people if they need any help with anything. I ask them what they would like to wear or eat, if they are not able to tell me then I show them so they can pick."

Care plans we reviewed included information about individual's capacity to make particular decisions. Care plans also included guidance for staff about the communication tools they should use to ensure people who used the service were able to express their own views and wishes about the care they needed.

At our last inspection in January 2015 we had concerns that care records were poorly organised and did not always provide staff with the most up to date information about people's needs. During this inspection we found all care records had been transferred to a new system. All care plans had been updated and provided good information for staff to follow to help them provide effective care for people who used the service.

Care records included information about people's health needs and any appointment or visits with health professionals, including GPs and district nurses. We saw that, where necessary, care plans had been updated to take into account any advice given by professionals.

We found that people's nutritional needs were assessed and monitored. A regular review was undertaken of people's weights and action taken where any concerns were raised. Our discussions with the chef on duty on the day of the inspection showed they had a good understanding of people's dietary needs as well as their preferences in relation to food and drink.

People who used the service were generally positive about the food provided in Littleborough HFE. Comments people

Is the service effective?

made to us included, “The meals are good and you always get plenty”, “There’s plenty of food choice. You can have a hot breakfast if you want, you only have to ask” and “Meals are repetitive, same things week in week out.” We noted the chef was in the process of reviewing the meals which people who used the service preferred in order to update the menu.

Our observations at lunch showed the meal time period was relaxed and unhurried. Tables were set with mats and condiments and hot drinks were served. We noted meals were well presented and portion sizes were appropriate to meet people’s nutritional needs. We observed staff promoted people to maintain their independence when eating their meals, although support and encouragement was provided where necessary.

Is the service caring?

Our findings

People we spoke with during the inspection spoke positively about the attitude and approach of staff. Comments people made to us included, “They [the staff] try to make it into a happy home”, “Staff are approachable, busy, funny and kind” and “Staff are always respectful and supportive.”

Care staff we spoke with were able to give good examples about how they supported people who used the service, taking into consideration privacy, dignity and respect. We observed staff interactions with people were polite, friendly and good humoured. During the inspection we noted visitors were welcomed in to the service. People who used the service were able to meet with their visitors in the communal areas or in their own room if they preferred.

Care records we looked at contained information for staff about how they should promote people’s independence as much as possible. One person we spoke with told us they were able to come and go as they pleased. They told us they had the keypad number for the front door and attended their own medical appointments at local surgeries.

The care manager advised us they had started a log of all communication with family members. The intention was to ensure that, where people who used the service were unable to provide feedback on the care they received,

relatives were regularly asked about their opinion of the care provided. We noted all the relatives spoken with by the care manager had expressed positive views about the care their family member received. Comments the care manager had recorded from family members included, “I am very happy with my relative’s care”, “I am so glad I picked this lovely home. [My relative] is very happy and well looked after” and “Initially I was extremely apprehensive about [my relative] going to live in a care home but from the first week I have been completely satisfied with Littleborough care home. The staff are obviously passionate about what they do and know the residents well. There is always a friendly atmosphere and [my relative] says he’s happy there.”

Records we looked at showed the managers in the service were regularly undertaking observations regarding the interaction of staff with people who used the service. This should help ensure consistency in the approach of staff.

People’s care records were stored in the dining area. During the morning we found the store cupboard was left unlocked, although there was a sign advising staff this must be kept locked. Other personal information was stored on top of the cabinets. However during the afternoon, we saw records had been removed and the cabinets had been locked. We discussed this with the registered manager and reminded them of the need to ensure people’s personal information is always treated confidentially by staff.

Is the service responsive?

Our findings

At our last inspection in January 2015 we identified a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service were offered limited opportunities to make decisions about the care and support they received. On this inspection we found the required improvements had been made to ensure people who used the service, or where appropriate their relatives, were involved in the planning and review of care.

Although not all the people we spoke with who used the service were able to tell us whether they had been involved in agreeing or reviewing their care plan, records we looked at showed people had been asked to sign their care plans to indicate their agreement to the care to be provided. Two people we spoke with who used the service told us staff had spoken to them about the care and support they needed. They told us they had been asked about what they liked or disliked and if they wanted to be checked during the night.

The care manager told us that since they had started work at Littleborough HFE in March 2015 they had spent time with people who used the service and their relatives to gather information about people's past history, wishes and preferences so that this information could be included in care planning records. This was confirmed by three of the relatives we spoke with who told us they had spoken at length with the care manager regarding each of their family member's needs and wishes.

Care records we looked at showed information about people's wishes and preferences had been included in their care plans. The care manager told us they intended to undertake more work to ensure care plans were further personalised but advised their priority had been to ensure all care records were accurate and up to date.

At our last inspection in January 2015 we identified a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of evidence that complaints made by people had been recorded and fully investigated. A warning notice was issued to ensure the provider made the necessary improvements. During this inspection we found the requirements of this warning notice had been met.

The registered manager showed us the complaints log which was maintained at the service. We saw that recorded complaints had been investigated in line with the complaints policy for the service and the outcome recorded, including whether the complainant was satisfied with the response.

We noted a copy of the complaints procedure was displayed on the door of each bedroom to inform people who used the service of the action they could take if they wished to make a complaint. Relatives we spoke with during the inspection told us they could approach any staff member if they needed to raise any issues or concerns and were confident that they would be listened to.

Littleborough HFE employed a part time activities organiser. We looked at the records they kept regarding the activities provided in the service and found these were mainly quizzes or discussions. We noted individuals had also been asked about their interests and the activity organiser had tried to identify resources to meet these interests.

On the day of the inspection the activity organiser was not working at Littleborough HFE. We saw that care staff engaged some people in individual activities during the afternoon but we could not see that any timetable was on display to advise people who used the service what was to be provided. Care staff told us they usually asked people what they wanted to do each afternoon when the activity organiser was unavailable.

We asked the registered manager whether the activity coordinator devised a programme of activities for care staff to follow when they were not on shift. The registered manager advised us this was not currently in place but that they would discuss with the activity coordinator how they could better support care staff to deliver a range of activities to meet the needs of people who used the service.

Is the service well-led?

Our findings

At our last inspection in January 2015 we identified a continuing breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems to regularly assess and monitor the quality of service people received. A warning notice was issued to ensure the provider made the necessary improvements. During this inspection we found the requirements of this warning notice had been met. However improvements made to the leadership in the service needed to be further embedded to demonstrate consistency and sustained improvement in the quality of the service provided.

There was a registered manager in place at Littleborough HFE. 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. At our last inspection we had concerns that the registered manager had delegated many of their responsibilities regarding the day to day running of the service to the care manager in post at the time; this was not permitted under their registration.

On this inspection the registered manager told us they were now spending considerably more time at Littleborough HFE; this was confirmed by staff, visitors and people who used the service. They told us they had appointed a new manager who was in the process of registering with CQC as manager for the service. The current registered manager is also the provider of the service. They told us once they had deregistered as manager, they would be able to take a more strategic role in managing the service. The registered manager told us the management team had also been strengthened through the appointment of a deputy manager and a new care manager. We were told each member of the management team had particular roles and responsibilities, to ensure high quality care was provided in Littleborough HFE. This was confirmed by our discussions with members of the management team.

Visitors we spoke with told us they had attended a recent meeting with the registered manager and other members of the management team. One person told us, "I could approach any of the managers about anything."

Staff we spoke with told us morale in the service had improved since our last inspection. Comments they made to us included, "[The manager] is fantastic", "Morale is better", "I think we have turned a corner; things are getting better" and "Things will get better with the new management team; I feel more confident now".

All the staff we spoke with told us they found the managers in the service to be supportive and approachable. They spoke particularly highly of the newly appointed care manager who they told us was very good at engaging staff, visitors and people who used the service in discussing the care provided in Littleborough HFE. We saw that regular staff meetings took place to help ensure there were opportunities for staff to raise any issues of concern or suggest improvements which could be made. Staff told us they considered they would be listened to if they were to raise any concerns.

Records we looked at showed there was a system of audits in place to regularly monitor all aspects of the care provided in Littleborough HFE, as well as environmental aspects of the service. On the day of our inspection the registered manager from another service owned by the provider was in the process of reviewing all the recent audits to ensure action plans were in place to address any issues raised. They told us once the action plans were in place they would discuss with the management team in the service who would be responsible for completing the actions and the required timescales.

We saw that the registered manager had held meetings with relatives of people who used the service to discuss the care provided in Littleborough HFE. We noted relatives had made positive comments about the service and had stated they would like to speak with CQC inspectors during the next inspection to ensure their views were represented during the inspection process. On this inspection relatives were therefore informed of our presence in the service on the day, by the registered manager. Several relatives visited Littleborough HFE during the inspection and provided positive feedback which has been included in the report.

Is the service well-led?

Regular newsletters were produced by the service. This helped to keep people informed about activities as well as planned improvements in the service.