

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?	Good ●

Summary of findings

Overall summary

Littleborough Home for the Elderly is registered to care for older people. It is a purpose built detached building set within its own grounds in the centre of Littleborough Village. It is very close to shops, public transport and the motorway network but within easy reach of open countryside.

At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 27 September 2017 and was unannounced.

People who lived at the home told us staff were all caring, kind and respectful. One person who lived at the home said, "The staff are so caring and kind."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify different types of abuse and had received training in safeguarding adults.

Medicines were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication during the day of our visit. They fully completed associated records so people received their medication on time and correctly. In addition medication audits were now in place regularly to ensure procedures were monitored.

People who lived at the home had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

The management team had sufficient staffing levels in place to provide support people needed. We found by our observations and talking with people who lived at the home staff were not rushed and able to spend time supporting them. This was confirmed from our discussions with staff members.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

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.

Staff told us the management team were supportive in their work and approachable should they wish to discuss any issues. They felt a part of the team to improve the home for people who lived at the home.

People who lived at the home were complimentary and told us they enjoyed meals provided and choices

available. One person who lived at the home said, "What a good cook, try her home made cakes they are lovely."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

People who lived at the home had access to advocacy services. This ensured their interests were represented by professionals outside of the service to act on their behalf if needed.

People who lived at the home told us staff were all caring and respectful. Relatives and friends made positive comments about the kindness showed to their relatives who lived at the home in surveys returned in 2017.

Staff knew people they supported and provided a personalised service in a caring and professional manner.

The registered manager had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and 'resident' meetings to seek their views about the service provided and their opinions to improve the home. They also had a suggestion box in the hallway of the building for people to pass any comments about the home.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well led.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home and now completed on a regular basis.

Systems and procedures were in place to monitor and assess the quality of care people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how they could continually improve.

Littleborough Home for the Elderly

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 27 September 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the home. They included six people who lived at the home, the registered manager, deputy manager and eight staff members. We also spoke with two health professionals who were visiting the home at the time of our inspection visit. Prior to our inspection visit we contacted Rochdale Borough Council commissioning department and Healthwatch Rochdale. Healthwatch is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of two people who lived at Littleborough, staff recruitment records and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. In addition we had a walk around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home spoke about how safe they felt living there. For example comments from people included, "Yes I feel safe. I will tell you why. There is a lot of staff nearby checking on me which makes you feel secure." Another person said, "Lots of comings and goings so people are always around."

We checked how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures and improve systems if necessary. These meant systems were in place to check people had received their medicines as prescribed. We observed staff members administering medication at lunchtime. The senior staff member ensured the medication trolley was locked securely whilst attending to each person. The staff member then sensitively assisted as required and gently encouraged people to take their medication. Medicines were signed for after they had been administered.

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the management team had systems to protect people from the unsafe storage and administration of medicines.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe.

Staff rotas and discussion with the management team and staff evidenced there were consistent staff numbers with good levels of skill mix to support people who lived at the home. For example this included staff designated within different roles, such as senior cares, carers, kitchen and domestic personnel to help them with their duties. A staff member said, "We have time and enough staff to talk with residents, so yes I think we have enough staff on duty. Also a person who lived at the home said, "They don't seem rushed and spend time talking with me which I like." In addition we observed call bells were answered in a timely manner and people told us they did not have to wait long if they pressed the call bell for assistance.

The registered manager followed their policies and procedures to recruit staff suitable to work with vulnerable adults. We found staff recruitment records had required background checks.

Care plans of two people at Littleborough Home for the Elderly contained risk assessments that had been regularly reviewed and updated when required. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home.

We observed the building was clean and tidy. Staff received infection control training and they had appropriate equipment to maintain good standards of cleanliness. The management team recorded water temperatures to ensure these were delivered within health and safety guidelines to protect people from the risk of scalding.

Is the service effective?

Our findings

People who lived at Littleborough Home for the Elderly received effective care because they were supported by staff that had received regular training and were competent. For instance staff we spoke with told us they received regular training and were encouraged to access training courses that would enhance their skills. One staff member said, "Cannot knock the training it is very good and we are encouraged to take up professional qualifications which would support us."

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

During the day we observed people were continuously offered drinks and snacks. One person who lived at the home said, "Always offered a drink, no shortage here." People we spoke with told us they enjoyed the food and had plenty of choices. Comments included, "I love the meals, today as you can see a lovely roast beef dinner." Also, "What a good cook try her home made cakes they are lovely."

A variety of alternative meals were available for people who required special diets. These included people who had their diabetes controlled through their diet. The cook explained to us they had received training in food and hygiene and were aware of different foods to assist people who need special diets to ensure they kept healthy.

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for people to have a healthy diet. The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We observed lunch in the dining room. We saw different portion sizes and choice of meals were provided for people. Food served looked nutritious and well presented. The lunch experience was relaxed and staff were seen to support people who required help in a sensitive manner.

People's healthcare needs were monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to General Practitioners (GP's), dentists and other healthcare professionals had been recorded. They contained a record of what action had been taken.

We looked around the building and grounds and found they were appropriate for the people who lived at the home. There was a refurbishment programme in place and we saw several areas of the premises and garden areas had recently benefitted from refurbishment. The registered manager informed us ongoing work to improve the surroundings was in place. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place

which were capable of meeting the assessed needs of people with mobility.

Is the service caring?

Our findings

People who lived at the home told us staff were all caring, kind and respectful. Relatives also commented in surveys how caring staff were. Comments from people who lived at the home included, "The staff are so caring and kind. Nothing is too much trouble it is a lovely home."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

People who lived at the home had their end of life wishes recorded so staff were aware of these. We found people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Staff told us they had received training in supporting people who were approaching end of life.

During the day of the inspection visit we saw examples of the caring approach and attitude staff had towards people who lived at the home. For example at lunch time two people were supported with their meal by staff who encouraged them and engaged in conversation to ensure they enjoyed the lunchtime experience. We spoke with one of the people who was supported who said, "They are so kind and thoughtful. I do need help but they help with such a patient attitude because I do take my time."

Information about access to advocacy services was available for people. They had information details in the reception area of the building that could be provided for people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

We observed staff had an appreciation of people's individual needs around privacy and dignity. For example when supporting people with personal care they ensured doors were shut and attended to people in private. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff knocked on people's bedroom doors before entering and staff also addressed people in their preferred name. This demonstrated staff awareness of respecting people's privacy and choices.

Is the service responsive?

Our findings

People who lived at Littleborough Home For The Elderly told us staff were responsive to their needs and provided support relevant to themselves. For example one person said, "If you need a doctor they do it instantly the staff know about everybody they are really good people." Care plans of people who lived at the home contained information about people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people required.

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided.

There was a complaints process document which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be acted upon appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We noticed there was a complaints procedure document on view in the reception area of the home so people could access information if they wished to. A complaints log was kept however no complaints had been received by the service.

The management team and staff had considered good practice guidelines when managing people's health needs. For example, written information was provided about people who lived at the home to take with them should they need to go to a hospital. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication, care needs and medication.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we discussed the organisation structure for the home with staff, they all told us the home was organised and put people who lived there first. One person who lived at the home said, "We have good managers who always put residents before anything else." A staff member said, "We are a well run home with good staff and management."

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

It was evident the registered manager and deputy manager was a part of the staff team and supported them when needed to care for people who lived at the home. This was confirmed from comments we received from staff. One staff member said, "[Registered manager] is so good and approachable always helps out and joins in." Another staff member said, "[registered manager and deputy manager] are very good they are part of the care team and always puts the residents first."

The management team had procedures in place to monitor the quality of service they provided. For example regular audits had been completed. These included reviewing care plan records, the environment, health and safety issues and infection control. These now took place on a regular basis.

Surveys had been sent to relatives/residents for people to comment on the way the home operated and how people were cared for. A recent survey completed in 2017 was positive. We saw surveys returned included comments such as, 'A lovely caring home'. The registered manager had analysed the results and had taken action to act on negative comments about the furnishings and décor of the building. For example new garden decking areas had been built for people's use. Also refurbishment of the lounge/dining area had been completed. The registered manager told us there was now an ongoing redecoration programme for people's bedrooms and communal areas. A relative commented in a survey. 'Nothing wrong with the care but painting and redecoration needs updating'.

The management team held regular staff meetings for various roles. For example they held separate senior carers, night staff and care staff meetings. Staff we spoke with told these were useful to discuss any issues and continue to improve the service for people who lived there. In addition 'resident' meetings were held.

On display in the reception area of the home was their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015