

Littleton Holdings Limited

# Samuel Hobson House

## Inspection report

20-22 Knutton Road  
Wolstanton  
Newcastle Under Lyme  
Staffordshire  
ST5 0HU

Tel: 01782620011

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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

This inspection took place on 16 May 2017 and was unannounced. Samuel Hobson House is registered to provide accommodation for people who require nursing or personal care. At the time of our inspection there were 27 people living at the service some of whom were living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff that understood how to safeguard them from abuse and help them manage risks to their safety. Staff were recruited safely and people were supported by sufficient staff to meet their needs and maintain their safety. People received their medicines safely and as prescribed and were supported by staff that had been trained and had their competency assessed.

People received support from staff that had a good understanding of their needs and the skills required to meet them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had their dietary needs and preferences met and were offered a choice of food and drink. Staff understood people's dietary requirements and the support they required. Peoples health and wellbeing was maintained by staff that understood their health needs and accessed support and advice from professionals where required.

People told us they had good relationships with staff and felt they observed their rights to privacy and treated them with dignity and respect. People could describe how staff gave them choices and told us they were encouraged to stay independent.

People had their needs and preferences met by staff that understood them, they were able to spend time doing things they enjoyed and we saw people had the chance to take part in a range of activities. People and their relatives understood how to make a complaint and we could see there was a policy in place to manage complaints.

People and their relatives told us the registered manager was approachable and staff told us they felt able to make suggestions about the service. Staff said they received support in their role from the management team and we could see there were systems in place to ensure people received good quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Samuel Hobson House

## 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 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.

The inspection was a comprehensive inspection which took place on 16 May 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with three people who used the service and four relatives. We spoke with the registered manager, deputy manager, the senior team leader, two team leader's one care staff member and the cook.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 reviewed a range of records about how people received their care and how the service was managed. These included five care records of people who used the service, medicine administration charts, three staff records and records relating to the management of the service such as, quality audits, complaints, and safeguarding records.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks, effective staffing levels and medicines management as at the previous inspection and the rating continues to be good.

People were safe and protected from harm. People told us they felt safe, one person said, "Since I have come here I feel much safer than when I was at home, it is easier to get around, there are staff here to help me and there is much less risk of me falling". Staff could give examples of where people may be at risk of harm and the action they would take to protect them. One staff member said, "We have to look out for signs of abuse, such as unexplained bruising and act on any information that is disclosed to us". We saw staff had been trained in how to keep people safe and there were records of incidents which had been reported to the appropriate body. This showed the registered manager had systems in place to keep people safe from abuse.

People were supported to manage risks to their safety. One person said, "I was at risk of falls when I lived alone, I haven't had one fall since I have been here, there is always someone here to support and monitor me when I walk". Staff understood how to support people to manage their risks and could describe the plans in place for people. For example, they could describe how one person was at risk of falling and they had to monitor this person at all times, we saw staff following this guidance. People's individual risks were recorded in their care records. We saw these identified people's risks, gave guidance for staff and were reviewed monthly. Staff understood how to support people if there was an accident or an incident. We saw records of accidents and incidents were documented and analysed to reduce the risk of reoccurrence. This showed people were supported to manage risks to their safety.

People received support from safely recruited staff. Staff told us they gave details in their application about their employment history and the provider undertook checks before they started their role. We saw staff provided two references and checks were carried out by the Disclosure and Barring Service (DBS) before staff started their role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People were supported by sufficient staff. People told us there was enough staff. One person said, "I have never had to wait for anything, there is always staff in the room with us and there are plenty of staff to help you with things". A relative told us, "There are always enough staff, I visit every day and have never seen a time when there were insufficient staff". Staff confirmed they felt there was enough staff to meet people's needs. We saw there were sufficient staff on duty to provide support during the inspection. For example, people were not left alone in communal areas, we saw staff had time to spend sitting talking with people and engaging in activities. This meant there were sufficient staff to support people safely.

People received their medication as prescribed. People told us they were supported safely with their medicines. One person said, "I have my medicines four times a day and never have any worries with it". Staff told us they had their competency assessed regularly by the registered manager and received regular updates to their training. Records we saw confirmed this. We found there were effective systems for the

ordering, storing and disposing of medicines. We saw medicine administration records were accurately completed and systems to check medicines were administered as prescribed were effective. This meant people were receiving their medicines as prescribed and there was a system in place to safely manage medicines.

## Is the service effective?

### Our findings

At this inspection, we found people continued to have freedom of choice, staff were skilled to meet people's needs effectively and people were supported with their dietary and health needs as in the previous inspection. The rating continues to be good.

People received support from staff that were knowledgeable. One relative said, "Staff are all well trained, they know exactly what they are doing and are all very accommodating". The registered manager told us staff had an induction into the role, which included shadowing more experienced staff and they had opportunities to update their training and develop new skills. Staff confirmed what we were told and said the training gave them confidence in their role. One staff member said, "We are able to request specific training, I am currently doing some training in activities for people". We saw staff had the skills to support people. For example, we saw staff using appropriate moving and handling techniques to support people with transfers and we saw comprehensive records of staff training schedules and regular support through supervision. This showed the registered manager ensured staff had the appropriate skills to support people.

People and their relatives told us staff sought consent when offering care and support. One relative said, "[Persons name] can make their own decisions and staff always respect that and ask the questions". Staff told us they sought consent from people when offering care and support. One staff member told us, "When someone is assessed as lacking capacity to make decisions we have to make decisions in their best interests".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found where people were unable to consent, their capacity had been assessed and appropriate individuals had been involved in discussions to enable decisions to be made in their best interests. For example where people needed to have their medicines covertly and how they should be supported with personal care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found appropriate applications had been made to the local authority for DoLS assessments. We saw where applications had been authorised by the supervisory body the provider was complying with the conditions. People had their rights protected by staff that understood the principles of the MCA.

People were supported to have sufficient to eat and drink. People told us their specific dietary needs were met and they had a choice of food and drinks. One person said, "The food is good, I am having a nice biscuit at the moment, there is always plenty to choose from". Another person told us, "Staff know I am allergic to milk and always make sure my drinks and meals don't have any in them". Staff could describe how they

supported people to have their dietary needs and preferences met. For example, one staff member told us about the support in place for someone living with diabetes, whilst another was able to describe the risk assessment and plan in place to support someone that was at risk of choking. The registered manager told us in the PIR every person has a food and fluid diary in place this is to demonstrate the choices that are being made in

regards to meals, snacks and drinks and also the times that individuals prefer to eat and drink. We saw staff followed the risk assessments for people, where appropriate they offered support and completed the food diary which monitored people's food and fluid intake where required. There were records in place which gave guidance to staff about risk associated with their dietary needs and records were kept about people's food and drink intake. This showed the registered manager had systems in place to ensure people's nutritional needs were met.

People had access to healthcare professionals as required and were supported to maintain their health and wellbeing. One relative said, "The staff arranged for a doctor to visit me recently, I needed some antibiotics for a bad chest". Staff understood people's health needs and could describe how they supported people including following the advice of health professionals and monitoring people's health. One staff member said, "We have good support from other professionals such as GP's, Nurses, Physiotherapists and Dieticians". Staff told us about advice they had received about people's care and how this was followed. We saw records of doctor, nurse and dieticians for example visiting people to provide support. This means people were supported to manage their health and wellbeing.

## Is the service caring?

### Our findings

At this inspection people remained happy and content living at the service, they continued to describe staff as caring and were complimentary about how staff protected their privacy and dignity. The rating continues to be good.

People had caring relationships with staff. People and their relatives were positive about their relationships with staff and described staff as caring and supportive, They told us staff were able to spend time to talk to people and were always smiling and pleasant. One person said, "The staff know me well and they know what support I need". A relative told us, "Staff really care about [my relative], the staff really make a fuss of them, I can see their eyes light up when they speak with staff this shows me they are happy". Staff told us they had time to get to know people and were able to build relationships. We saw the atmosphere was relaxed and friendly between staff and people. People responded positively to the engagement from staff and were observed smiling and chatting throughout the day. We saw that people actively sought the company of staff and staff were available to spend time with people. This showed staff took time to spend with people talking and building a caring relationship.

People were supported to maintain their independence and make choices about their care. One person told us, "I can choose to do whatever I want, I choose my meals, today I have chosen steak and kidney pie, but I could have had anything I wanted". A relative told us, "The staff encourage people to be as independent as possible here". Staff told us they encouraged people to do as much of their personal care as they could for themselves and offered people choices in all aspects of their care. For example, how to spend their time, when to get up or what to wear. We saw people making choices about food and drinks, where to sit and what time they got up in the morning. The registered manager told us in the PIR, people were treated with dignity and respect staff ensured independence was encouraged and promoted, as well as ensuring that the care provided is of a high standard. Care plans identified what people could do for themselves and gave staff information about how to encourage people. They described how people could be supported to make choices about their care and support. This showed people were able to make choices and were supported to maintain their independence.

People were treated with dignity and respect. People told us staff were always respectful and maintained their privacy and dignity. One person said, "The staff respect my privacy all the time, they close doors and knock before they come in to my room". A relative told us, "[A person's name] will leave the door open when they use the bathroom, staff always make sure they close the door and remind my relative to protect their privacy". The registered manager told us they had encouraged staff to become dignity champions, this meant staff would sign up and adhere to the dignity principles and staff would share with others how to protect people's dignity. The registered manager said, "One staff member was shortlisted for the Dignity awards last year". Staff could describe how they protected people's dignity. One staff member said, "I make sure I speak with people in private and I am discreet when offering care and support". We saw staff were discreet when offering people care and support and ensured people had their dignity respected. For example, a health professional came to visit one person and we saw staff explain discreetly what this was for and take the person to a private area for treatment. This meant people were treated with respect and their

privacy and dignity was maintained.

## Is the service responsive?

### Our findings

At this inspection we found staff understood people's needs and preferences and concerns and were as responsive to people as they were during the previous inspection. The rating remains good.

People received care and support that was personalised to their needs and preferences. People told us staff understood their needs and preferences and spent time getting to know them. One person said, "I came to look around with my family and knew this was the place for me, they asked me about the help and support I would need". One relative told us, "An assessment was done and they spend time getting to know what [a person's name] liked and disliked and they put this into a care plan". Another relative told us, "[My relative] had a preference for spicy food, we have arrangements in place for Indian and Chinese meals to be bought in and we eat them as a family". Staff could describe how people preferred their care and support to be delivered and could tell us details of what was important to people. For example, one staff member told us about how the assessment and plan addressed people's cultural and religious needs with a number of people receiving support to attend holy communion. We saw care records which supported what we were told. The registered manager told us they used a my life story book to document people's life history and what was important to them. For example, one person's life story book described their passion for buttons. The registered manager told us this had prompted staff to make an apron with buttons on for this person. Care plans were person centred and were reviewed on a monthly basis or sooner if required. This showed people received support from staff that understood their needs and preferences.

People spent time doing things they enjoyed. People told us they had opportunities to follow their interests and showed us some of the things they liked to do. For example, one person showed us things they had made during arts and crafts sessions. A relative told us, "There is plenty going on, there are outings and entertainment plus [my relative] enjoys painting and arts and crafts. We saw people were engaged in meaningful activity throughout the day. We saw people making coasters for use in the dining room. Other people were listening to music and singing along.

We found peoples care records identified they type of activities and interests people liked to participate in and we found staff understood this and offered people opportunities to engage in their preferred activity throughout the inspection. This showed staff supported people to follow their individual interests and take part in activities of their choice.

People and their relatives understood how to make a complaint and were confident any concerns would be addressed. One person told us, "I would always speak with the registered manager if I had a complaint, but honestly I have never had any issues". Relatives told us they understood how to complain but had never needed to. They explained the staff and managers were all very approachable so anything they wanted considered or changed happened without the need to complain. Staff understood the complaints process and could explain how they would support people to resolve any concerns. There was a complaints policy in place to appropriately manage complaints. For example, one person's family had complained of a bad smell in a bathroom near their relative's bedroom. We could see action had been taken to investigate the situation and an alternative room was offered to the person. This meant the provider had a system in place to respond to concerns and complaints.

## Is the service well-led?

### Our findings

At this inspection we found the service was as well led as at the previous inspection. The rating remains good.

There was a registered manager in post at the time of the inspection. 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 understood their role and responsibilities such as notifying us of certain events. We found statutory notifications which we had received notified us of relevant events and incidents in a timely manner.

People and their relatives told us they felt able to approach the registered manager and they found the atmosphere in the service was good. One person said, "The registered manager is very good and always so helpful". Relatives told us the atmosphere was good and everyone worked together well with good communication. One relative said, "If there are any issues I raise I always get a response straight away, it's very good". Staff told us they were happy working at the service and the registered manager was approachable. Staff gave examples of how they operated as a team and told us about suggestions they had made for changes in the home. For example, one staff member said they planned some activities to offer people and the registered manager allowed them to purchase what was needed. We could see the management team were accessible to people, relatives and staff throughout the inspection. This showed the registered manager had created an open atmosphere and staff were able to influence changes within the service.

Staff told us they received support from the registered manager and wider management team. They told us they were well supported by the senior team and this was effective in ensuring people's needs were met. We saw staff hold individual discussions throughout the inspection. Staff told us about regular opportunities to discuss people's care and the way the service was run through team meetings and supervisions, which included an opportunity to identify any additional training requirements. One staff member said, "It is a lovely atmosphere here, we are all like a family everyone is really well supported". Another staff member said, "There are good levels of support available, the registered manager is really easy to speak to and you always get a response to whatever you raise". The records we saw supported what we were told. This showed the registered manager had effective systems in place to support staff.

The registered manager had systems in place to assess the quality of the service people received. They told us they undertook regular audits to check quality. For example medicines audits were conducted weekly by staff with daily counts in place to check people had received their medicine on time. The registered manager also undertook monthly audits and observations of the administration of medicines. An annual audit arranged by the pharmacy took place on the day of the inspection and initial feedback from the audit was positive. There were other audits such as care plans, environmental and infection control. The registered manager also undertook analysis of accidents, incidents and complaints to check for areas where improvements could be made. We saw an action plans were in place following audits which identified the

areas for continued improvement. We saw the registered manager was using the information from audits to make improvements. For example, changes to the menus, following people's feedback, new screens in the kitchen to prevent insects from entering through the windows and changes to the sickness management policy. This showed the registered manager had systems in place to monitor the quality of the service and make improvements.

People and their relatives were aware of how to express their views about the service. One relative said, "They do ask for your views from time to time and there are meetings for people and relatives, they also ask for feedback over the telephone". People told us they had attended resident meetings and the registered manager told us they engaged with relatives through meetings and an open door policy. The registered manager told us in the PIR, new furnishings and decoration had been chosen by the residents during a residents meeting. The residents had chosen a theme of greens and light colours to bring a feeling of the outside to the inside. The records supported what we had been told. This showed the registered manager had systems in place to assess the quality of care people received, gain feedback and use this to improve.