

Leighton House Retirement Home Limited

Leighton House Retirement Home Limited

Inspection report

170-172 Milkstone Road
Deeplish
Rochdale
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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

Leighton House Retirement Home is registered to care for up to 30 elderly people in one adapted building. On the day of the inspection there were 24 people accommodated at the home.

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

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. Staff were trained in equality and diversity. People's equality and diversity was respected by a caring staff team and where they wanted, they were supported to continue with their religious needs.

We saw that the service responded to the needs of people by providing meaningful activities and having regularly reviewed plans of care. Any concerns were acted upon. Staff training enabled them to care for people at the end of their lives.

The registered manager conducted audits to maintain standards. They attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service, staff and relatives were able to air their views about how the service was run.

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

Rating at last inspection.

The last rating for this service was good (report published 26/07/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Leighton House Retirement Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector completed this inspection.

Service and service type

Leighton House Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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

feedback from the local authority and Healthwatch Rochdale for any information they had 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. Healthwatch did not have any concerns and the local authority comments were positive. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, care manager, three care staff and the cook. We reviewed some records. This included two people's care records. We looked at two staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including quality assurance audits and we observed staff interaction with the people they cared for. We toured the building and gardens.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse remained effective.
- Staff were trained in safeguarding vulnerable people and there was information on notice boards for people and staff to report any concerns regarding care and treatment.
- People told us they felt safe, family members said they felt able to leave their loved ones in the care of staff and staff said they would report any poor care.

Assessing risk, safety monitoring and management

- Any risks to people were monitored and acted upon when required.
- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity. There were also risk assessments for any hazards in the environment such as slips, trips and unsafe equipment to help protect the health and welfare of people who used the service.
- Equipment in the home was maintained, such as gas and electrical equipment, to ensure it was safe.

Staffing and recruitment

- The recruitment of staff remained robust because all necessary checks were undertaken.
- People told us they were attended to quickly when they needed assistance and staff confirmed there were enough staff to meet people's needs, except on rare occasions due to sickness.

Using medicines safely

- The administration of medicines remained safe. We checked the controlled drugs numbers against the register and found they tallied.
- People told us they received their medicines on time and as prescribed by their doctor.
- Staff who administered medicines had received training in medicines administration. We checked the medicines records and found they were completed correctly and 'as required' medicines gave staff clear instructions to administer them safely.

Preventing and controlling infection

- There were systems in place to prevent and control infection.
- People told us their rooms were kept clean and the registered manager audited cleaning rotas to ensure cleanliness was maintained.
- Staff were trained in the prevention and control of infection and we saw staff had access to and wore protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.
- The registered manager said they had learned to inform all relatives if there were any incidents such as a hospital visit because families did not always talk to each other.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs, and choices were assessed.
- Staff assessed the needs of each person prior to admission to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw that protected characteristics were incorporated into the assessments, and where required acted upon. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people were able to follow their religion of choice or maintain relationships they had prior to living at Leighton House.

Staff support: induction, training, skills and experience

- Staff received support, had an induction and received training to gain the skills required of a care worker.
- All staff received an induction when they commenced employment to ensure they were aware of the facilities and services offered. Staff new to care were enrolled on the Care Certificate, which is a recognised induction program. Staff were encouraged to complete a course in health and social care such as a diploma.
- Staff received regular training and refresher training.
- Staff told us they received regular supervision and yearly appraisal when they could discuss their careers.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a nutritious diet and their hydration was maintained.
- We spoke with the cook who showed us the file for each person, which highlighted their nutritional needs, had information about any allergies and any likes and dislikes.
- People were given a choice of meal at every serving. Drinks and fresh fruit were readily available. We saw there were enough supplies of dried, canned, fresh and frozen foods to ensure people received a balanced diet.
- People's nutritional needs were assessed, and where necessary specialist advice was sought from a speech and language therapist or dietician.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service liaised with other organisations, including the local authority commissioning team who had told us, "We have no concerns with this home from a quality side, I think the management and staff go above and beyond."

Adapting service, design, decoration to meet people's needs

- We toured the building during the inspection. The building was suitably adapted to meet people's needs. The décor was maintained to a satisfactory level.
- The home was warm, clean and tidy. Furniture and equipment was well maintained and there was a homely atmosphere.
- Bedrooms had been personalised to people's tastes and all checks completed to ensure people were safe. Windows had restricted openings to prevent falls and water temperatures were safe to prevent scalds.

Supporting people to live healthier lives, access healthcare services and support

- The plans of care showed records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.
- Each person had their own GP and we saw records of attendance when a doctor was required.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service were meeting the requirements of the Act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork. There were 11 people currently assessed as requiring a DoLS.
- Where possible, people were involved in developing their care plans and signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.
- Some people had a family member to act on their behalf and documentation was seen in the plans of care for a lasting power of attorney for health and welfare.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. People who used the service told us, "The staff are kind to me and care for me. We can have a laugh with them", "The staff treat me very well. They are kind and caring" and "I have good banter with the staff. I have a few names for them. It's good to have a bit of fun."
- We observed staff during the inspection. Staff had a good relationship with people who used the service and there was a good atmosphere with laughter and good-natured banter. Many staff had worked at the home for some time and knew people well.
- Plans of care contained good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Staff were trained in equality and diversity. Staff looked after people from other ethnic backgrounds and family members told us the home met their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views at meetings and by completing surveys about their care. People were also involved in their plans of care, where possible. The registered manager responded to people's views and had decorated areas of the home and arranged for extra external entertainers following feedback from people.
- Plans of care recorded each person's personal preferences and preferred daily routine. This informed staff of how a person liked to be supported and ensured they received care in a manner acceptable to them.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted. Plans of care informed staff what a person could do for themselves or where they needed support. People told us they felt respected. People were able to go out independently if it was safe for them to do so.
- Staff received training about confidentiality, there was a policy to inform staff on what information could be shared and we saw all records were stored securely.
- Visiting was unrestricted and we saw people could see their visitors in private if they wished. Visitors told us, "The care is very good. I wish I had known this home for my family member when they needed it" and "The staff are welcoming with the family. They are very friendly. I feel I can go away, and they will be looked after. I cannot fault the staff. My relative is really happy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care were developed with people who used the service where possible and family members where appropriate. Plans were regularly reviewed. The plans were detailed and gave staff sufficient information to deliver effective care. Relatives said they were kept informed of any changes and made comments such as, "They ring me up and let me know if [my relative] is ill or there are any changes."
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- The registered manager audited the plans to ensure they remained effective and updated to reflect people's care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in a format suitable to each individual. We saw that some documents, for example, the complaints and safeguarding procedures had been simplified for easier use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered the choice of suitable activities.
- There was a weekly program of activities which included various games, quizzes and reminiscence therapy, arts and crafts and exercise to music provided by professional entertainers. People went out to shops, to the local pub, visited town and out for meals.
- Families were encouraged to join in fun days and barbecues. One family member liked to work in a plot in the garden, which her relative was proud to show us.

Improving care quality in response to complaints or concerns

- There had not been any complaints made to the service, the care quality commission or the local authority. However, we had faith the registered manager would respond to any concerns raised.
- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- People told us they knew how to complain and felt staff, including the registered manager would respond

to them. Nobody we spoke with had any concerns about the service.

End of life care and support

- The service did not currently provide palliative care. Staff had completed end of life training, some at the local hospice. This gave staff the skills to offer care and support for people who used the service, other staff and families in times of bereavement.
- Some people had completed advanced care plans and their end of life choices to ensure their wishes were followed should they deteriorate. Some people preferred not to complete the documents.
- The service had contacts with external professionals who would support the service should a person require end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture was open, inclusive and empowering. People told us, "The manager is brilliant, you can have a laugh or talk to them" and "The manager is all right. You can chat to her when you want." All the people and visitors we spoke with thought all staff were approachable and they could talk to them.
- All the staff we spoke with thought the registered manager was supportive and available for advice and commented, "You can talk to the manager about anything, home life or work and they are supportive. The office is always open, and you can phone them at home" and "We get a lot of support. We can even phone the registered manager when they are on holiday."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner.

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

- The registered manager and staff were clear about their roles and understood regulatory requirements. The current rating was displayed within the home and on their website.
- We saw that the registered manager conducted audits to maintain and improve the service.
- There was a clear management structure and staff felt supported at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and the community were engaged with the service.
- Children from local schools came into the service and interacted with people, getting involved in arts and crafts and entertainment.
- Staff attended meetings and said they were encouraged to bring up ideas to help improve the service.
- Clergy from various denominations came into the home to offer religious services.

Continuous learning and improving care

- The registered manager attended meetings with organisations in the health and social care community to discuss best practice and help drive improvement.

- There were handover meetings for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

Working in partnership with others

- The registered manager liaised with other organisations including the local authority.