

The Old Library Residential Home Limited

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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

This unannounced inspection took place on 25 April 2016. The service was last inspected on 15 September 2014 when the service was found to be compliant with the regulations inspected.

The Old Library Residential Home Limited is registered with the Care Quality Commission to provide accommodation and personal care for up to 30 older people, some of whom may be living with dementia. The service is based on three floors and has access to these via a lift. The service is located close to the town centre of Cleethorpes and there is parking available to the rear of the building. At the time of our inspection there were 23 people using the service.

There was a registered manager in place. 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.

Staff had been safely recruited and received training about the protection of vulnerable adults to ensure they knew how to recognise and report issues of potential abuse.

Assessments about potential risks to people had been completed to ensure staff knew how to manage these safely. People received their medicines from staff who had been trained to ensure they knew how to administer these to people safely.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service. Staff demonstrated a positive understanding for the promotion of people's personal dignity and privacy, whilst involving them in making active choices about their lives. People's private records and information was maintained in a confidential manner

Staff were provided with a range of training and development opportunities to help them develop their careers and enable them to effectively carry out their roles. Staff involved people and obtained their consent before carrying out interventions and best interest meetings were held when people lacked the capacity to make important decisions for themselves. People received a choice of nourishing home cooked meals which they said they enjoyed and community based health care professionals told us they had a good working relationship with the service.

People were provided with a range of opportunities for social stimulation and interaction. A complaints policy was in place to ensure people could raise any concerns about the service when required. People and their relatives were involved in the planning of their support that was reviewed on a regular and ongoing basis.

Regular management checks were carried out to enable the quality of the service people received to be

assured and enable the identification of changes to be made where this was required. The registered manager was aware of their responsibilities and submitted notifications about incidents affecting the health and welfare of people who used the service to the Care Quality Commission as required.

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 was safe.

People were protected from harm by staff who had been recruited safely and had been trained to ensure they knew how to recognise and report potential abuse.

Staffing levels were assessed to ensure there were sufficient numbers of staff available to meet people's needs

People's care plans contained information and risk assessments to help staff support them safely.

People received their medicines when they needed them and systems were in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received regular training to perform their roles and which helped them support the people who used the service.

Assessments and best interest meetings had been completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People were supported to make informed choices and decisions about their lives.

People who used the service were provided with a range of wholesome meals and people's nutritional needs were monitored to ensure they were not placed at risk.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated compassion and consideration for meeting people's needs.

Staff engaged with people positively to ensure their privacy and

dignity was respected.

People's right to make choices about their lives was respected.

Staff had positive relationships with people who used the service and understood their needs.

Information about people's needs was available to help staff support and promote their health and wellbeing.

Is the service responsive?

Good ●

The service was responsive.

A range of opportunities were provided for people to help them engage in meaningful social activities to enable their wellbeing to be promoted

Staff respected people's individual wishes and preferences.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

People knew how to make a complaint and have these investigated and resolved, wherever possible.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were able to influence how the service was run and were consulted and involved in decisions about the home.

Care staff told us they were happy in their work and received good support from management.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes where this was required.

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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 registered 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 unannounced inspection took place on 25 April 2016 and was carried out by an adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This asks them to give key information about the service, what the service does well and what improvements they plan to make. The local authority safeguarding and quality performance teams were contacted as part of the inspection process, in order to obtain their views about the service. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service, five visiting relatives, three members of care staff, catering and ancillary staff, members of maintenance staff, a team leader, a care coordinator and the registered manager

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. One person told us, "I am really happy and comfortable, I can choose to stay in my room or join in when I want." Three visiting relatives told us they had made an active choice about using the service, following an initial use of the service for their members of family for a period of respite care. Relatives told us they were reassured by the service. One told us, "I wouldn't have brought [Name] back if I wasn't happy, I am very impressed. They recognised a urine infection straight away, which hadn't been diagnosed elsewhere." Another relative said, "It's a massive relief, [Name] has settled in so well. They wouldn't be here if I wasn't happy." They went on to say, "One of the family visits every day, it's always the same, they are definitely doing a good job." People told us the service was "Always spotless, [Name] does a champion job at cleaning."

There was evidence in staff files that prospective employees were checked before being allowed to start work in the home, to ensure they did not pose a risk to people who used the service. We saw this included recruitment checks and obtaining clearance from the Disclosure and Barring Service (DBS) and were not included on an official list that barred them from working with vulnerable adults. We saw evidence that references were appropriately followed up by the registered provider before offers of employment were made, together with checks of the applicant's personal identity and past employment experience, in order that gaps in people's work history could be explored. We spoke with a member of staff who was on their first day and was shadowing staff to enable them to get to know people's needs. They told us and we saw evidence the recruitment process had been appropriately followed for them.

We saw that staff were provided with training on the protection of vulnerable adults to ensure they were familiar with their roles and responsibilities and knew how to report potential issues of abuse or raising whistleblowing concerns. Staff who we spoke with demonstrated an appropriate awareness of the different forms of potential abuse and confirmed they were confident that management would take action in relation to this aspect of practice when required. We saw evidence the registered manager cooperated and worked with the local authority to investigate potential concerns and notified them when this was needed. We found a record was maintained of low level concerns that had been raised with the local authority as a safeguarding issue. We saw that two of these recently had not been reported to the Care Quality Commission as required. We spoke with the registered manager about this and gained their reassurance this shortfall would not reoccur.

There was evidence the service adopted a positive approach to the management of risks whilst helping people to keep safe from harm. We saw assessments about known risks that were included in people's care files, together with guidance on how staff should support them safely, whilst enabling them to be as independent as possible. We found people's risk assessments were reviewed and updated on a regular basis, to ensure accidents and incidents were minimised. We found that incident and accidents were monitored and investigated to enable action to be taken to prevent them reoccurring.

We found staffing levels were monitored and assessed on an ongoing basis according to the individual dependencies of people who used the service. People and their relatives told us care staff acted quickly

when this was needed and we observed them interacting positively with people about their wishes. Care staff told us there were enough of them available to meet people's needs. A relative who visited daily told us, "Every member of staff knows every resident, they have the patience of a saint and they are well deployed." Another told us, "I am extremely happy with the Old Library, when we brought [Name] here, every member of staff took time out to introduce themselves and give her time and attention, I am really impressed."

People told us they received their medicines on time and in a regular way. We observed people's medicines were administered with sensitivity and patience with staff providing explanations and encouragement to people before moving on. There was evidence staff responsible for administering medicines were given training on this element of their work, together with regular competency checks to ensure they were safe to carry out this role. We found monthly audits of medication were carried out, to enable potential errors to be promptly recognised and acted on to minimise future mistakes. We observed that medication was stored securely and that an accurate record was available which corresponded with a random check of the medication stocks. We were told a local pharmacy carried out additional periodic audits of the medication and saw that people's individual medication records (MARs) were highly personalised with photos of them and the medicines they were prescribed.

We observed the building was well maintained and that regular checks were made of equipment and facilities to ensure they were safe for people to use. On the day of our visit two members of maintenance staff were visiting the service and we saw evidence of on-going investment on the environment. Individual personal evacuation plans were available for people who used the service, together with a contingency plan for use in emergency situations, such as fire and floods together with fire training that was provided to staff. We found that the building smelt fresh and was clean and neat and tidy and saw that an outcome a recent audit carried out by the local infection control team had resulted in a score of 98% being awarded. The registered manager told us, "We have plans to improve and develop this aspect of the service by continuing to purchase anti-microbial, Methicillin-resistant *Staphylococcus aureus* (MRSA) resistant and anti-fungal stain resistant chairs to assist in our infection control this is part of our on-going refurbishment programme."

Is the service effective?

Our findings

People who used the service and their relatives were very positive about that care and support that was provided to them. People told us staff involved them in making choices about their lives and that they participated in reviews of their support. Relatives told us they had been involved in the development of their member of family's care plan and had been asked to provide information to help staff understand their relative's past. The relative told us, "I am ever so happy, they involved me so I feel part of it which is excellent and good."

The registered manager told us, "We support our residents to live according to their preferred lifestyle and enjoy the best possible health and quality of life. We encourage residents to express their views and incorporate their choices, needs and preferences in their person centred planning."

People told us they enjoyed the food and that the quality of it was good. A relative told us, "The quality of the food is excellent, they can always have choices or something made especially if they don't want what is on offer and there is also a cooked breakfast." We observed people were provided with a choice of three home cooked daily meals to ensure their nutritional needs were appropriately supported. Pictorial menus, showing the days different choices were displayed in the dining room, which we saw portrayed a very accurate image of what was actually served and helped people to make decisions and choices about what they ate. The service had been awarded a five star rating by the local environment health department for the cleanliness of the kitchen facilities on their last inspection, which is the highest score that can be achieved. We observed individual support was sensitively provided to people requiring assistance with eating their meals and drinks. We saw this was carried out with gentle encouragement and at people's own pace to ensure their dignity was maintained. There was evidence in people's care files of nutritional assessments and regular monitoring and recording of their weight, together with involvement from dieticians or community professionals, such as speech and language therapists where this was required. We saw people's meals were tastefully presented, in a relaxed and homely atmosphere with fresh flowers on the tables and with them joining in conversations with others and staff. We observed the cook spending time with people asking them about their choices and preferences, to ensure they were happy with what was served. The cook told us they held a professional catering qualification and was currently undertaking a diploma in kitchen management, leadership and supervision. The cook told us people's individual preferences and needs were accommodated by the provision of fortified and specialist diets where this was required. We observed the registered manager tasting a sample of a meal that was provided, to ensure it was of an appropriate quality.

Information in people's care files contained details about their individual medical needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs, district nurses and other specialists to ensure their wellbeing was promoted. Regular evaluations of people's support were carried out together with clear details where changes concerning their health care status had occurred. We saw people's care files were organised well and were told an occupational therapist had recently commented positively on this and how simple it had been to find the information they required. There was evidence about the promotion of people's human rights and support with making anticipatory

decisions concerning the end of their lives. Some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented in their care files.

Throughout our inspection we observed staff discretely communicating and engaging with people to ensure they were in agreement and consented to care interventions that were carried out. There was evidence that capacity assessments for people had been completed as part of their care planning process and before decisions were made on their behalf to ensure their legal rights were protected and promoted. Where it was clear people lacked capacity to make informed decisions a best interest meeting was held involving healthcare professionals and people with an interest in their care. The registered manager told us they had recently challenged a GP following a request for the service to covertly administer a medicine to a person who used the service and that a best interest meeting review was subsequently held.

There was evidence that training about the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities in this regard. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of the liberties lawfully and in line with current legislation.

We found a range of training was provided to ensure staff were able to carry out their work and were equipped with the skills needed to perform their roles. A training and development plan was in place that included a variety of courses on topics considered mandatory by the registered provider, such as moving and transferring, first aid, infection control, safeguarding vulnerable adults, food and fire safety and issues relating to the specialist needs of people who used the service, including dementia and end of life care. We saw evidence that uptake of courses was monitored by the registered manager to ensure staff skills were updated and refreshed when required. We found that staff were encouraged to undertake accredited qualifications such as, The Qualifications and Credit Framework (QCF) and we saw evidence in staff files of meetings with senior staff, to help them develop their careers and enable their skills to be appraised.

We observed the use of environmental tools and equipment, such as signage and pictures to help people living with dementia or memory related impairments to orientate themselves around the building and maximise their independence. We found evidence the registered provider had a refurbishment plan in place to ensure equipment and fittings were replaced when required.

Is the service caring?

Our findings

People who used the service told us staff involved them in making decisions about their lives and helped to be as independent as possible. One person told us, I like to do as I wish but know that staff are there when it is needed." Relatives told us they were very happy with the support provided by staff. One relative told us, "I am more than pleased and have no qualms about staff." Another told us the service was, "Nice and friendly" and "Spot on." Speaking about the support that was shown to them from staff another relative told us, "I am made to feel like one of the family every day."

We observed interactions between staff and people who used the service and saw they were open, positive and friendly. We saw that staff treated people with kindness and compassion and demonstrated a positive regard for what was important and mattered to them. We saw care staff were attentive to meeting the differing needs of people who used the service and observed them providing sensitive support to ensure people's dignity was promoted and their wishes and feelings were respected. We observed care staff engaging with people in a courteous manner and saw them sitting down with them and using sensitive touch to ensure they were understood. We observed care staff providing reassurance and encouragement to help people's independence to be maximised whilst delivering personal care to people in the privacy of their rooms.

The registered manager told us, "We monitor residents' experience of care in relation to kindness, compassion and dignity. We listen to staff and observe their practice and supervise them in regard to communication, privacy and dignity." We found that staff received training on equality and diversity to ensure people's individual needs could be understood and met in a compassionate way. Throughout our inspection we observed staff were patient and kind. We observed staff respected the need to maintain people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. We saw information that needed to be communicated about people's needs was passed on in private and information about their needs was securely stored in the office.

People's care files contained details about their personal preferences and likes, together with information about their past histories in order to help staff understand and promote their individual needs. We saw evidence of people's involvement in reviews and decisions about their support to ensure they were able to participate in decisions concerning their support. We found staff had responsibilities for meeting people's needs and spent individual time with them to enable their wishes and feelings to be promoted. People and their relatives told us people were encouraged to make decisions and choices about their lives. People confirmed they were able to get up and go to bed when they chose. One person told us they sometimes liked to get up late and have a lie in, whilst a relative told us, "They [Name] never have to go to bed, the staff always let him stay up when he wants and give him reassurance."

People told us their wishes for privacy were upheld and they were able to spend time in their own rooms when they required. People told us they were able to bring items of personal belongings and furniture with them to help them to personalise their rooms and feel at home. We saw that information about the service was on display together with details about the use of advocacy services to enable people to have access to

independent sources of advice and support. There was evidence that meetings with people who used the service were held to enable their involvement in decisions about the home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home.

Is the service responsive?

Our findings

People and their relatives told us the service delivered was personalised and focussed on their individual needs. Relatives told us about action that was taken to ensure people's medical conditions were appropriately supported. One relative told us about an episode when their mother in law had been unable to respond to staff and they said, "They reacted really quickly to her lack of response. They sent for the paramedics and I got a call to let me know." Another told us, "They definitely get the doctor out and contact you when this is required." A third relative commented, "They phone if you need to come out when there is change in people's conditions." People and their relatives told us they were happy with the service provided and knew how to raise a complaint if this was required. One relative told us, "I am confident they would do something to put things right when needed, I am very reassured."

We saw that people were consulted and provided with choices about their individual support. Staff demonstrated a good understanding of working with people's personal strengths and needs to help maximise their confidence and self-esteem. We observed people were provided with a range of activities to enable them to have opportunities for social interaction and participation in community events. On the day of our inspection we saw this involved people taking an active role and be socially included, with one person calling out numbers for a game of bingo that took place. A relative told us their family member was, "Generally not one for taking part in activities, but staff encouraged them and they went out last week to a local garden centre."

We found an activity co-ordinator was employed by the service. They told us they liked to get everyone involved and spoke to people's relatives to enable their individual preferences, likes and aspirations to be obtained and understood. The activity co-ordinator showed us evidence of group activities and 1:1 sessions they carried out with people, such as baking cakes and playing games of crib, which was a particular favourite for one person who used the service. We were told that musical entertainers visited every second week and that themed parties took place to celebrate events, such as the Queen's 90th birthday and the local armed forces and care home open day. The activity organiser told us about trips to the sea side they had arranged, together with games of juggling, table tennis and reminiscence sessions to help people be stimulated and recall things from the past.

People's care files contained evidence that a person centred approach was delivered by staff. People's care records included details of next of kin, personal life history, medical conditions, individual preferences and personal profiles. This enabled care staff to deliver support in a way that had been agreed and enable their wishes and feelings to be appropriately met. We saw evidence of regular monitoring and evaluation of people's support, together with assessments about known risks which were kept up to date. Visiting relatives told us they were encouraged to visit and be included in the life of the service. People and their relatives told us about their involvement in reviews of their support and we saw evidence of liaison with a range of community health professionals to ensure their involvement and input about changes in people's needs.

People who used the service and relatives told us that staff consulted with them and asked their views and

whether improvements could be made to the service. We found results from these were analysed and collated and that action was taken to address issues to enable the service to develop. We saw results and outcomes from a recent consultation based on the 5 key domains and key lines of enquiry used by the Care Quality Commission on display that were entitled 'You said', 'We did'.

There was a complaints policy and procedure in place which was displayed in the service to ensure people's concerns could be listened to and addressed. People who used the service and their visiting relatives told us they were happy with the service and knew how to raise a complaint, if this was required. There was evidence the registered manager had taken action to follow up concerns that were received and used feedback as an opportunity for learning and improving the service. We received an anonymous complaint about the manager. We passed this to the registered provider for investigating and received an appropriate response together with details of their investigation.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the service and were happy with the level of provision that was delivered by staff. A relative told us, "You can tell by the way staff interact with people that the service is well led." People and their relatives told us the registered manager was very approachable and accessible and confirmed they were able to contribute ideas and make suggestions to help the service develop. One told us, "We are always told about improvements or if things are going to change."

We found the registered manager took their role very seriously and had a variety of knowledge and experience in health and social care services. We found the registered manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. People who used the service, their relatives and staff told us the registered manager maintained an open door policy and welcomed feedback about the service. We found evidence the registered manager had a 'hands on' style of approach and completed walk rounds of the service to ensure it was able to meet people's needs.

There was evidence the registered manager placed a high degree of importance on the development of an inclusive staff culture, that encouraged them to develop their skills and question practice and ensure communication was open and constructive. Care staff told us the registered manager was supportive and encouraged them to be involved in the service. Care staff told us they felt valued and that their skills were respected. One told us, "[registered manager's name] is very open and is always there. She is very, very supportive and fair." Another told us how the registered manager helped them to learn and develop. They told us the registered manager was "Always researching new ideas."

Staff files contained evidence of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and their skills to be appraised. Care staff told us regular meetings were held to enable them to be provided with leadership and direction and ensure they were clear about their roles and responsibilities. Care staff told us about key responsibilities they had been given to act as 'champions' for different aspects of the service. Care staff told us they received feedback about their work in a constructive way and that the registered manager listened to their ideas to help the service develop. Care staff told us they had confidence in the registered manager and could talk to them about any concerns they might have. One told us, "The staff team are like a family."

There was evidence the registered manager had tailored the training programme to ensure staff had the skills needed to meet the requirements of the Care Certificate. They told us, "We also intend to sign up to the Social Care Commitment and incorporate the "I will" promises and pledges with our employees and recruits." (The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements and associated tasks). The registered manager continued, "We intend to register for managers dedicated programme for excellence and leadership with Skills for Care." We found the registered manager kept their skills up to date and attended regular partnership and liaison meetings so new legislation could be discussed and safe

working practices be improved.

Systems and procedures were in place to enable the quality of the service to be monitored and ensure it was well led. We saw evidence of a range of audits of different aspects of the service, together with reports on key performance indicators such as incidents and accidents, staff training, complaints, medicines management, people's care records, the environment and safety issues. This enabled trends and patterns to be analysed and help improvements to be implemented. The registered manager told us they carried out unannounced visits when not on duty, to ensure the wellbeing of people who used the service was monitored and maintained

The registered manager told us, "We promote an open, transparent culture involving all stakeholders, by leadership example and by the way we treat people, including our employees. We encourage open dialogue between staff and management in the monitoring and development of the quality culture. We remind staff of the significance of the policies and procedures to promote whistleblowing, and the positive support for those who carry this out. We share management reviews with all staff and formalise management responsibility and train and support those staff in leadership roles."