Littleborough Care Home Limited

Littleborough Home for the Elderly

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

This was an unannounced inspection which took place on 7 January 2015.

We had previously carried out an inspection in August 2014 when we found the service had breached the six regulations we reviewed. We made compliance actions that required the provider to make the necessary improvements in relation to: care and welfare of people; management of medicines; safety and suitability of premises; recruitment and assessing and monitoring the quality of service provision.

Following the inspection in August 2014 the provider sent us an action plan telling us what steps they were going to take to ensure compliance with the regulations.

Summary of findings

Littleborough Home For the Elderly (HFE) is registered to provide accommodation for up to 26 people who require support with personal care. At the time of this inspection there were 16 people living at the service.

There was a registered manager in place at Littleborough HFE. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not on site every day and had delegated responsibility for the day to day running of the service to the care manager. However, there is no provision within the Act for such delegation.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Most people we spoke with who used the service told us they felt safe in Littleborough HFE. This view was confirmed by the visitors we spoke with. When asked if they felt safe, one person who used the service told us, "Some [staff] are not so nice."

Staff were able to tell us of the correct procedure to follow should they have any concerns about the safety of a person who used the service. Staff also knew how to report any poor practice they might observe in the service. They told us they were confident they would be listened to by the care manager if they were to raise any concerns.

We found the systems to ensure the safe administration of medicines in the service were not sufficiently robust to ensure people who used the service were adequately protected. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed staffing levels were generally sufficient on the day of our inspection although we noted two people who used the service had to wait for some time to receive the assistance they needed to eat their meals.

Most staff told us they had received the training they needed for their role, although one staff member told us they had not received any moving and handling training since they started work at the service. We found improvements also needed to be made to the supervision and appraisal systems in the service to ensure staff were supported to continue their learning and development. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Both the registered manager and the manager providing cover for the day to day running of the service at the time of our inspection demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

A plan of refurbishment was almost complete for the service. We saw the communal areas and some bedrooms had been redecorated. Flooring had also been replaced in the ground floor hallway and lounge/dining room and necessary repairs completed. However, improvements needed to be made to ensure the environment was suitable for people living with a dementia

People gave us conflicting information about the quality of the food provided in Littleborough HFE, although from our observations at lunchtime we noted most people appeared to enjoy their meal. We were told that staff did not always ensure people who used the service received regular drinks during the day; this view was supported by some of our observations during the inspection.

Systems were in place to monitor people's nutritional needs but we found advice from a dietician had not been included in one person's care plan. This meant there was a risk they might not receive appropriate nutrition.

Most people we spoke with spoke with gave positive feedback about the attitude and approach of staff. During the inspection we noted staff were caring and gentle in their approach towards people. We also observed staff respected the dignity and privacy of people who used the service when approaching them to discuss their personal care needs.

From the records we looked at we found limited evidence that people had been involved in reviewing their care

Summary of findings

needs with staff. Care records needed to be improved to include more information about people's wishes and preferences in relation to how their care should be provided. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A part time activity coordinator was employed to work in the service. We found people were encouraged to participate in a range of activities, mainly on a group basis. Improvements needed to be made to ensure the interests of people who used the service were identified and, where necessary, appropriate activities offered on an individual basis.

We found complaints people had made were not always logged. This meant we could not be certain if appropriate action had been taken to investigate and resolve the concerns raised. This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although there were a number of quality assurance measures in place in the service, including audits relating to care plans, staff files and medication, we found these had not been sufficiently robust to identify some of the issues we found during the inspection. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with told us they enjoyed working at Littleborough HFE and that they received good support from the care manager who was responsible for the day to day running of the service. Staff told us morale had improved since the last inspection and that this had made a positive impact on the service provided

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. This was because improvements needed to be made to ensure people were protected against the risks associated with the unsafe management of medicines in the service.

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

Improvements had been made to the environment which meant people who used the service were cared for in premises which were adequately maintained.

Requires Improvement

Is the service effective?

Some areas of the service required improvement to ensure the care people received was effective.

Care records needed to be better organised and properly updated when people's needs changed in order to ensure they received effective care.

Training, supervision and appraisal systems needed to be improved in order to ensure staff received the necessary support to be able to deliver effective care. However, staff were able to demonstrate an understanding of the principles of the Mental Capacity Act 2005. This should help ensure staff were able to support people to make their own decisions wherever possible.

Improvements needed to be made to ensure the environment was appropriate for people living with a dementia.

Requires Improvement

Is the service caring?

The service was caring.

Most people we spoke with during the inspection spoke positively about the attitude and approach of staff. Positive comments had also been made about staff in the satisfaction surveys we reviewed.

Our observations during the inspection provided evidence of caring and sensitive interactions between staff and people who used the service.

Good

Is the service responsive?

The service was not always responsive to people's needs.

People who used the service had limited opportunities to make decisions about the care and support they received.

There was a lack of evidence that complaints received at the service had been recorded and investigated.

Requires Improvement

Summary of findings

People were offered the opportunity to participate in a range of activities. A plan was in place to improve the activities offered to people on an individual basis.

Is the service well-led?

Inadequate 

The service was not well led

Quality assurance processes were not sufficiently robust to always identify where improvements needed to be made to the service.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. However, they had delegated their responsibilities for the day to day running of the service to the care manager; there is no provision for such delegation under the Health and Social Care Act 2008.

Staff told us they enjoyed working at Littleborough HFE and felt well supported by the care manager.

Littleborough Home for the Elderly

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 January 2015 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services for older people.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We also contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the organisations we contacted stated they had no concerns about Littleborough HFE .

During the inspection we spoke with four people who used the service and three visiting family members/friends. We also spoke with a total of eight staff; these were the registered manager, the manager from another service who was providing cover while the care manager was on leave, three care staff, two ancillary staff and the activity coordinator.

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

We looked at the care records for five people who used the service and medication records for a further nine people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance systems and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our inspection in August 2014 we found a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people were not adequately protected against the risks associated with the unsafe use and management of medicines. On this inspection we found a continued breach of this regulation.

On arrival at the service we observed poor practice with the administration of medicines. Medicine had been left on the dining table for one person to take and, although there were no reports of this happening, there was the potential for the wrong person to take this medicine. We also saw that the care worker offered tablets to a person from their own hand. This practice risks contaminating the medication.

People we spoke with who used the service told us they generally received their medicines as prescribed. One person commented, "I have two tablets and a laxative, and yes I always have them." In contrast another person told us, "I have 11 a day, they always bring one at 7.00 am, then eight after breakfast and two more between 7-8 pm. I don't know what they are all for…I count them though, because sometimes they only give me seven, then they have to go through them all to see what is missing."

We looked at the medicines administration records (MAR) for nine people who used the service and found these were not always completed correctly. One person was prescribed eye drops to be used every two hours but the MAR indicated these were administered four times a day. The MAR also indicated that these drops had not been used at all on 5 January 2015 and had only been used twice on 30 December 2014. No reason for this omission had been recorded.

The MAR for another person stated that antibiotics should be taken twice a day. However, on one occasion the dose had been omitted and recorded on the MAR as not required. Failing to give medicines as prescribed can seriously affect people's health and wellbeing. We also noted that 14 tablets of this antibiotic had been prescribed and according to the MAR seven had been taken but only six were left in the packet. There was no explanation why one tablet was missing.

Five people were prescribed medicines to be taken when required. However, care plans explaining whether these people were able to tell staff when they needed their medicine or the signs and symptoms they displayed if they could not were not in place. Clear directions for staff to follow should ensure that people received their medicine when they needed it.

The care plan for one person indicated that one of their medicines should be given when required. However, the MAR stated this medicine was to be taken twice a day. Making sure that accurate information about medicines is available helps to prevent mistakes being made which could affect people's health and well being.

We saw that suitable arrangements were in place for the secure storage of medicines which reduced the risk of mishandling. However, the temperature of two areas where medicines were stored was not checked and recorded daily. Keeping records of the temperature where medicines are stored helps to ensure that prompt action is taken to prevent medicines from deteriorating.

The lack of appropriate systems to ensure the safe management of medicines in the service was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection in August 2014 we found a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because recruitment procedures did not adequately protect people who used the service from the risks of unsuitable staff.

On this inspection we looked at three staff files. No new staff had been employed since our previous inspection. However, we found risk assessments had now been completed for staff where pre-employment checks had revealed previous criminal offences. We saw arrangements had been put in place to repeat checks with the Disclosure and Barring Service (DBS) on a regular basis in order to continue to protect people who used the service from the risks of staff who were unsuitable to work with vulnerable people.

All the staff files we looked at contained evidence to confirm people's identity. References were also in place for all three staff. This helped to ensure prospective staff were suitable to work in the service.

Requires Improvement

Is the service safe?

At our inspection in August 2014 we found a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people who used the service, staff and visitors were not fully protected against the risks of unsafe or unsuitable premises.

On this inspection we found significant improvements had been made to the environment. We noted flooring had been replaced in communal areas and in all the bathrooms. Bedrooms were also in the process of being redecorated during our inspection, although we noted some carpets were stained. We noted positive comments had been made about the impact of the refurbishment programme during the most recent meeting held with people who used the service and their relatives.

During our tour of the building at the start of this inspection we noted the call bell leads in some toilets and bathrooms were too short to be easily used by people who used the service. We discussed this with the registered manager who told us they were aware of the problem which was due to one person who used the service regularly removing the leads. They informed us the handyman had already taken action to repair all of the leads; this was confirmed by our observations at the end of the inspection.

People we spoke with who used the service made differing comments about how safe they felt when staff provided them with care and support. Two people told us they did feel safe but one person commented, "Some [staff] are not so nice." All the visitors we spoke with told us they had no concerns about the safety of their family member or friend in Littleborough HFE.

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

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

Our observations showed there were generally enough staff on duty on the day of our inspection to meet people's needs in a timely manner. However, during the lunchtime period, we observed one person had to wait for ten minutes until a member of staff was available to offer support and reassurance to them to eat their meal. We noted the registered manager was in the dining room during the lunch time period but failed to note this person was not eating their meal. Another person who used the service also had to wait for some time before they received their meal and staff were available to provide the assistance they needed to eat.

Most people who used the service did not make any comments about staffing levels in the service. However, one person told us they did not feel there were always sufficient staff on duty and expressed concern that two staff were due to leave the service. One visitor also commented, "… I personally don't feel that there are always sufficient staff", although they also told us, "There is always someone in or around the lounge area."

None of the care staff we spoke with expressed any concerns about staffing levels in the service. One staff member told us things had improved since staff had been allocated designated areas of the service to cover when they were on duty. However, the activities coordinator we spoke with expressed the view that an additional member of staff was needed, particularly during busy periods in the service, particularly mornings.

We saw arrangements were in place to ensure equipment used in Littleborough HFE was regularly checked and serviced; this included equipment relating to fire safety. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service.

A business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in August 2014 we found a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the planning and delivery of care did not ensure people's individual needs were effectively met.

On this inspection we found improvements had been made, although further improvements still needed to take place.

We found life stories had been now completed with people who used the service and their relatives. This information should assist staff to understand the interests and needs of people who used the service and help support them to deliver effective care.

All the care files we looked at contained care plans and risk assessments which had been regularly reviewed. However, on one of the care files we looked at it was difficult to establish which was the most up to date information as care plans had not been rewritten when changes to the person's needs had been identified; instead old information had been crossed out. We discussed this with the registered manager who confirmed the correct procedure was for staff to complete new care plans where people's needs had changed. This care file was also disorganised and contained duplicate and incomplete records. This meant there was a risk people might not receive effective care.

People who used the service did not make any comments about the skills and knowledge of staff. Visitors we spoke with made differing comments about whether they considered staff had the necessary skills and experience to effectively care for their family member/friend. They told us, "I'm sure they all have", "Yes, and I come at different times so see different staff and "I couldn't say."

Staff told us they received an induction when they started work at Littleborough HFE This was confirmed by the records we looked at. Two of the files we reviewed confirmed staff had received training to support them in their role; this included how to safeguard vulnerable adults, infection control, moving and handling and fire safety.

One staff member told us they had not received any formal training, other than that regarding how to involve residents in their care since they started work at the service in May 2014. They told us they had carried out moving and handling procedures after being shown what to do by another member of staff, rather than receiving formal training. This meant there was a risk people who used the service might not receive effective care. We discussed this with the registered manager who told us the service now had an in-house trainer for moving and handling so they would ensure that all staff had received the necessary training.

We noted a new electronic system to deliver and record training had recently been introduced in the service. The registered manager told us this would help ensure staff were up to date with required training. We looked at records which confirmed staff had been using this system to update their knowledge and skills.

Staff told us they received regular supervision. We looked at staff files which showed supervision records were lacking in detail and did not contain evidence of discussions which had taken place. Two of the staff we spoke with had worked at the service for over 12 months but they told us they had never received an annual appraisal of their performance. The registered manager told us this was because regular supervision was taking place which afforded staff the opportunity to discuss learning and development needs. However, the records we looked at did not provide any evidence that such discussions had taken place.

The lack of effective training, supervision and appraisal for staff was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager and the manager covering the service how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people's rights were protected. Both managers demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. The manager covering the service told us they had been involved in a best interests meeting the previous day regarding the use of bed rails for a person who lacked the capacity to consent to these arrangements for their care. At the time of our inspection they were in the process of completing an application for this restriction to be authorised under DoLS.

Requires Improvement

Is the service effective?

The registered manager told us they were aware of recent changes to the law regarding when people might be considered as deprived of their liberty in a residential care setting. They told us, at the request of the local authority they had submitted a list of the names of people who might be considered to be deprived of their liberty as a result of this legislative change. They had been advised by the local authority not to make any formal applications for these restrictions to be legally authorised.

Staff we spoke with demonstrated an awareness of the principles of the Mental Capacity Act (MCA) 2005. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. Records we looked at showed some staff had completed training in DoLS.

Most people we spoke with who used the service were unable to tell us if staff asked for their consent before they provided any care. One person confirmed that this was the case. Our observations during the inspection also showed that staff always asked people if they were happy for them to offer any care or support.

We asked people who used the service about the quality of the food provided in Littleborough HFE. One person gave positive feedback through their mainly non-verbal communication. Three other people we spoke with expressed some level of dissatisfaction with the food in the service. Comments people made to use were, "I buy my own fruit. I only get it then, other than bananas. They give you tinned fruit. I don't like the food here, I've told them about it; it's for old people, overcooked, but I've still got my teeth. The same meals week in week out, you know what you are getting", "I have my food blended because of my condition. It's alright, but that's all" and "I don't always like them [meals]; I think they are shoddy." When we asked this person if they were able to request an alternative meal they told us, "Even if they bring you something different you don't always like it."

One visitor we spoke with expressed concern that they did not feel their relative was always offered adequate support to ensure they had sufficient to eat and drink. They told us, "It can take [my relative] an hour to eat their meal, but they just come and take it away, and it's the same with drinks."

When asked about the provision of drinks during the day a person who used the service told us, "I'm bothered about it because you should have a drink between meals, mid-morning, mid-afternoon, and at night but sometimes you don't so I have to ask for one. I get constipated otherwise". During the inspection we noted a different person had a drink and biscuits placed in front of them which they did not touch. We noted the person was not prompted by staff to have the refreshments and they were subsequently removed. This lack of action by staff meant there was a risk people would not receive sufficient to eat and drink.

On the day of the inspection we observed people were offered two alternatives for their main lunchtime meal. We observed most people appeared to enjoy their food, although we heard one person complained about the meat being tough. When they mentioned this to the chef they were immediately offered the alternative meal on the menu which they accepted and ate. We observed another person complained that they did not feel well and the meal was too heavy for them to eat. We noted care staff suggested an alternative lighter meal which they accepted.

Care files we reviewed contained information about people's nutritional needs. Where necessary we noted people's weights were monitored on a regular basis.

One of the care files we looked at contained advice given by a dietician in October 2014 regarding how the nutritional needs of the person should be met. This included the provision of fortified meals, milkshakes and high energy protein snacks on a daily basis. However, we noted this information had not been included in the nutritional care plan completed by the service. We spoke with the person responsible for preparing the meals on the day of the inspection. They told us they were unaware of all the recommendations made by the dietician, although they were fortifying the meals of the person concerned. However, when we checked the records of the person who used the service, we found they had been putting on weight. The registered manager told us they would ensure care plans accurately reflected any dietary advice received from professionals.

People who used the service told us they got the support they needed to meet their health care needs, including those relating to dental and optical care. They told us they would always tell staff if they were unwell. We noted a record was maintained of all contact with professional visitors and any treatment or advice given.

Requires Improvement

Is the service effective?

During the inspection we noted staff contacted a GP for a person who was unwell. However a visitor commented to us, "I'm not confident that they [staff] would notice if [my relative] was slightly unwell."

Although a refurbishment programme was in place at Littleborough HFE, we noted there was a lack of appropriate signage to promote the independence of people who used the service, particularly those with dementia related needs. We discussed this with the registered manager who told us they had previously placed photographs on individual bedroom doors to assist people who used the service to recognise their own room. However, they advised the local authority had requested these photographs be removed, although they were unsure of the rationale for this.

We recommend that the service explores the relevant guidance on how to make environments used by people living with a dementia more 'dementia friendly'.

Good

Is the service caring?

Our findings

At our last inspection in August 2104 we had concerns regarding the lack of positive interaction between most staff and people who used the service.

The action plan we had received from the provider following the inspection in August 2014 told us training would be arranged for staff regarding the importance of positive interactions with people who used the service. Discussions we had with staff during the inspection and records we looked at confirmed this training had taken place. We also saw records which confirmed the care manager was regularly observing the interactions between staff and people who used the service to ensure they were positive and caring. We saw that no issues had arisen from these observations.

On this inspection our observations provided evidence that there had been significant improvements in the way staff interacted with people who used the service. We noted staff were caring and gentle in their approach towards people. We also observed staff respected the dignity and privacy of people who used the service when approaching them to discuss their personal care needs.

Most people we spoke with who used the service told us they found staff to be kind and caring. One person told us they didn't feel staff understood them and needed more direction from the registered manager about the care they provided. One visitor told us staff were caring but another visitor was less sure about the approach of staff.

We saw positive written feedback about the attitude of staff which had been received from a relative who had been unable to attend the most recent relatives meeting. This stated, "All staff…are always able to answer any questions about [my relative]. When they talk about [my relative] they genuinely seem to care about him."

We looked at the responses to the most recent satisfaction survey completed by relatives. We saw positive feedback had been provided regarding the care provided by staff at Littleborough HFE Comments we saw included, "Very satisfied. [My relative] is treated with patience and dignity and looked after very well" and "The care [my relative] receives is first class. They are looked after and shown respect and I trust staff with their daily care."

During the inspection we noted visitors were welcomed in to the service. People who used the service were able to meet with their visitors in the communal areas or in their own room if they preferred.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in August 2014 we found a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people who used the service were offered limited opportunities to make decisions about the care and support they received.

At this inspection we found little improvement had been made. This meant there was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there was no evidence on any of the care files we looked at that people who used the service, or where appropriate their representatives, had been involved in discussing or reviewing their care plan. A review is when a care plan is checked so that any changes in a person's needs can be identified and action taken if necessary.

We asked people who used the service if they were aware of their care plan and whether they had been involved in discussing their care needs with staff. None of the people we spoke with were aware of their care plan or of a review meeting taking place. When asked about this one person commented, "Not with me, I don't know about it."

We saw that relatives had been informed about review meetings in a newsletter and at the most recent meeting held with them in October 2014. However, the relatives we spoke with told us they had not as yet been invited to attend a care plan review meeting.

Care files we looked at provided limited evidence that people's wishes and preferences regarding how they wished their care to be provided had been recorded or taken into account. The registered manager told us a plan was in place to transfer all information to a new care planning system which would improve how people's needs, wishes and preferences were documented. One of the care files we looked at had been completed using this new format but we still found a lack of personalisation in the care planning documentation. This meant there was a risk people might receive care which was not responsive to their needs.

We spoke with the activity coordinator who worked at the home two days each week. They showed us the log of activities which they had provided for people who used the service; these included quizzes, games and arts and crafts. They told us they were in the process of speaking with people on an individual basis to find out what activities would best suit their interests. They told us, "The more I know about someone, the more I can tailor activities to meet their needs."

One person who used the service told us they missed the opportunity to interact with staff on an individual basis. They told us they used to enjoy the times when a particular staff member would sit with them and listen to their stories about past experiences. They further commented, "You see, because I am independent, and come and go as I please, nobody bothers with me, they don't come and talk to me." We discussed these comments with the activity coordinator. They told us they had been unaware of the person's wishes to receive individual support but told us they would discuss this with the person concerned as soon as possible.

Another person who used the service told us, prior to entering the service, they had enjoyed listening to recordings of the local newspaper which had been provided by the local library. They told us they would like this to start again and would also like someone to take the time to read to them. We looked at this person's care records and could not find any evidence that they had been asked about their interest in books or newspapers. This meant there was a risk they would receive care which was not responsive to their needs. We discussed the person's comments with the registered manager. They told us they would ensure action was taken to ensure the person received the individual support they wanted.

None of the people we spoke with were aware of having received information about how to make a complaint regarding the service. However, we saw the complaints policy was on display on a noticeboard. One visitor told us they had raised some concerns regarding their relative's care and were still waiting for a formal meeting with the registered manager to discuss these. We looked at the complaints log for the service and noted the concerns we had been told about by the visitor had not been included. We discussed this with the registered manager who told us they had not considered the concerns to be a formal complaint and had therefore not included them in the log. The registered manager told us the general concerns raised by the family had been raised and discussed at the most

Requires Improvement

Is the service responsive?

recent relative's meeting. Notes we looked at from this meeting confirmed this to be the case. The registered manager told us they were not aware that the family were still waiting for a further meeting with them.

We looked at the completed satisfaction surveys received regarding the service. We noted one survey completed in February raised concerns that the registered manager had not responded to a written complaint made by a family member. When we discussed this with the registered manager they told us they were unaware of the complaint referred to. We could not find any evidence that the complaint had been logged or any action taken to resolve the concerns raised.

The lack of evidence that complaints made by people had been recorded and fully investigated was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service and visitors told us they were offered opportunities to comment on the care and facilities provided at Littleborough HFE. However there was limited evidence that any issues raised had been acted upon. Comments people made to us included, "Yes, we had a meeting and I told them we don't have enough drinks. Things improved a bit; we sometimes get a drink but not always.", "Yes we had a meeting in November, and we are supposed to have them every three months so that we can talk about our grievances, but old people never complain" and "My sister has been to a meeting but nothing was done about her issues." This meant there was a risk that people's concerns were not taken seriously and acted upon.

Inadequate

Is the service well-led?

Our findings

There was a registered manager in place at Littleborough Home for the Elderly. 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. However the registered manager for Littleborough Home for the Elderly had delegated their responsibilities for the day to day running of the service to the care manager; this is not permitted under their registration.

At the time of our inspection we were told the care manager had submitted an application to the CQC to register as the manager of Littleborough Home for the Elderly. Due to annual leave the care manager was unavailable on the day of the inspection to provide confirmation of this. When we contacted them following the inspection the care manager told us they had checked with CQC and found their original application had not been received. They subsequently provided us with evidence a new application had been submitted on 20 January 2015.

At our last inspection in August 2014 we found a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider did not have effective systems to regularly assess and monitor the quality of service people received. On this inspection we found improvements still needed to be made.

Records we looked at confirmed there were a number of quality assurance processes in place in the service, including audits relating to the environment, health and safety, infection control and medication. However, we noted the issues regarding the management of medicines we had identified during the inspection had not been picked up during the medication audit process; this meant the audit system was not fully effective.

There was an audit process in place in relation to the information contained on staff files. However, this process had not identified some of the gaps we found during the inspection regarding the quality of staff supervision records and evidence relating to the training completed by staff. A system was also in place to audit the information on care records maintained for people who used the service. However, our findings during the inspection showed this system had been ineffective in identifying where improvements needed to be made to these records to help ensure people received the care they required.

The lack of effective systems to protect the health, safety and welfare of people who used the service was a continued breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We looked at the policies and procedures for the service and found there was no evidence that they had been regularly reviewed. The registered manager told us they were in the process of introducing a new quality assurance system for the service and that this would include updated policies and procedures.

We spoke with the registered manager who attended the service following our arrival for the inspection. They told us they did not base themselves at Littleborough Home for the Elderly as they had additional care homes for which they were also responsible as the provider. They told us they had given the care manager the responsibility for the day to day running of the service and had no personal involvement with people who used the service. However, they told us they were in daily contact with staff at the service and that staff were able to contact them at any time of day or night. Staff we spoke with confirmed the registered manager would regularly visit the service but that day to day support was provided by the care manager, who they found to be approachable and willing to listen to them

The registered manager told us the main achievements in the service since our last inspection were the refurbishment programme and the improved leadership provided to staff by the care manager. This view was confirmed by the comments we saw a relative had made in the most recent satisfaction survey in October 2014. They had written, "I feel the management and staff are working together and the homely atmosphere the home used to have is now returning; the residents look a lot happier." The registered manager told us they considered the key challenge for the service was to maintain the progress made.

People who used the service did not make any comments about the way the service was run. One visitor told us "Yes,

Inadequate

Is the service well-led?

[the registered manager] listens but doesn't always act but [the registered manager would always come over to me and say hello. [The registered manager] isn't often seen around, but they have been in this morning."

Staff we spoke with told us they enjoyed working in the service. Comments they made to us included, "Morale has improved and staff are happy", "[The care manager] is very approachable" and "I enjoy what I do." One staff member we spoke with told us they considered improvements had been made in the service since our last inspection; these included the refurbishment programme undertaken and the improvement in the records which were kept in the bedrooms of people who used the service to document the care and support they had received from staff.

Staff we spoke with were aware of the whistleblowing (reporting poor practice) procedures in the service and were confident that if they were to raise any concerns they would be listened to and taken seriously. Records we looked at provided evidence that regular staff meetings were taking place and that these were used as a forum to discuss any issues affecting the care provided in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider did not have suitable arrangements in place to ensure that people employed for the purposes of carrying on the regulated activity are supported by receiving appropriate training, supervision and appraisal.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **The provider did not have suitable arrangements in place to ensure people had their views and experiences taken into account in the way the service is provided and delivered.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with the unsafe management of medicines.

The enforcement action we took:
We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints The provider did not have an effective system for identifying, receiving, handling and responding appropriately to complaints and comments made by people who used the service, or persons acting on their behalf, in relation to the carrying on of the regulated activity.

The enforcement action we took:
We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The enforcement action we took:
We issued a warning notice