

# The Royal British Legion Lister House

## Inspection report

Southgate  
Ripon  
North Yorkshire  
HG4 1PG

Tel: 01765694740  
Website: [www.britishlegion.org.uk](http://www.britishlegion.org.uk)

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27 September 2018

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 20, 26 and 27 September 2018. The first day of our inspection was unannounced.

Lister House is a 'care home' situated in Ripon. People in care homes receive accommodation and nursing or personal care as a 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 supports older people, some of whom may be living with dementia, and can accommodate up to 76 people. People who live at Lister House have an association with the Armed Forces.

The service can accommodate up to 60 people within their main building and 16 people within the Colsterdale Unit, which specialises in supporting people living with dementia. There were communal spaces for people to enjoy including a chapel and gymnasium, and there was lots of outdoor space.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who had managed the service since 2013. 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 absent at the time of our inspection and a peripatetic manager was managing the service with input from the provider.

Quality assurance checks completed did not identify some of the issues we highlighted during our inspection. For example, some statutory notifications had not been submitted, there was lack of specialist training for staff and agency profiles missing for two staff. There were also outstanding actions following the provider's most recent audit. The management team were responsive to the issues we raised and took actions to address these. The provider was in the process of developing their quality assurance tools to ensure the safety of the people who used the service and demonstrated they wanted the service to continually improve

Staffing levels were safe and the provider took appropriate actions when they considered staffing levels to be insufficient. People received their medicines as required. We found two instances where people prescribed 'as and when needed' medicines did not have protocols in place to ensure staff understood when to administer these medicines. For one person a choking risk assessment had not been completed but for all other identified risks, risk assessments were completed and staff understood what actions to respond to risks. The provider had safeguarding policy in place and staff understood potential signs of abuse and

who to report their concerns to. Accidents, incidents and near misses were recorded by staff and reviewed by the management team to ensure appropriate follow-up actions had been taken.

Staff completed training the provider considered mandatory, but had not completed training specific to the needs of the people who used the service. We have made a recommendation about the provider ensuring staff received the specialist training required.

Staff received supervisions and annual appraisals and told us they felt supported in their role. People were positive about the quality and choice of food. Staff weighed people on a regular basis, however for two people that required weekly weights these had not been taken. People had access to healthcare professionals. The needs of the people were considered in the design and decoration of the building. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We received positive feedback about the caring nature of the staff who worked at Lister House. People who used the service and their relatives told us staff were kind and polite. We observed staff were patient with people and made effort to reassure people. Staff promoted people's dignity and privacy through their interactions and were mindful to promote their independence. People's relatives told us they felt welcome to visit and had built a rapport with staff. Information was available about advocacy services and the management team understood when people may require their support.

People received person-centred support. Care plans were in place and provided information about people's needs, abilities and background. For those who required end of life care, this was available, and information was recorded about people's wishes. A variety of activities were available and were in the process of being further developed. The provider had a complaints policy and responded to complaints appropriately. We highlighted the need to ensure complaints were responded to in writing, in accordance with their policy. People had confidence that any issues would be addressed.

People who used the service and their relatives felt the service was well managed. The management team wanted people to receive person-centred and high quality care. Meetings were held for residents and relatives to gain their feedback about the running of the service. Staff meetings were held to deliver important information about the running of the service and to discuss the needs of the people who used the service.

Further information is in the detailed findings below.

## 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 remains Good.

Good ●

### Is the service effective?

The service remains Good.

Good ●

### Is the service caring?

The service remains Good.

Good ●

### Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

This has deteriorated to Requires Improvement.

Requires Improvement ●

# Lister House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 comprehensive inspection took place on 20, 26 and 27 September 2018. The first day of the inspection was unannounced.

The inspection was undertaken by an adult social care inspector, an assistant inspector, a specialist advisor for medicines, 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 by experience who supported this inspection had experience of supporting a person living with dementia.

We were given a tour of the environment which provided an opportunity to observe staff interactions with one another and with the people supported by the service. With permission, we also looked in people's rooms.

We used information the provider sent us in the Provider Information Return. This is information providers are required to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. This contributed to our understanding of the service.

Before our inspection, we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We also contacted the local authority commissioning group and the local Healthwatch, a consumer group who aim to share the views and experiences of people using health and social care services in England. We used this information in planning our inspection.

During the inspection, we spoke with seven people supported by the service and five relatives. We spoke

with thirteen members of staff including the peripatetic manager, operations manager, personal development facilitator, nurse, head of catering, unit manager, senior carers and care assistants.

We reviewed documentation relating to six people which included risk assessments, care plans and reviews. We looked at three staff files and an overview of staff training, supervisions and appraisals. We reviewed information relating to the running of the service including staff rotas, compliments and complaints and a series of policies and procedures.

# Is the service safe?

## Our findings

At the last inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People who used the service told us they felt safe. Comments included, "I get well looked after. I don't worry about not being safe" and "I feel very safe; they lock the main entrance at night and there are no uneven steps. I have a personal alarm around my neck."

On the day of our inspection, we observed there were sufficient staff; call bells were answered in a timely manner and staff continually moved throughout the building attending to and engaging with people. People who used the service and their relatives were generally positive about the staffing levels. Of the people we spoke with, two noted some concerns; one explained how staff were always busy due to the variety of tasks they needed to complete and another person had missed their morning activity as carers had not assisted them with their personal care. We discussed this with the peripatetic manager who agreed to speak with the person and staff to ensure this didn't happen again. Some staff told us staffing levels were insufficient, but these had recently been increased and described how the management team were listening to their concerns. The provider completed an audit in December 2017 where they identified that, although staffing levels were safe, these did not offer the time for meaningful and unrushed interactions. Staffing levels were then increased and no new admissions were accepted at the beginning of 2018, whilst new staff were recruited and staffing levels stabilised. The provider continued to actively recruit at the time of our inspection. This demonstrated to us the provider monitored the staffing levels and took the necessary actions to respond to these.

Agency staff were used to ensure safe staffing levels and their practice within the service was monitored. Inductions were completed to ensure they understood important information about the service and people who lived there.

Risk assessments were completed in areas such as falls, weight loss and moving and handling and were updated if there was an incident or a change in the person's needs. For one person, at risk of choking, a risk assessment had not been completed. A care plan was in place which clearly explained the actions for staff to take and a risk assessment was immediately implemented following our inspection.

People told us they received their medicines as required and medicine administration records confirmed this. Staff who administered medicines had undertaken training and their competency was assessed. We found two protocols for as and when needed medicines were not in place which were immediately implemented following our inspection. Within two resident's bedrooms we also found creams and thickener were on shelves and not safely stored. We discussed this with the provider and peripatetic manager who agreed to immediately address this.

Staff understood what actions to take in the event of an accident, incident or 'near miss' event and detailed documentation was completed. Accidents and incidents were reviewed by a member of the management

team to ensure appropriate follow-up action had been taken.

There was a safeguarding policy and staff understood potential signs of abuse and who to report their concerns to. When required, this information was shared with partner agencies for them to undertake their own enquiries. This meant people were protected from the potential risk of harm.

The provider continued to recruit people in a safe manner with all relevant pre-employment checks being completed before employment commenced.

Personal Protective Equipment was available throughout the home to control and reduce the spread of infection. The service smelt fresh throughout with a high standard of cleanliness. A person who used the service told us, "It is of a standard I would expect."

Equipment and environmental checks were completed which helped to ensure the safety of people who used the service.



# Is the service effective?

## Our findings

At the last inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Staff undertook training the provider considered mandatory which included, safeguarding, moving and handling and equality and diversity. Staff had not consistently received training specific to the needs of the people who used the service including end of life care or dementia. The provider acknowledged specialist training was required and explained, as a provider, they had been working with specialist dementia nurses to devise training. The risks in relation to staff having not received specialist training was reduced as people were supported by a consistent team of staff, who were familiar with their needs, and shared information with newer members of the team.

We recommend the provider ensures staff have received specialist training based on the needs of people living at the service.

Staff received regular supervisions and had annual appraisals of their performance. Staff felt well supported in their role and a member of staff told us, "If I need to talk to anyone, I can speak to them (the management team) and say I'm not happy about something."

Staff new to the service undertook an induction and had probationary reviews to discuss their performance. A person who used the service had recently become involved in the induction process and spoke with new staff about their experiences of receiving care. The management team felt this had a positive impact on new staff.

People's weight was regularly checked and actions taken where there were concerns about weight loss. However, for two people weekly weights were identified as required and had not taken place. We highlighted this to the provider and peripatetic manager who took immediate actions; weekly weights were commenced and contact made with the relevant professionals.

People had access to healthcare professionals to assist with maintaining their physical and psychological well-being and information was available about their health conditions.

Pre-admission assessments were completed for people before moving into the service to ensure their wishes and needs were understood and could be met within the environment.

People who used the service confirmed staff sought their consent before providing care and staff understood the importance of this. A record of people's consent, or that of their representative, was recorded within people's care files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments and associated best interest decisions were completed when there were concerns about a person's understanding. Authorisations to deprive people of their liberty were sought appropriately and monitored.

The service was homely and furnished to a high standard. People had access to outdoor space, and chose where they spent their time. People's needs were considered in the decoration of the building. For example, within the dementia unit there were pictures of the staff on duty, the bedroom doors were painted different colours to make them easier to distinguish and there were sensory items for people to touch and explore.

People who used the service were positive about the quality and choice of food. Mealtimes were relaxed and an opportunity for people to socialise with one another. A comments book, situated next to the dining room, had this recent entry, "What an inspirational lunch. Well done to chef and staff." There was a wide variety of snacks and drinks available throughout the service and people were invited to help themselves to these.

# Is the service caring?

## Our findings

At the last inspection, the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People who used the service and their relatives were complimentary about the staff and noted they were polite, warm and courteous in their approach. Comments included, "They are very polite and treat me nicely", "Absolutely respectful never a word out of place" and "It's good here. Staff are interested and care about people." A relative told us, "When [the person] moved here it was the first time we slept in a year. It's just magical. I feel the people are here because it's a proper vocation."

We observed caring interactions throughout the inspection. For example, a person who used the service told staff a part of their body was painful and the staff member replied, "Take a deep breath and try to keep calm. We know it's painful, we will be as gentle as possible."

Staff promoted people's privacy and dignity and understood the importance of confidentiality. A relative told us, "When helping with personal care, they [staff] shut the door and put the do not disturb sign up and close the curtains. They knock before entering." We observed staff discreetly ask people whether they required support, were patient in their approach and spoke about people who used the service in a respectful manner.

Staff wanted people to use their skills they and were mindful to not increase people's dependency. A member of staff told us, "If they [people who used the service] can manage on their own, we would see them into the bathroom, stay near the bathroom and have the door open slightly so they know someone is out there."

People were encouraged to make their own day to day decisions and told us staff took the lead from them about how they wanted to be supported. For example, a person who used the service told us, "A while ago staff tried to look after me in a way I didn't want. I told them and they listened and they now look after me my way." Communication plans were in place which described how people communicated to aid staff understanding and reduce barriers to the person expressing their views.

Advocacy services are independent organisations who support people to make decisions about their life and to express their views. The management team understood of the role of advocacy services and people received the support of advocates when required. For many of the people who used the service, they received advocacy support from their families.

People's relatives told us they felt able to visit at any time and had built relationships with some of the longer serving staff. A relative told us, "There is a community atmosphere; everyone greets you with warmth." Staff showed concern for the emotional needs of people's relatives and talked to us about the rapport they had built.

## Is the service responsive?

### Our findings

At the last inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People received person-centred support from a team of staff who were familiar with and responded to their changing needs. We asked some of the staff what person-centred care meant to them and one told us, "It means giving care to somebody in the way that they wish."

Care plans were completed and described people's needs, the support they required and their abilities. There was also information about people's families and their background and interests. People who used the service and their carers told us they were involved in discussions about their care and were updated about any changes. There were regular reviews of people's support to ensure their needs continued to be met. The information the service held about people was securely stored.

End of life support was available to people when required and the staff were keen for people to remain with them, as opposed to being transferred to a different unfamiliar environment. A relative whose loved one had sadly passed away told us, "Staff have looked after [the person] as we would have done."

The provider had a complaints procedure in place and this was displayed within the service. The management team responded to complaints appropriately, although we spoke with the provider about ensuring a written response was in place in accordance with their policy. People who used the service and their relatives were confident that any issues would be responded to. Compliments were also recorded and one stated, '[The person] looks really well and is starting to integrate again. This is because of the excellent care that you are all giving.'

People who used the service and their relatives were positive about the activities available. Some staff felt activities needed to be further developed, particularly for people receiving nursing care. The management team had already identified this and recently appointed a head of activities who was in the process of developing these. People's feedback was being sought about activities and they were invited to make suggestions for future ones. This feedback was used in the development of the activities; flower arranging classes had recently started and visits were planned to Ripon Cathedral and the walled garden. A variety of activities were available on a regular basis including performers, pet therapy, coffee mornings and a choir made up of people who used the service. Some of the people who used the service were also involved in the 'Ages Together Project'. This project encouraged older and younger people to work alongside one another to create a piece of artwork for a remembrance exhibition.

The management team considered ways to keep people who used the service physically active. Chair aerobics took place and the activities team were scheduled to undertake some additional training to enable them to lead this type of activity. There was a gymnasium for people who used the service to access. This had not been used for some time due to staffing difficulties. A physiotherapist had recently been appointed and was due to start working in the home on a part-time basis and would work alongside people to improve

and maintain their physical abilities.

## Is the service well-led?

### Our findings

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. As previously noted, a registered manager was in post but was absent at the time of our inspection. The service was being managed by an experienced peripatetic manager with oversight from the provider. Both the provider and peripatetic manager were honest and open with us throughout the inspection and were responsive to the issues we raised.

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement. The provider understood the importance of an effective quality assurance framework and were in the process of developing this. A new system of monitoring was due to be introduced in October 2018 to aid their review of accidents and incidents, safeguarding and trend analysis.

The provider and registered manager completed a series of audits of care plans, medicines, accidents and incidents and the dining experience. Although these checks noted and responded to some key issues, such as the need to increase staffing, they had not highlighted some of the points raised during our inspection. This included protocols for as and when needed medicines not being in place for two people, the need to introduce specialist training for staff and two agency profiles missing. Profiles detail training and key information about the agency staff to ensure they are safe and competent to work with people. This was highlighted to the management team who acknowledged our concerns. They agreed to ensure the importance of agency profiles was understood by staff and that these were in place for all agency staff used.

A provider audit was completed in December 2017 and a detailed action plan was devised with timeframes for actions to be completed. The registered manager and provider had worked together to address these. Whilst some actions had been completed, others remained outstanding and had not been addressed within the specified timeframe. This included a detailed falls analysis to consider and respond to any patterns or trends. However, falls within the service had reduced. The action plan also highlighted that staffing levels needed to be continually reviewed alongside the needs of the people who used the service, the skill mix of staff and monitoring the use of agency. We found staffing rotas were devised by each unit with no overview from the management team. The rotas reviewed showed staffing levels were generally consistent, but the numbers of staff in the residential unit were variable in the afternoons. There were also two occasions when only two night staff were working, as opposed to the three which the management team assessed were needed. On one occasion, both night staff were agency. The provider explained this was not their practice, as they wanted a regular staff member working alongside agency staff for continuity. We did not find people had been impacted as a result but this did not demonstrate a robust oversight of staffing levels. This was acknowledged by the provider who agreed to ensure these were reviewed. The provider was also in the process of devising a new dependency tool. A dependency tool is used to aid the registered manager and provider in assessing the minimum staffing levels required to safely meet the needs of the people who used the service.

There were four safeguarding incidents where CQC had not been notified and were related to medicine administration errors. The necessary actions had been taken in response to these incidents, including liaison with the local authority. The provider acknowledged this oversight and submitted retrospective notifications. Other notifications had been submitted appropriately and the provider was clear as to their responsibility.

People who used the service and their relatives, without exception, told us the service was well-run and expressed their confidence in the management. A relative stated, "It is a good service. They are always willing to talk and help you; they are on the ball. They are interested in you as a person and family." A person who used the service told us, "I don't know who the manager is but the service is brilliant. I think it is a good thing I don't know the manager, it means I don't have any problems with the service."

The staff we spoke with were proud to work at Lister House. A member of staff told us, "It's the best care home I've worked in. If you have a problem you can come down and talk to them [the management team] and it's in confidence." Another said, "In other places where I've had this role, I felt isolated and not able to go to anyone with a problem. If I have gone, I don't feel anything's been done about it. It's completely different here. You're taken notice of." Some of the staff commented to us about the positive changes to the provider's approach. A staff member told us, "The change in upper management has been very good. The style of management is excellent and the way things are dealt with. Nothing is too much of a problem. The fact that you can own up and say, 'I've messed up' without major retribution makes it far better. Everyone learns and nobody tries to hide anything. I'm quite happy."

The staff attended meetings within the unit they were based alongside full staff meetings. Records showed these were an opportunity to discuss any key updates about the service, changes to policies and procedures and lessons learnt from recent events. Heads of department meetings were regularly scheduled to discuss any significant issues for people including deterioration in skin integrity, increase in falls and concerns around social isolation.

Residents and relative's meetings were held to hear what was good and needed to be improved within the service. A person's relative told us "I have attended them. You get information about the service. For example, the physiotherapist, food, practical things about the process of lifting people."

When we asked people what they thought the service did well, we were told, "The food, cleanliness, the facilities in the communal areas, for example the newspapers on the tables in the lounge", "The catering and entertainment" and "It's good here. Staff are interested and care about people." A relative told us, "They have been absolutely fantastic. The social workers said to us this is the best home in North Yorkshire and that has been our experience."