Axelbond Limited

Lostock Grove Rest Home

Inspection report

Slater Lane
Leyland
Lancashire
PR25 1TN

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21 August 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?	Good

Summary of findings

Overall summary

This unannounced inspection of Lostock Grove Rest Home took place on 21 August 2018.

At the last inspection in September 2015, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

Lostock Grove Rest Home is a large detached house which can accommodate up to 37 older people who require support with their personal care. Accommodation is provided over two floors. There are single bedrooms and all have en-suite toilets. A lift provides access to the first floor. There are two communal lounges and a separate dining room. There is a ramp to the front entrance, with car parking available, allows easy access for people with limited mobility.

During our last inspection in September 2015, we found that the service was in breach of regulations in relation to safe care and treatment. This was because there were issues and discrepancies with regards to the storage, recording and administration of medication. The safe domain was rated as requires improvement. After the inspection in September 2015, the registered provider sent us an action plan which described the actions they were going to take to assure these concerns were rectified. We checked this at this inspection.

Medication was stored, administered and recorded safely. Spot checks and audits routinely took place on medications to ensure that they were being given to people correctly. Staff who were responsible for administering medication had attended medication training and had their competency assessed by the registered manager. The service was no longer in breach of regulation.

Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse and this included 'whistleblowing' to external organisations. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Rotas showed there was enough staff at the home to support people safely. Risks were well assessed and information was updated as and when required. We were able to view these procedures and how they worked. We particularly looked at falls management to ensure that all required action had been taken to prevent falls occurring in the home. We saw that the registered manager analysed falls and provided explanations of why they occurred and any action that had been taken to help prevent the fall from happening again.

There was a supervision schedule in place, and all staff had received up to date supervisions and most had undergone an annual appraisal, any due were booked in to take place. All newly appointed staff were enrolled on the Care Certificate. Records showed that all staff training was in date.

We saw some example of where people lacked capacity, the appropriate best interest processes had been followed. The service was working in accordance with the Mental Capacity and DoLS (Deprivation of Liberty) and associated legislation. We saw that where people could consent to decisions regarding their care and

support this had been documented.

Staff were able to give us examples of how they preserved dignity and privacy when providing care. People we spoke with were complimentary about the staff, the registered manager and the service in general. People told us they liked the staff who supported them.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Staff we spoke with demonstrated that they knew the people they supported well, and enjoyed the relationships they had built with people. Care plans contained information about people's likes, dislikes, preferences, backgrounds and personalities.

Action plans were drawn up when areas of improvement were identified. Staff meetings and resident meetings took place. Regular audits were taking place for different aspects of service delivery. Quality assurance systems were effective and measured service provision.

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?

Good

The service was safe.

Medication was managed well by staff who were trained and had their competency assessed.

Staffing levels were consistent and people told us there were enough staff to meet their needs safely.

Safety checks took place on the building and the equipment within it.

Staff were recruited safely and only offered positions once thorough checks had been completed.

Is the service effective?

Good

Service remains good.

Is the service caring?

Good

Service remains good.

Is the service responsive?

Good

Service remains good.

Is the service well-led?

Good

Service remains good.

Lostock Grove Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 August 2018 and was unannounced.

The inspection was conducted by an adult social care inspector and an expert by experience with expertise in care of older people and people living with dementia.

Before our inspection visit we reviewed the information we held about Lostock Grove Rest Home. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this to help us plan the inspection and decide how we were going to conduct the inspection.

We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication barriers.

We spoke with five people using the service, two visitors, the senior carer, the registered manager, the deputy manager, three care staff and the chef. We looked at the care plans for four people and other related records. We checked the recruitment files for two staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

During our last inspection in September 2015 we found the service was in breach of regulations relating to safe care and treatment. This was because medication was not always well managed and documentation with regards to medication was not always completed accurately. We checked the processes in place with regards to medication during this inspection and if they had improved.

We saw during this inspection the MAR sheets were completed accurately and in full. There was a photograph large enough to identify the person on the front and all allergies were documented. Medication that required cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the medication trolleys were stored. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine.) Each person had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied. The registered provider was no longer in breach of regulation in relation to safe care and treatment.

People and their family members told us they felt safe living at Lostock Grove. Comments included, "I feel safe as houses," "I like it here, I'm happy. I get everything I need." " I feel safe here, I'm fairly independent." Also one person said, "Yes I feel safe, they do take care of me." "I'm safe, I'm well looked after. I liked it straight away in here." One visiting family member said, " Yes [relative] is safe in here." Another family member said, "Definitely safe in here."

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused. This included reporting the suspected abuse to the registered manager, the local authority or contacting the police, depending on the nature of the concern. Staff had been trained in safeguarding adults and understood the different levels of abuse and who might be most at risk. There was also a whistleblowing policy in place. The staff knew what whistleblowing was and said they would report concerns without delay. There had been no recent or on-going safeguarding concerns for us to discuss.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require ensuring they were evacuated safely. We spot checked some of the other certificates for portable appliance testing (PAT), electric, gas, and legionella. These were all in date.

The home was clean and tidy. Personal protective equipment (PPE) was available for all staff, such as gloves and aprons. These were used throughout the day when needed. There were hand sanitizers situated in various areas of the home.

Risks to people's health and wellbeing were appropriately assessed and measures were put in place for staff to follow to keep people safe. We saw risk assessments in relation to nutrition, medication, falls and the environment. Risk assessments were reviewed every month and changes were incorporated into the original risk assessment and re-printed. For example, we saw that one person's mental health risk assessment indicated that they were heavily reliant on staff to manage their mental health needs. There was a process in which clearly described what should be done in order to support this. This meant that the staff knew what was expected of them.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this. For example, we saw that the number of falls one person was experiencing had increased at the same time they had been prescribed a new medication. This information was discussed with the GP, and the medication was reviewed.

Staff were recruited safely and satisfactory checks were completed before staff started working at the home. These checks included two references and a disclosure and barring service (DBS) check. This is a check that new employers request for potential new staff members as part of their assessment for suitability for working with vulnerable people.

Everyone we spoke with told us there was enough staff on duty to keep them safe. One person said, "Staff are busy, they are all good." One visiting family member said, " Yes there are sufficient staff, it's never been at a level were l would be concerned."

Good

Is the service effective?

Our findings

People we spoke with told us that staff were skilled. One person said, "They [staff] have a laugh with me, they were a big help to me when my daughter died. They always have a smile and seem to work well together. They are very well trained."

Staff told us there was always training offered to them, and National Vocation Qualifications (NVQs) could be completed. Staff confirmed they were required to attend regular training. The training matrix recorded the dates staff had completed training courses. Staff were required to complete an induction process which was aligned to principles of the Care Certificate. The Care Certificate is an induction process employees who are new to care complete over the course of 12 weeks. This is then signed off by a senior member of staff.

Records showed, and staff confirmed that they were receiving regular supervisions from their line manager. Staff who had worked at the service longer than 12 months also had an appraisal.

We checked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This legislation protects and empowers people who may not be able to make their own decisions.

The registered manager had applied to the relevant local authority for authorisations to deprive people of their liberty. The rationale for this decision was clearly documented following a mental capacity assessment and best interest process. DNAR's (Do not attempt resuscitation) were clearly visible within files.

The care files viewed included mental capacity assessments and demonstrated that people were encouraged to make decisions around their daily life and that consent was sought from people and their relatives appropriately.

People told us that staff responded promptly to health needs and ensured quick access to appointments. One person said, "All my health needs are taken care of, the manager herself took me to the doctors." The care files we examined showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, Physiotherapist, and Speech and Language therapist and Dieticians.

Everyone was complementary regarding the food and said they had enough to eat. One person said, "They [staff] ask you what you want and you get a choice of two. You get a sweet as well, and if you want a supper they can make you something. The portions are big for me, you can ask for a big or small plate. I never feel hungry!" Also, "Yes, it's nutritious, meat, vegetables and salads." And "It's very good, plenty of variety, fish and chips on Friday and a roast dinner on Sunday .There's lots of fruit and vegetables." Someone also said, "Yes, I would say meal times are pleasurable."

Many areas of the home had been decorated. There was an ongoing programme of redecoration in place.

We saw that further adaptions would be beneficial for people living with dementia, such as more directional signage, and contrasting walls and floors to help people coordinate their way around the home. The registered manager informed us that this was an ongoing process.

Good

Is the service caring?

Our findings

We received the following comments with regards to the staff, "One staff member brought me flowers when I was upset." "They treat me with respect always." Also "They will make visitors a cup of tea, that's nice." Additionally, "Relatives and friends can visit when they want," "They do respect your privacy," "Yes, relatives can visit without restriction." "When I first came in here they really looked after me. I have had a lot of problems and they have been a great help. You can have a laugh and a joke with them. Visitors can come without restrictions." Someone else said, "Oh yes, the staff are kind and compassionate and they treat you with respect. Friends and relatives can come anytime." A visiting family member said "They seem a really good bunch and treat my [relative] with respect. They seem to be well trained to meet all their needs." Also "You can visit anytime and are always made to feel welcome. "Someone else said, "They've been brilliant with [relative], they have Alzheimer's, they always give [relative] time." "You are always made to feel most welcome."

We observed kind, caring and compassionate interactions between staff and people who lived at the home. Positive relationships had been developed between staff and the people that lived at the home. Staff clearly knew people well, and engaged in conversations which were relaxed and familiar.

We spoke to staff members who provided examples of how they would ensure they respected people's privacy and how they promoted dignity, which included making sure that they knocked before entering people's rooms and asking consent before providing care. Staff we spoke with demonstrated a good understanding of how to protect and promote people's dignity. We observed staff asking for consent before providing care to people.

Some people we spoke with could not remember whether they had been involved in reviewing their care plans, however, others could. Care plans were either signed by the person themselves, if they had the capacity to do so, or via a best interest process which involved their family members. One care plan we viewed was not signed, so we raised this with the registered manager at the time of our inspection.

People's records and personal information was securely stored in a lockable room which was occupied throughout the duration of our inspection.

The advertisement of local advocacy services in the communal area of the home ensured people could access support if required. There was no one accessing this type of support at the time of our inspection.

Good

Is the service responsive?

Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation.

Care plans contained information with regards to people's clinical need and how they needed support in areas such as moving and handling, nutrition and personal care. We saw that people were being weighed regularly. The service had made appropriate referrals to other healthcare professionals, such as Speech and Language Therapists, the falls team, and Occupational Therapists where appropriate. This meant that people were getting care and support which was right for them and met their needs. Family members we spoke with had been involved in the development of their relative's care plans or knew that they were available for them to look at.

Additionally, there was a document in place for each person which contained information about them. This document contained information regarding the person's life history, including photographs of them, their family, what is important to them and what they enjoyed doling. Staff said it was a good way to get to know people.

There was a programme of activities on the communal board, and people told us they liked the activities. One person said, "My main pastime is reading and I watch TV. Last week we had an artist in the dining room singing." Someone else said, "We had an entertainer singing songs from our era. But it is not a regular event. Sometimes someone comes in selling clothes. We have quizzes now and again. There's a hairdresser, and a chiropodist comes in every six weeks." Someone from the church came in to offer people holy communion.

People's equality and human rights were respected. People were supported to follow their religious beliefs and engage in friendships within and outside of the home. Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

There was some accessible information, such as easy read material available for people. However, we saw that some people had problems with their vision, and would benefit from information being presented to them in another way so they could engage with it. There was limited information presented in this format to support people with these needs. We discussed this with the registered manager who agreed to introduce more accessible information.

There was a complaints process in place for people to express their concerns. There was one complaint in January 2017, this was addressed in accordance with the complaints policy.

Staff were trained in end of life care and there was information recorded in people's care plans which described any specific arrangements in place for when they were at the end of their life.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with was complimentary about the registered manager. All of the staff we spoke with said that the registered manager was approachable. One person told us, "They are lovely, really approachable."

We saw that team meetings were taking place regularly, the last one had taken place in August and we viewed the minutes of these, as well as the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

The service also regularly gathered and analysed feedback from people living there, the staff, and relatives. We saw that no issues had been raised in the last feedback report.

The service worked well with the local authority contracts team. The registered manager had developed an action plan from a recent visit which they had completed.

There were audits for the safety of the building, bedrails, accidents, cleaning, care plans, medication and other checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. For example, we saw that one weekly medication audit had highlighted a concern in relation to ripped medication boxes, this was addressed with the staff members responsible for medication.

There were polices and procedure in place for staff to follow, the staff were aware of these and their roles with regards to these polices.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the main part of the building.