

Littleborough Care Home Ltd

Littleborough Home for the Elderly

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Littleborough Home for the Elderly is a purpose-built care home situated in Littleborough, Rochdale. Accommodation is provided over two floors. Littleborough Home for the Elderly is registered to provide personal care and accommodation for up to 26 people. At the time of our inspection there were 23 people living at the home.

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

Relatives told us they were very happy with the home and its staff. People were supported by caring staff who respected their privacy and dignity and helped them be as independent as they could. Care was person-centred and staff helped people make choices and respected their decisions.

The service had effective safeguarding systems. These helped to protect people from abuse. Risks to people's safety were identified and managed correctly. There were enough staff to support people in the way they wished. The provider carried out checks on new staff to ensure they were suitable to work with vulnerable people.

People received the support they needed to take their medicines. Staff were trained in infection prevention and control and people were protected against the risk of infection. Although some parts of the home had been redecorated some further improvements were needed, particularly to the toilets. A refurbishment plan was in place to make these changes and further enhance the environment.

Staff had completed appropriate training and received regular support and supervision. People were provided with a balanced diet. The registered manager and staff worked with local health services to ensure people's health was maintained.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We received mixed comments about the provision of activities. However, there were plans to recruit an activities coordinator and develop links with the local community. A procedure was in place for managing complaints. With the support of local and specialist services, staff supported people as they reached the end of life.

The home was well managed by the registered manager, with support from an area manager and the provider. Minor issues we found during our inspection were promptly dealt with.

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

Rating at last inspection

The last rating for this service was good (published 25 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Littleborough Home for the Elderly

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector 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.

Service and service type

Littleborough Home for the Elderly is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Littleborough Home for the Elderly is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 3 January 2024 and ended on 19 January

2024. We visited the service on 3 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked around the home to check on the condition of the building and equipment. We observed the lunchtime meal and saw how staff interacted with people. We spoke with 11 people who used the service and 5 relatives about their experience of the care.

We spoke with the registered manager and area manager and received 3 responses to a questionnaire we emailed to care staff. We reviewed a range of records. This included 3 people's care records, medicine administration records and 2 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records and checks of the equipment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place for staff to follow. Staff had received training in how to protect people from harm and abuse and understood their responsibilities around safeguarding. Staff felt confident about reporting any safeguarding concerns.
- The provider and registered manager understood their responsibility to report any allegations of abuse or neglect to the local authority and the Care Quality Commission (CQC).
- People told us they felt safe living at Littleborough Home for the Elderly. One person told us, "I feel safe because I am well looked after. If I am poorly, they give me medication and call a doctor." Another person said, "I feel safer than if I was at home. It's nice to have people to talk to." A relative said, "On the whole there is a good standard of care."

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risk assessments were in place to help staff minimise risks to people, such as the risk of falls or choking. These were regularly reviewed.
- Annual servicing of the equipment was up to date.
- There were processes in place to record, investigate and monitor accidents, incidents and complaints.

Staffing and recruitment

- Staff were recruited safely and there were sufficient staff to support people appropriately.
- The required checks had been completed when new staff were recruited. We reviewed 2 staff files and found all the relevant documentation was in place, including references. Disclosure and Barring Service (DBS) checks had been received. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Improvements were needed to some areas of the home environment. In particular, redecoration was needed to both the downstairs and upstairs toilets, where rusty pipework was visible. Some dining room chairs were stained. Following our inspection we received an action plan from the provider detailing their plans for refurbishment of the home.
- Staff had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe.
- Staff had completed training in infection prevention and control.
- The service had received a food hygiene rating of 5, very good (the highest rating) in November 2023.

These ratings are an indication of the standard of cleanliness and kitchen hygiene standards.

Using medicines safely

- Medicines were managed, stored and administered safely. However, we found improvement was needed on the documentation of fluid thickeners (added to fluids to prevent people choking). We have received assurance from the provider this information is now being recorded correctly.
- People's medicines were administered by staff who received regular training and assessments of their competency.
- Protocols were in place for medicines prescribed on an 'as required' basis. These helped ensure people received them when needed.
- Regular medicines audits were carried out to check practice and ensure standards were maintained.

Is the service effective?

Our findings

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

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

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

- The provider ensured a thorough assessment of people's care and support needs was completed prior to their admission to the service. This ensured the service could meet their needs appropriately.
- Staff were kept up to date of changes to people's care and support needs through regular staff handover meetings.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the appropriate training.
- New staff received an induction and completed mandatory training and a period of shadowing more experienced staff.
- All staff completed regular training and received supervision.
- Staff told us they felt supported at work. One care assistant told us, "All my colleagues are supportive." Another told us colleagues were, "Very supportive members of staff."

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

- People were helped to have a balanced diet. People were weighed regularly, and advice was sought from health professionals if people lost weight.
- People were generally happy with the quality of food. One person said, "I get well looked after. The food is good and there's always enough." Another person told us, "My lunch was very nice. The food is always nice and hot, I can't do with it cold."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care services and appropriate referrals had been made when required. For example, people at risk of choking had been referred to the Speech and Language Therapy team.

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

- The service had a large communal lounge and dining area which were nicely decorated.
- There was a large garden with decking, plants and garden furniture for people to sit out in during the warmer weather.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed appropriate legal authorisations, or the applications for, were in place to deprive a person of their liberty.
- We heard staff asking people for their consent before assisting them and saw people were supported to make their own choices where able.

Is the service caring?

Our findings

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

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

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

- People and relatives spoke positively about the staff and the care and support provided. One relative told us, "[Name] has thrived since she went there. She's got a good bond with staff."
- Staff knew people well. As we walked around the building it was clear the registered manager knew everyone and greeted them warmly by name.

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

- Relatives were happy with the way the service kept in touch with them. One relative told us, "They keep us fully informed."
- Where possible staff supported people to make decisions about their day-to-day care, such as what they wanted to eat and drink, and what they would like to wear.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their loved ones always looked well-presented and well-groomed when they visited.
- Staff took steps to promote people's privacy and dignity. For example, we saw staff knocking on people's doors before entering their rooms.
- Staff encouraged people to remain independent. For example we saw staff supported people to walk with their walking frames, giving a helping hand when needed.

Is the service responsive?

Our findings

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

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

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

- The provider ensured people received person-centred support.
- Care records were detailed and provided staff with guidance and information on how people wished to receive their care.
- Relatives were complimentary about the care and support provided. Relatives commented that their loved ones always looked presentable and dressed appropriately. One relative told us, "She's well-cared for."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and any support required in this area and been assessed and documented in their care plans. These explained how staff could work with people to ensure good communication.

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

- We received mixed comments about the provision of activities. One person told us, "We don't do activities a lot, we just sit and watch TV."
- The registered manager told us they were in the process of recruiting a dedicated activities coordinator. In the meantime, staff took on extra shifts to encourage people to engage in activities. The service was hoping to improve collaboration and engagement with the local community, which had stopped during the pandemic.

Improving care quality in response to complaints or concerns

- There was a system in place for the service to deal with any complaints or concerns.
- People and relatives were confident any complaints raised would be dealt with. One person told us, "I have never had to complain. I don't have any grumbles." Another said, "I have never had to complain, but I would go to the woman in charge. I can't remember her name right now, but I know who she is and how to find her."

End of life care and support

- The service worked closely with community health professionals to care for people as they approached the end of their lives.

Is the service well-led?

Our findings

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

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

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

- There was a person-centred culture within the service, which helped to achieve good outcomes for people. Relatives we spoke with were happy with the home and its staff.
- Staff spoke positively about the home and their colleagues. One care assistant said, "I like the homely atmosphere of the home, where all the staff members are keeping a warm relationship with residents and live like a single family. All my colleagues are supportive and work as a team to provide better support for the residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to manage the service. They were supported by an area manager.
- There was effective oversight by the provider who ensured information, ideas and experiences were shared between their different services. This promoted good practice and helped managers support each other.
- The registered manager and staff knew people well and delivered good quality support. Relatives confirmed this.
- Regular audits and checks were carried out by the management team. These were used to review the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; continuous learning and improving care

- The service worked in partnership and collaboration with other key organisations, such as the local authority. We saw that the staff team was working hard to implement changes suggested by the local infection prevention and control team.
- The registered manager worked in partnership with professionals such as GPs and local health services to

provide people with timely access to appropriate healthcare.

- There were regular meetings with staff. These included twice daily handover meetings where people's care needs were discussed. Other more general meetings provided management and staff with an opportunity to discuss on-going changes and improvements.