

Lister House Limited

Lister House Nursing Home

Inspection report

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West Yorkshire
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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

About the service:

Lister House Nursing Home is a 31 bedded service providing nursing or personal care to older people, people living with dementia and people with physical disabilities. At the time of our visit there were 26 people using the service.

People's experience of using this service:

We found no breaches of regulations at the inspection in January 2018 but identified some improvements needed to be made in relation to medicines management and quality assurance systems needed to be embedded and tested over time. On this inspection we found improvements had been made.

Staff were caring. People we spoke with were complimentary about the service and said they would recommend the home. There was a culture within the service of treating people with dignity, respect and compassion.

Activities were on offer to keep people occupied both on a group and individual basis.

Medicines were being administered safely and people's dietary and healthcare needs were met.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The manager, who was in the early stages of registering with CQC, provided staff with leadership and was described as being very approachable. Audits and checks were carried out and used to drive continuous improvements to the service people received.

People's feedback was used to make changes to the service.

Quality audits had been maintained, but we identified some additional areas which needed to be included as part of these audits.

More information in Detailed Findings below:

Rating at last inspection:

Requires improvement (report published 9 February 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good in four areas and requires Improvement in Well- Led.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Lister House Nursing Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

- One adult inspector, one assistant inspector and one 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; in this case they had experience of older people and people living with dementia.

Service and service type:

- Lister House is a service providing nursing or personal care to older people, people living with dementia and people with physical disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service did not have a manager registered with the Care Quality Commission. A manager had been recruited and was in the early stages of applying for registration with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection

- The inspection was unannounced.

What we did:

- We reviewed information we had received about the service since the last inspection in January 2018. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

- Some people using the service at Lister House were not all able to fully share with us their experiences of using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with six people who were using the service, four relatives, four care workers, one nurse, two catering staff, the manager, the registered manager from the provider's other service and the provider.
- We reviewed a range of records. These included three people's care records and medication records. We also looked at four staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People and their relatives told us the service was safe. Comments included, "I wasn't safe at home I am safe here." "They look after me very well I am safe." and "[Name] is absolutely safe; Staff are always looking and watching."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.
- There were enough staff on duty to support the needs of people and keep them safe.

Using medicines safely

- Medicines were managed safely. Since the last inspection in January 2018 the provider had invested in a computerised medicines management system. This system was effective in ensuring medicines were administered correctly and managed safely.
- Nurses took responsibility for administering medicines and did this with patience and kindness.
- People told us they were happy with the support they received to take their medicines. People's comments included, "I have loads of medication and I always get it on time. I get paracetamol if I have a headache." and "I get it [medicines] at the right time."
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines.

Preventing and controlling infection

- The service had systems in place to managed the control and prevention of infection.
- Staff were observed using good infection control and prevention practices.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

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

Good: ☐ 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

- Staff assessed anyone thinking of making Lister House their home, before offering them a place. This was to make sure staff could meet their needs.
- People were welcome to visit the service to see for themselves if they thought it would be suitable.

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care.
- People who used the service were confident in the abilities of most of the staff. Their comments included, "They know how to help me when using a stand aid and they help me in the bath. I use a hoist and they know how to use it." A relative said, "From what we have seen they know how to move [name] properly."
- Staff spoke highly of the training, support and supervision they received.
- Staff told us additional training was provided so they could meet the needs of people using the service.

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- People were offered a choice of meals and people told us the food was good. Their comments included, "Excellent, it [food] is really excellent. A good choice and well balanced. The presentation always looks inviting and it is always hot." "I get asked what I would like I have a soft diet." "They do me a special diet and there is certain foods I can't have. I like the food that I eat. I have biscuits and plenty of water and tea." "The food is good hot and good quality The chef will make me most things."
- The chef had detailed information about people's different dietary requirements. For example, who needed a soft or diabetic diet.

Staff working with other agencies to provide consistent, effective, timely care

- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.

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

- General redecoration and refurbishment was on-going to make sure people were provided with a nice environment.
- Good signage for rooms was in place throughout the building.
- Specialist equipment was available when needed to deliver better care and support.

Supporting people to live healthier lives, access healthcare services and support

- When people required support from healthcare professionals this was arranged. People who used the service told us, "If I am unwell I tell the nurse, they will get the Doctor if required. The chiropodist comes every six weeks." "I have asked to see the dentist and I do see a chiropodist. I tell the nurse if I am unwell she will take my temperature and blood pressure and blood sugars. If I want to stay in bed I can." "If I have tooth ache they will ring the dentist and I do have my toe nails done."
- Records showed people had been seen by a range of healthcare professionals including GP's, speech and language therapists and specialist nurses.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager understood the need to include any conditions in the care planning process in order to demonstrate they had been met. There were no conditions in place at the time of the inspection.
- The manager ensured when someone lacked capacity to make a specific decision the best interest principles were followed. For example, one person was having their medicines hidden in food or drink. Their relative, GP, pharmacist and manager had been involved in the decision making process to ensure this was in the person's best interest.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and spoke to people in friendly manner. It was clear that staff knew people well. Staff took time to explain things to people in a calm and patient way.
- Staff were caring and kind to people. We saw staff stopping and talking to people as they passed their rooms. We saw them checking on people who stayed in bed asking if they needed anything and were they all right.
- Staff spoke to people in a respectful manner and knew how to position themselves to meet people's communication needs.
- People were content and happy in the company of staff.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. People told us, "I have no issues with decisions about my care." "Staff have helped but I make my own decisions."
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. Their comments included, "The staff are friendly, fantastic and nothing is too much trouble. They always knock before they come into my room and close the door when doing personal care. They cover me and are very conscious of my dignity and you can have a good laugh with them." "If I tell staff how to look after me they do as I wish. They know how to move me and I tell them how I like my feet moving. They do listen to me. I talk them through my personal care and they do as I wish."
- People looked well cared for, they were dressed in nicely laundered clothing, hair had been brushed or combed and men had been shaved. One person told us, "My laundry is beautifully presented they hang it up and there is a quick turnaround. For example, I sent something this morning it could be back by tea time. One thing they could be proud of is the laundry."
- Visitors were made to feel welcome and staff clearly knew them well.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- Care records were reviewed monthly or if people's needs changed.
- Staff organised activities and entertainment to keep people occupied. People told us, "I like to knit and make cards. I stay in bed and staff come and talk to me and do crafts with me in my room." We saw this person had bags of wool in their room and other craft material and they were knitting. "A man called [name] and a girl called [name] come and take me out if I want to go shopping." "I like the activities here I have been involved today. I enjoyed the art it gives me confidence."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with one of the nurses or the manager. Their comments included, "I would speak to the nurse then the manager. I have a social worker so I would speak to them. I have made a complaint and it was dealt with well." "I am always complaining. I always go to the manager and they deal with them well."
- The provider and manager had put systems in place to make sure any concerns or complaints were brought to their attention. This was because they were keen to rectify any issues and improve the quality of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records showed discussions had taken place with the people and their relatives. Their wishes had been clearly recorded.
- The manager explained relatives could stay at the home if they wished. If relatives were not able to stay a member of staff would sit with the person so they were not on their own.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager had only been in post for a few weeks at the time of the inspection. They were in the very early stages of applying to be registered with CQC.
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified action had been taken to improvements. However, during the course of the inspection we identified some issues which had not been picked up through the existing quality audits. For example, some missing documentation in staff files and not all of the staff had completed a fire drill in the last 12 months. The manager sent us an action plan immediately after the inspection detailing how these shortfalls would be addressed. We would recommend additional audits are put in place to cover the issues we identified.
- The home was well run. The provider and the manager were committed to providing high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People who used the service received good quality person centred care.
- There was an open and honest culture in the home. People who used the service and relatives made the following comments about the manager, "I know the manager, always friendly. Always popping in to see me asking if I want anything. Very approachable they run it to a good standard. It is a very good service. People are treated individually and we are encouraged to make our rooms to feel like home." "I know the manager, I talk to them. I feel very happy here. When I moved up to this room I didn't like the bed. I now have my old bed back." "I know the manager I think they do a good job. They are very good at listening they have time for us. The nursing staff are very good as well." "Very pleasant and always welcome us. If there is anything to tell us they do. Very approachable. They listen and act where necessary." A member of staff said, "I think she's good. She gives praise where its needed. She tells us we're doing a good job."

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- People using the service and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff meetings were held to get their views and to share information

- The manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The manager understood their legal requirements. They had been the registered manager of another service before starting work at Lister House.
- The provider and manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The manager had developed some links with the local community. Children from a local primary school visited for seasonal events and a local priest visited.
- The manager attended meetings held by Bradford Council and the Clinical Commissioning Group (CCG). They kept up to date with best practice through study days, meetings with other care home managers and providers, information from the nursing and midwifery council and National Institute for Health and Care excellence (NICE).