

Little Heaton Care Limited

Little Heaton Care Home

Inspection report

81 Walker Street
Middleton
Manchester
Lancashire
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13 October 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Little Heaton Care Home is situated in Middleton, a town in the metropolitan Borough of Rochdale, Greater Manchester. It is registered to provide accommodation and personal care to 25 people, some of whom may be living with dementia. On the day of our inspection there were 24 people living at the home.

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

The home environment needed improving. Some paintwork was in poor condition, some carpets were stained and minor repairs to the environment were needed. Good infection control practices had not always been followed.

There were effective safeguarding systems in place. Staff understood their responsibilities in relation to safeguarding and felt comfortable to raise concerns. There were sufficient staff to provide care and support to people promptly and attentively. Staff had been safely recruited. Medicines were generally well managed. However, we found minor discrepancies in some medicines documentation.

Staff had received appropriate training and supervision. People were provided with a balanced diet and had their weight monitored. People were helped to maintain their health, and referrals to specialist professionals for advice and support were made when required. 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. Improvements were needed to the environment to make it more suitable for people living with dementia.

People were supported by kind and caring staff. We identified an issue around the confidentiality of private information. This was dealt with immediately.

Whilst some checks and audits were regularly carried out by the registered manager and the provider's compliance and operations manager to monitor the quality and safety of the service, they had not identified the concerns we found during our inspection. However, they responded straight away and produced an action plan which described how they would make the required improvements. People, relatives and staff were complimentary about how the service was managed.

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 23 October 2018)

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have made 2 recommendations. These relate to infection control and making the environment more suitable for people living with dementia.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Little Heaton Care 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Little Heaton 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. Little Heaton 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 13 October 2023 and ended on 2 November 2023. We visited the location's service on 13 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered 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 and observed how staff interacted with people. We also observed the lunchtime meal. We spoke with 7 people who used the service and 5 relatives about their experience of the care. We also spoke with the registered manager and the provider's compliance and operations manager. We emailed 7 care staff a short questionnaire for their feedback about the service. We received 2 replies. We reviewed a range of records. This included 3 people's care records, medicine administration records and 3 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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Some areas of the home were not clean. For example, there were food splashes on the dining room walls and skirting boards were dirty.
- The laundry floor was in a poor condition and there was a porous wooden area around one of the toilets which made it difficult to clean.
- Some toilets/bathrooms did not have handwashing posters to show people the correct way to wash their hands.
- Some food in the kitchen fridge had not been labelled and stored correctly.
- Cleaning schedules had not always been completed.

We recommend the provider review current infection control guidance for care homes.

Following our inspection, we received an action plan detailing how these concerns would be addressed.

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

- The home was in need of refurbishment. Some paintwork was in a poor condition and some carpets were stained.
- Some minor repairs were needed to the environment. For example, some radiator covers were loose.

Following our inspection, we received an action plan which showed these minor repairs had been completed and that there was planned refurbishment of the home.

- Annual servicing of the equipment was up to date. Regular checks of the home's fire safety system had been completed.
- People had risk assessments and management plans in place to guide staff on how to keep them safe. These included, for example, the management of the risk of falls and choking.
- There was a system in place to record, investigate and monitor accidents and incidents, such as falls and incidents involving people's behaviour.

Using medicines safely

- Medicines were managed, stored and administered safely. However, we found some minor discrepancies with medicines documentation.
- A number of protocols for medicines prescribed to be taken 'as required' were missing from people's

medicine records and charts to record the application of creams had not always been completed correctly.

- One person's handwritten medicines administration record had been poorly completed and it was not obvious what medicine they had been prescribed and if they had received it.
- We discussed these issues with the registered manager who took immediate steps to rectify them.
- Staff responsible for administering medicines had completed appropriate medicines training and their competency to administer medicines had been assessed by senior staff.

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 those we spoke with understood their responsibilities around safeguarding.
- 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 and relatives spoke positively about the home and staff. One person said, "I've been here since about Christmas, I didn't want to come, nobody does, but the person who looked after me was tired. It's better than I thought it would be to be honest. The staff are actually very good and I feel very safe." A relative told us, "Mum is here for a four week assessment. I only came to look on Sunday. I had a good gut feeling about the place and they are all really friendly. The staff have been wonderful. I can't believe how well she has settled in already!"

Staffing and recruitment

- The provider ensured staff were recruited safely and sufficient staff were deployed to meet people's needs.
- The required checks had been completed when new staff were recruited.

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

- An assessment of people's care and support needs was completed prior to their admission to the service. This was used to plan people's care.
- Staff were kept up to date of changes to people's care and support needs through regular staff handover meetings.

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

- Some attempt had been made to make the environment suitable for people living with dementia. For example, there was bold, colourful signage on some doors. However, we found some bedroom doors did not have people's names on. Some memory boxes, which normally contain memorabilia and personal photographs and can be used as an orientation aid for people, were empty.

We recommend the provider consider current guidance on how to make the care home environment more dementia friendly.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and well trained.
- Mandatory training was up to date and staff had received regular supervision from senior staff.
- During our inspection we observed staff using the stand aid hoist to assist people to move. They looked comfortable and trained in using the equipment and kept up conversation with people to offer them reassurance while providing the assistance.

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

- People were supported to eat a healthy diet. People were weighed regularly and advice was sought from health professionals if people lost weight.
- People and relatives gave us positive feedback about the food. One person said, "I like the food and there is plenty of it!" A relative told us, "She's only been here five days but she is eating properly again which is a massive relief."
- There was a pleasant atmosphere during the lunchtime meal we observed. Staff chatted with people as they served the food and asked regularly if everything was ok. The food smelt good and people seemed to enjoy the meal. Cold and hot drinks were served and second helpings were offered.

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 professionals 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.

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 for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to have confidential information about themselves kept private had not always been followed. Some people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place. This confidential information was displayed outside their bedroom doors. We asked for this to be removed straight away.

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

- There was a friendly atmosphere throughout the home. Staff spoke in kind manner when asking people if they needed assistance or were enquiring if they required anything.
- We saw friendly and caring interactions between people and staff. People chatted and laughed and looked at ease with the staff who supported them.
- People were happy with the care and support. One person told us, "I find the staff to be mostly friendly, polite and good with the older people here." A relative said, ""As Dads needs have changed, they have accommodated him. This is his third room change. When his walking got really bad they brought him down here from an upstairs room and he is now near the lounge for when he wants to socialise."

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

- Staff supported people to make decisions about their day-to-day care and support, such as what they wanted to eat and drink, and what they would like to wear.

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

- Staff knew people well. Care plans were detailed and provided staff with guidance and information on how people wished to receive their care.
- One care worker told us, "Person-centred care to me signifies tailoring healthcare and support services to the unique needs, preferences, and goals of each individual. It emphasises treating people with dignity, respect, and empathy, acknowledging their autonomy, and involving them in decisions about their own care."

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

- People and relatives told us they felt the provision of activities was limited. One person said, "There isn't a great deal to do. Most days we are just sat in rows like this. Occasionally they do the odd thing or have a singer in but they could do more board games or something simple for the older residents." A relative commented, "They had an activities girl a while ago who used to do five days and she had them using their minds which is what mum and a lot of these people need, but since she left they hardly do anything now. "
- However, We saw evidence that there was a planned schedule of varied activities, although this changed daily depending on people's wishes and preferences.
- People were encouraged to maintain relationships with family members to avoid social isolation. Visitors were welcome in the home.

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 haven't been here that long, but I haven't any complaints personally. It's quite relaxed here." A relative said, "Communication is very good. The manager's door is always open and I'd have no hesitation in telling her if I had a complaint but it's a very caring place."

End of life care and support

- Staff had received basic training in end-of-life care. This prepared them to support people coming towards the end of their life, in a dignified and caring way.
- The service worked closely with community health professionals to care for people as they approached the end of their lives.

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 them to ensure good communication.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and provider completed a range of audits and checks relating to the service. However, these had not identified the areas of concern we found during our inspection: notably concerns around infection control, general maintenance of the environment and medicines documentation.
- Following our inspection the registered manager sent us an action plan which outlined how they had immediately dealt with the issues we found and how improvements would be further developed in future.
- The registered manager engaged positively with the inspection process and was keen to make the required improvements.
- The registered manager had made some improvements with documentation following commencing their role at the service. They were keen to implement a number of new initiatives, which they felt would improve care delivery. We discussed how these could be put into practise in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff spoke positively about working at the service. There were good working relationships among the team, and they felt supported by the manager. A member of staff told us, " My manager is very welcoming and a good listener."
- People and relative were complimentary about how the service was managed and how staff communicated with them. One relative told us, "They have answered the phone quickly when I've rang and the manager has been extremely courteous and helpful." Another relative said, "It's a perfect place for him. He has had a couple of episodes and straight away they are on the phone, communication is excellent."
- People's health needs were regularly reviewed, and staff worked closely with external health and social care professionals to ensure people's health was maintained;

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 understood their responsibility to keep people informed when accidents and incidents happened, in line with the duty of candour.