

Lister House Limited

Lister House Nursing Home

Inspection report

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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

The inspection was carried out on 4 January 2018 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The service was previously inspected in May 2017, where concerns were identified in relation to poor moving and handling practice, a lack of appropriate risk assessments, staff under pressure as people had to wait long periods for their meals, staff understanding of mental capacity was vague and there was a lack regular supervision. We also found, people's privacy and dignity was not always respected, consent was not sought consistently, people had limited access to activities, and some information in care records was contradictory, there was a lack of clear leadership and audits were not significantly robust. We took enforcement action against the provider and told them that they had to make improvements to the service. We also placed the service into special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the registered provider's registration of the service, will be inspected again within six months.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The home had a registered manager. 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.

Lister House Nursing Home is a 31 bed nursing home in the Heaton area of Bradford, providing nursing and personal care to older adults with a range of support and care needs. At the time of the inspection there were 21 people living at the home. The home provided accommodation over two floors with lift access.

The provider had safeguarding procedures and staff were aware of the procedures. Staff had received training and people were protected from abuse. Potential risks to people's health had been identified and assessed. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People received the medicines they needed and as prescribed although we found some minor recording errors on medication administration records (MAR). The environment was well maintained, clean and free from odour.

Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety. Staff had the training and support they needed to care for people using the service. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff would gain people's consent before they provided any care or support to them. The meals provided were well presented, nutritious, appetising and respectful of people's wishes,

needs and preferences.

People were treated with kindness and supported by caring and respectful staff who knew them well. Their privacy and dignity was upheld and they were supported to maintain their independence. People received personalised care and had opportunities to take part in a variety of suitable activities.

The provider assessed people's care and support needs and developed person-centred, detailed plans of care for staff to follow. Although care plans were regularly reviewed, there was a lack of evidence people and/or their relatives were involved in regular care plan review. The registered manager said they were working with the nursing staff to better evidence this in the future. A system was in place to log, investigate and respond to complaints. Information on how to complain was on display throughout the premises and said they would feel comfortable doing so. Activities were available on an individual and group basis to help meet people's social needs. People spoke positively about the activities provided by the home and said there was always plenty to do.

There was an open and transparent culture within the service. Staff told us that they felt supported by the registered manager and they would deal with any concerns they may have. The provider had systems in place to monitor the quality of the service. The manager completed several audits such as medication, infection control, staffing, building and premises, and health and safety. The registered provider needs to ensure audits are frequent and robust so that improvements to the service continue. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in an appropriate and timely manner and in line with guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Sufficient staff were available to meet people's needs at the time of our inspection. Recruitment procedures were in place. People were protected from abuse.

People received their medicines as directed although medication procedures were not always followed to ensure safety.

The laundry area was restrictive to good practice.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe.

The environment was clean and people were protected against the spread of potential infection.

Is the service effective?

Good 

The service was effective.

The provider assessed people's care needs before they used the service.

Staff had the training and support they needed to care and support people.

The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they enjoyed the food provided in the service.

The provider assessed people's healthcare needs and gave staff guidance on how to meet these.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, respect and compassion.

People were supported to be as independent as possible.

People's privacy and dignity was promoted and respected.

Staff were aware of the importance of confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

People were supported to be involved in activities.

People's end of life needs were assessed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Checks and audits were completed on all areas within the service. However, issues we found at this inspection had not all been identified. Improvements have been made, although they need to continue and then be fully embedded into practice.

There was an open and transparent culture within the service.

Staff and people told us the registered manager was approachable.

People, relatives and staff were asked to give feedback about the service.

Lister House Nursing 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 was planned to check whether the registered 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 4 January 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered provider.

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas.

We spoke with the registered manager, the registered provider, a nurse, four care staff, catering staff and domestic staff. We also spoke with eight people who used the service and one visitor. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care records. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'inadequate'. At this inspection we have judged that the rating has improved to, 'requires improvement.'

At our previous inspection we found a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's safety was not being ensured due to poor moving and handling practice and the use of inadequately assessed equipment. We also found a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's needs were not met in a timely manner and staff were under pressure.

At this inspection we found the improvements the registered provider identified in their action plan had been completed. However, we need to be assured that these improvements are sustained and embedded within everyday practice.

People we spoke with said they felt safe and secure living at Lister House Nursing Home. They said staff were always kind to them and treated them well. People didn't raise any concerns with us about their safety. One person said, "Staff are always friendly and kind. There isn't anyone here I find nasty, they are all good". A system was in place to log, investigate and learn from any safeguarding concerns. Staff were aware of different types of abuse and had completed training in safeguarding adults from abuse. All the staff we spoke with said they would not hesitate to report any concerns and felt confident their concerns would be listened to and acted on promptly. Although there had been no recent concerns reported, our discussions with the registered manager gave us assurance that should an incident occur, the correct processes would be followed. Safeguarding was discussed during resident and staff meetings to provide people with opportunities to raise concerns.

Risks to people's health and safety were assessed and measures put in place to reduce the risk of harm. For example monthly risk assessments were completed in areas such as falls, nutrition and skin integrity. Where risks were identified, detailed plans of care were created for staff to follow to help keep people safe. We saw examples of staff following plans of care for example ensuring people were sat on pressure sensors to reduce the risk or impact of falls. Staff supervised the lounge area and quickly responded if they saw someone becoming unsteady on their feet. Risk assessments considered the risks and benefits of particular interventions and equipment demonstrating thought had gone into safety measures put in place. For example around the use of bed rails and pressure mats to reduce the risk of falls.

A number of people required equipment and the support of two staff to mobilise and/or transfer around the home. These people had detailed moving and handling risk assessments and care plans in place. These specified the equipment required and the methods to be used. Where hoists were used, each person had an individual sling to ensure it fit properly. These were checked weekly to ensure they remained safe. One person said, "Staff definitely know what they are doing when hoisting." We observed several instances of hoisting and mobilising without concern.

Incidents and accidents were recorded and investigated. These included falls and incidents of behaviours that challenge. These were logged by care and nursing staff and reviewed/investigated by the registered manager. Preventative measures were recorded to help the service learn from adverse incidents.

The service was clean and hygienic. People told us they were happy with the standard of cleaning. There was sufficient domestic staff to ensure standards were maintained, including laundry staff. Domestic staff followed cleaning schedules to ensure that all areas of the service were cleaned regularly. Staff wore protective clothing such as gloves and aprons when required. There was protective equipment available for staff such as, gloves, aprons and hand sanitiser. New flooring had been installed in the corridor areas which had helped to modernise the environment and reduce odours. People's bedrooms were clean and had been personalised with their possessions and furnishings.

The confines of the building meant the laundry area was restrictive to good practice. The building layout meant that dirty laundry had to pass through the area designated for clean clothing. The local authority infection control audit of October 2017 had deemed this acceptable.

People said there was enough staff working in the home. They said call buzzers were responded to promptly and they rarely had to wait for extended periods. At the present time, staffing levels consisted of five carers during the morning, four in the afternoon, and two at night, with a registered nurse on duty at all times. The registered manager informed us that these were current staffing levels however, staffing levels will be reviewed on each admission using a dependency tool. Rotas showed these staffing levels were consistently maintained. During observations of care and support we saw although staff were busy there were enough available to respond to people's needs and requests for assistance and supervise the lounge area appropriately.

People's medicines were predominantly managed safely and they received their medicines as prescribed. Medicines were only prescribed by those qualified to do so. We saw they took time to administer medicines to people in a caring manner and without rushing. The provider stored people's medicines securely and kept up-to date records of medicines received and disposed of, as well as a clear record of any allergies to medicines. All of the medicines records we reviewed included a photograph of the person so that nurses could make sure they gave medicines to the correct person. There were protocols in place for PRN ('as required') medicines. We found some minor recording errors on medication administration records (MAR) which were rectified on the day of inspection. We also found that the temperature of the medicines room had not been taken since 26 December 2017. We discussed this with the registered manager who, whilst accepting our findings, informed us that they had an issue with the heating over the Christmas period and used the thermometer to gauge the temperature in the lounge. They had assessed the risk and as the medicines room was air conditioned took the recorded action. They had been unsuccessful in purchasing another thermometer due to Christmas shop closures but one was now being ordered.

Staff were recruited safely. Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with vulnerable people. These included a full employment history and written references. Each person had proof of identity on file with a photo. Disclosure and Barring Service (DBS) criminal records checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the registered provider has made improvements and the rating is now 'good.'

We previously found people had to wait long periods for their meals, staff's understanding of mental capacity was vague and although they had undertaken training it was not evident in their day to day practice. We also found staff were not supported with regular supervision. These constituted a breach of; Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement in these areas.

People said they thought staff had the right skills to care for them. For example one person told us staff always hoisted them competently and safely and staff delivered personal care properly and thoroughly. People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as fire safety, food hygiene, moving and handling and infection control. Staff also received guidance which gave them the knowledge and skills to support people with dementia. Some staff had also taken additional levels of responsibility. For example, one member of staff had recently become the lead person for infection control. All the staff we spoke to was able to identify the infection control lead person.

Staff had regular individual meetings called supervision sessions with the registered manager or a senior member of staff. These meetings covered such topics as concerns, timekeeping and personal development. The registered manager described how supervision sessions for catering staff were behind schedule but were booked to be held in January.

People's care needs were assessed and used to develop plans of care for staff to follow. The service was working closely with Speech and Language Therapists (SALT) having purchased a support package from the local team. SALT staff visited the home once a week to provide a range of training and care plan support to staff. This aimed to develop expertise around swallowing and communication and demonstrated the service was committed to working to best practice in this area. The SALT team conducted regular audits of communication and swallowing, these showed a marked improvement in the quality of the service in recent months showing the support was effective.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the manager who demonstrated a good understanding of their role and responsibilities in relation to the deprivation of liberty safeguards. The restrictions placed upon each person by the home were assessed to determine whether the service was likely depriving them of their liberty. If the service concluded they were, or were likely to, applications were made to the supervisory body. We found these applications were appropriate and proportional. There were no DoLS in place at the time of the inspection with all applications or re-applications with the supervisory body awaiting assessment.

People's capacity to make decisions relating to their care and support was assessed and information in care and support records indicated how to support people to be involved in the decision making record. We saw best interest processes were followed for example around the installation of bed rails. Our review of records and discussion with the registered manager led us to conclude the service was acting within the legal framework of the Mental Capacity Act (MCA).

We inspected the kitchen and spoke with catering staff. They had people's preferences and dietary needs documented and made adjustments accordingly, for example, for those people with diabetes. Fridge, freezer and food temperatures were taken daily. Whilst the catering staff were aware of allergens and information was displayed in the home there was no record of which allergens may be present in the meals provided. The registered provider told us this would be rectified immediately. We previously observed some people had to wait for their lunch. At this inspection we found people received their food promptly. The registered manager told us this area of care will be monitored in regard to staffing levels should the home be at full occupancy. People told us the food provided in the home was good quality and tasty. One person said "I think the food is good, if I didn't like what was on offer they would do something else for me. They care in the kitchen and write down what I like and stuff." Another person said they required a specialist diet and staff always knew what to get for them.

People's nutritional needs were assessed using a screening tool which was updated on a monthly basis. This identified any changes in weight which were used to inform care planning. Where people had lost weight we saw action had been taken including referral to the GP and/or increasing dietary intake. People's food and fluid intake was monitored using the electronic care recording system which provided a good mechanism for staff to quickly check people's dietary and fluid intake. We reviewed people's weight records and identified no concerns.

We observed the lunchtime meal. There was a friendly atmosphere with staff talking to people and providing appropriate support and encouragement throughout. We saw people had custom meals for example one person was eating a plate of vegetables covered in cheese in line with their preferences. We saw that people were not rushed and did not have to wait long for their meals. We also observed the meal time experience for those people with restricted mobility. We saw staff assisting people to eat in their rooms. Staff were patient and encouraging whilst promoting independence where possible. Staff did not see this as a task but as an opportunity to spend time with people. One staff member told us, "I think it's an important time as I can do so much more than help someone with their dinner. There are conversations and observations to be had."

People's healthcare needs were assessed and used to formulate plans of care to support staff in meeting their needs. We saw evidence the service worked with a range of health professionals to help ensure people's healthcare needs were met including general practitioners and specialist nurses.

New signage had been installed throughout the premises to help people navigate around the home.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'inadequate'. At this inspection we have judged that the rating is 'good.'

At our previous inspection we found people had mixed opinions of the way in which staff interacted with them, this was mirrored in our observations. People's privacy and dignity was not always respected and consent was not consistently sought. This constituted a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Since our last inspection there had been some changes of staff, additional staff training and supervision to drive these improvements.

People we spoke with told us the staff were very caring and kind. One person said, "I really value what they do and so does my husband." Staff from the local authority told us, "The feedback about care is very positive from people who receive the service with people telling us the staff go the extra mile for them."

Some people were not able to leave their room and therefore the visits from care staff were possibly their only point of human contact each day. People told us care staff were aware of this and made time to talk to them. One person said, "It's nice to chat, I look forward to their visit." People experienced kind and caring relationships with the staff who provided their care.

People told us how staff respected their privacy and promoted their dignity when they supported them with personal care tasks. We spoke with one person who told us, "They make sure curtains and doors are closed, they also use towels to cover me." Staff gave examples of how they promoted people's privacy and dignity when they supported them with their daily needs. One member of staff said, "I always talk to them throughout the task to check they are ok and that I am going at a suitable pace." We observed staff speaking with people in an appropriate way. Staff were patient and gave people time to respond to questions and express themselves. We observed staff explaining to people what they were doing when supporting someone to move around the dining room, so that they knew what the staff were going to do next. Staff were discreet when supporting people to leave the lounge to use the bathroom.

People told us staff involved them in decisions about their support. People's care plans reflected people's preferred name and how they would like to be referred to. Care plans encouraged people to be independent and highlighted that it was always important to give choice. People were provided with a service user guide when their service commenced. This set out their rights and provided details about their care. This ensured people could access relevant information to enable them to be involved in decisions about their care.

The service had a confidentiality policy and staff were provided with a code of conduct that highlighted the importance of confidentiality. One staff member said, "I know not to discuss the people we provide care to with others." The office building was kept secure and people's confidential information within the office was kept in locked filing cabinets. The registered provider had removed a screen for electronic care plans from

the reception area so as not to compromise confidentiality.

Equality and diversity was understood and people's strengths and abilities valued. People had a variety of different backgrounds, experiences and needs. Staff worked with people in a non-judgemental manner and were respectful of their differences and lifestyle choices. For example, one person chose to smoke, and requested access to their cigarettes at times throughout the day, which was immediately granted. Although some people had their cigarettes looked after in the office, staff responded promptly and respectfully to their requests.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we found improvements had been made and judged that the rating is 'good.' At our previous inspection we found people had access to activities but these were limited in time and accessibility. Care records showed evidence of people's individual needs, although information was contradictory.

People's care needs were assessed prior to commencing the service to help ensure the service could meet their needs. On admission, these were used to formulate more detailed plans of care for staff to follow. We reviewed three people's care records and saw comprehensive care plans were in place which covered the required areas of care and support such as nutrition, pressure area care, personal care and any specific areas of support to manage people's medical and health conditions. Care plans were subject to monthly review and evaluation by nursing staff. Although care plans were regularly reviewed, there was a lack of evidence people and/or their relatives were involved in regular care plan review. We raised this with the registered manager who said they were working with the nursing staff to better evidence this in the future.

People said their care needs were met by the service. They said staff provided all required care and support on a consistent basis. One person told us, "I get everything I need here from the staff."

Staff responded promptly to people's changing needs and daily monitoring forms and handover meetings were used to help ensure staff were kept updated with important issues.

Care interventions were recorded electronically. Whilst we saw most of these demonstrated appropriate and timely care, one person required 2-4 hourly pressure relief whilst in bed. Records did not always demonstrate that this was happening at the required frequency. We saw this had already been identified by the manager and staff spoken to at a recent staff meeting.

People's end of life needs were assessed. We saw these provided basic information on people's future plans, however in some, more evidence of people's personalised input was required.

People's communication needs were assessed and care plans put in place detailing how staff were to support them effectively. We saw staff adapting communication approaches dependant on people's sensory abilities. Information was displayed around the home in accessible formats for example the activities and menu boards to help promote understanding amongst the client group. We saw other documents such as the quality survey had been put into an easy read format to promote understanding.

An activities co-ordinator worked at the home for 25 hours a week. We observed they interacted warmly and appropriately with people, spending time with them on an individual and group basis to help meet their social needs. People spoke positively about the activities provided by the home and said there was always plenty to do.

One person said, "New activities co-ordinator is good, she is very good, she does everything we ask and

suggest to her." They undertook a range of internal activities including games, reminiscence and film days. We saw their work was complimented by external entertainers who visited the home for example Music for Health and singers. A church service was held within the home each week to help meet people's spiritual needs.

A system was in place to log, investigate and respond to complaints. Information on how to complain was on display throughout the premises. People were also asked if they knew how to complain or had any complaints at each resident meeting. People we spoke with all knew how to raise a complaint and said they would feel comfortable doing so. We saw a low number of complaints had been received since the last inspection. Those that had were verbal complaints which had been logged and responded to with evidence recorded of the action taken to learn from the complaint.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'inadequate'. At our previous inspection we observed there was a lack of clear leadership with limited overall scrutiny of care practice. Audits were in place but not robust enough to identify significant concerns or change wider practice issues. This constituted a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we have judged that improvements have been made, although we need to be assured that these improvements continue and become embedded into everyday practice. Therefore the rating is 'requires improvement.'

There was a registered manager in post who was supported by a deputy and also the registered provider. The registered manager was also registered as the manager for another home on the same site. During the inspection interviews were on-going to recruit another registered manager. This will ensure that both homes had a registered manager able to dedicate all their time solely to one home.

We saw that the registered manager had introduced more robust quality assurance systems and was completing a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was kept up to date. We found audit tools including those for; assessing staffing levels based on the care needs of people, malnutrition risks, falls, privacy and dignity, the physical environment and call response times. We did however find that the weekly audit for the clinical room was last completed on 10 December 2017. We discussed our findings with the registered manager and registered provider. Both assured us they were committed to improvement and would continue to take further action to improve the timeliness and effectiveness of their audits and embed this into everyday practice.

All the people and the visitor we spoke with spoke positively about the home and the overall care experience. One person said "Quite good here, it's a lot better now." Another told us, "I think it's a lovely place full of nice people."

There was a relaxed atmosphere in the home; staff were observed to be communicating well with each other and people at the home. Some staff had been there for a number of years and knew each other and the home well. One member of staff said, "I've been here quite a while and I find it great, I think we have a great team." On the day of the inspection the registered manager and their deputy were on duty. We were told that they had regular presence in the home. One staff member said, "The nurse is always here and the manager shares her time with the other home so we always have someone to go to if needed."

The manager had understood their responsibility to report to us any issues they were required to report to us. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

Systems were in place to seek and act on people's feedback. Quality questionnaires had recently been sent

to people, relatives and health professionals and were in the process of being collated to analyse for any themes or trends. We looked at a sample of these which showed positive feedback about the home and care provided.

Staff sentiment had also recently been sought through a staff survey which had been analysed to determine areas for future development. Staff were confident that they could approach the manager at any time with queries or concerns and considered the service to be responsive to the requirements of both staff and residents.

Regular client meetings were held which gave people the opportunity to be involved in decisions relating to the food, activities and raise any issues. We looked at the most recent meeting in November 2017 which showed people felt safe and happy and had no concerns about the home.

Staff meetings had been held weekly this included weekly care and weekly nursing meetings to help drive improvement of the service. We saw a range of quality topics were discussed at these including the findings of audits completed by the registered manager. For example, the registered manager had been identified that staff were not always evidencing correct pressure relief and this had been discussed with staff at a recent meeting. Although this was positive, we found staff were not yet fully following this instruction, indicating further work and guidance was needed for some staff.