

Leighton House Retirement Home Limited

Leighton House Retirement Home Limited

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This was an unannounced inspection which took place on 14 October 2014. The service was last inspected in February 2014 when it was found to be meeting the regulation we reviewed.

Leighton House Retirement Home provides accommodation for up to 30 people who require support with personal care. There were 25 people living in the home at the time of our inspection.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

Summary of findings

All the people we spoke with who used the service told us they felt safe in Leighton House. Comments people made to us included, “Staff are around 24hours, day and night, checking we are safe” and “Staff are thorough, this makes me feel safe.” Relatives we spoke with also confirmed they considered their family members were safe and well cared for in Leighton House.

Staff had received safeguarding training and were able to tell us what action they would need to take if they had any concerns about the care people received in Leighton House. All the staff we spoke with were confident any concerns they might raise would be taken seriously and acted upon.

Risk management policies and procedures were in place. However, we found improvements needed to be made to the systems for completing, reviewing and updating risk assessments in order to ensure they accurately reflected the needs of people who used the service.

There were arrangements in place to help ensure medicines were safely administered. People told us they received their medicines when they needed them.

There were systems in place to provide staff with support, induction, supervision and training. Staff told us they enjoyed working at Leighton House and considered they received the training and support they needed to effectively carry out their role.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

The registered manager was aware of the process to follow should they need to apply for the authorisation of any restrictions which were in place for people who used the service.

People who used the service received appropriate support and monitoring to help ensure their nutritional needs were met. All the people we spoke with made positive comments about the quality of food provided in Leighton House.

All the people we spoke with gave positive feedback about the staff in Leighton House. Comments people made to us included, “Staff are very respectful of me and always listen”, “I am extremely happy and satisfied with the way staff at Leighton House tend to my needs” and, “[My relative] is always treated in a professional but kind, safe and patient manner.” We observed positive interactions between staff and people who used the service.

People we spoke with who used the service told us there were enough staff on duty to meet their needs. Two people told us they sometimes had to wait for staff to respond to their requests for assistance if they were busy caring for other people, but they did not consider this to be for an unacceptable amount of time.

There were a number of quality assurance processes in place in Leighton House. This showed us the registered manager was regularly reviewing how the service could be improved.

We have identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take in the full version of this report.

Summary of findings

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 needed to make improvements to ensure people were safe.

People we spoke with told us they felt safe living at Leighton House. However, improvements needed to be made to the risk assessment and risk management procedures to ensure people were fully protected from the risks of unsafe care.

Staff were safely recruited. There were sufficient staff available to meet people's needs.

Arrangements were in place to help ensure medicines were safely administered.

Requires Improvement



Is the service effective?

The service was effective. People were cared for by staff who knew them well and were supported to live their lives as independently as possible.

Staff received a range of training and told us they were well supported to effectively undertake their role.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People told us they were treated with kindness and respect. This was confirmed by the positive interactions we observed between people who used the service and staff during our inspection.

Good



Is the service responsive?

The service was responsive to people's needs. People told us they always received the care they needed.

Arrangements were in place to meet people's individual needs, including religious beliefs.

There were systems in place to gather and act upon the views of people who used the service.

Good



Is the service well-led?

The service was well-led.

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People we spoke with told us the registered manager was understanding and approachable.

Good



Summary of findings

Regular meetings were held with staff. These provided the opportunity for staff to discuss any concerns or practice issues in the home. Staff told us they enjoyed working in Leighton House and felt well supported by the registered manager and senior staff.

Leighton House Retirement Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on 14 October 2014 and was unannounced.

The inspection team consisted of 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. The expert had experience of older people with mental health needs.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding

team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service. This helped inform what areas we would focus on as part of our inspection.

We spoke with 11 people who used the service, six relatives and a visiting health professional. We also spoke with the registered manager and five staff, including domestic and kitchen staff.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observation Framework for Inspection [SOFI] observation in the first floor dining room during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included staff files, training records and policies and procedures.

Is the service safe?

Our findings

We found the service needed to make improvements to ensure people were kept safe and protected from the risk of receiving inappropriate care.

We reviewed four care files maintained for people who used the service. We saw there was a system for recording and reviewing individual risks in relation to moving and handling, pressure care and nutrition. We saw one care file had incomplete risk assessments in place; another care file contained risk assessments which had not been reviewed since the end of July 2014. Both of these care files were disorganised. The lack of accurate and up to date risk assessments meant there was a risk people who used the service might receive unsafe care. This is a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

All of the 11 people we spoke with who used the service told us they felt safe in Leighton House. Comments people made to us included, “Staff are around 24hours, day and night, checking we are safe” and, “Staff are thorough, this makes me feel safe”. All the relatives we spoke with told us they considered their family members were safe and well cared for in Leighton House. Comments they made to us included, “I know [my relative] is safe when I’m not here and even when I am on holiday and that makes me feel confident with the staff” and “This place is in the top 10% of places that are good, well above the rest”. No one we spoke with expressed any concerns about bullying or harassment in the service.

All the staff we spoke with told us they had completed safeguarding training. They were able to tell us what procedure they would need to follow if they had any concerns about a person who used the service. They told us they were confident they would be listened to by senior staff and the registered manager if they were to raise any concerns. Staff also told us they were aware of the whistle blowing (reporting poor practice) policy for the service. One staff member told us they had in the past reported concerns about practice in the home. They said they had been taken seriously and action had been taken to address the concerns raised. They considered they had been protected throughout the process and would not hesitate to raise concerns in the future should they arise. This meant there were systems and processes in place to protect staff and people who used the service.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Leighton House.

During our inspection we noted equipment had been left in communal areas. This included a hairdressing type chair which had been left directly outside two occupied bedrooms on the first floor and a walking frame which had been left at the bottom of a flight of stairs. Both of these presented a potential tripping hazard to people who used the service and visitors to the home. We spoke with the registered manager regarding these hazards. They told us they would make arrangements for the chair to be moved as soon as possible; the walking frame was moved immediately to a more appropriate location in the home.

All the staff we spoke with told us they had undertaken training in infection control and understood their responsibilities to reduce the risks of cross infection. We spoke with the staff member who was responsible for cleaning in the service. They told us they had a daily cleaning schedule to follow and that their work was always checked by the registered manager. We saw regular infection control audits were completed in the service as well as regular checks of the cleanliness of the equipment used by people who used the service. Hand hygiene assessments had also been completed by the registered manager with all staff. This should help reduce the risks of cross infection.

We saw individual fire evacuation plans were in place and readily accessible to staff. This should help protect people who used the service in the event of an emergency. We looked at the fire risk assessment for the service. We found this had not been reviewed or updated since 2012. The registered manager showed us records to confirm that quotes had been obtained in September 2014 from a specialist company to update the fire risk assessment and to provide fire marshal training for staff. However, at the time of our inspection no action had been taken to arrange this.

We asked for a copy of the business continuity plan for the service. The registered manager told us this was not

Is the service safe?

available for us to review. Following the inspection the provider sent us a copy of the emergency evacuation plan for the service which they had updated as a result of our inspection.

We looked at how the service was being staffed to ensure people living in the home were cared for by enough staff on duty. We asked the registered manager to show us the duty rotas. We saw the decision had been made, whenever possible, to increase the number of staff on duty from four to five each morning. Staff we spoke with told us that, although this increase took some pressure off them, they were still able to meet people's needs in a timely manner when four staff were on duty.

During our inspection we noted there were always two staff members present on both the ground and first floor of the home. One staff member was available to move between these floors to help ensure people who used the service received care and support in a timely manner.

None of the people we spoke with who used the service expressed any concerns about staffing levels in Leighton House. Two people told us they sometimes had to wait for staff to respond to their requests for assistance if they were busy caring for other people, but they did not consider this to be for an unacceptable amount of time.

We saw there were recruitment and selection procedures in place which met the requirements of the current regulations in the main. However, we noted the application form for the service included the requirement for potential staff to document their employment over the previous five years rather than to provide a full employment history as required by the current regulations. We looked at the files held for four staff who were employed in the service. These provided evidence that the registered manager had completed the necessary checks before people were employed to work in the home. This should help protect people against the risks of unsuitable staff.

We found there were policies and procedures in place to support the safe administration of medicines. People we

spoke with told us they received appropriate support to take their medicines as prescribed. One person commented, "Whenever my medication changes, they tell me about it and make sure I understand what I'm taking". During our observations at lunchtime we noted staff took time to explain to people what medicines they were taking and why they were prescribed.

Senior staff in the home were responsible for the administration of medicines in Leighton House. Records we looked at showed these staff had undertaken training to support them to safely administer medicines to people who used the service.

Records we looked at provided evidence the registered manager was regularly checking the medication administration records for people who used the service. Action plans were in place to improve practice where any errors were identified. However, we found there was no system in place for the registered manager to formally undertake and record assessments of staff competence to administer medicines. This meant there was a risk staff might not have up to date knowledge and skills to safely administer medicines. The registered manager told us they would introduce these checks as soon as possible.

Care files we reviewed included information about the medicines prescribed for individuals, including those 'as required' medicines. People's agreement to take their medicines had been recorded. During our observations at lunchtime we observed staff ask people for consent before administering medicines.

We saw, where appropriate, people were supported to maintain their independence in taking their medicines. Where people took responsibility for their own medicines, risk assessments were in place to ensure people understood what medicines they were prescribed and when they should be taken. Records we looked at provided evidence that these risk assessments had been reviewed on a regular basis.

Is the service effective?

Our findings

We found the service was effective. This was because people were cared for by staff who knew them well and were supported to live their lives as independently as possible.

All the staff we spoke with told us they had received training in a range of topics relevant to their role. These included infection control, moving and handling, nutrition and hydration and fire safety. We saw staff had also received training related to people's needs which included the care of people with a dementia. This should help ensure staff had the necessary skills and knowledge to effectively meet people's needs.

We saw each member of staff had a personal development plan in place which recorded training they had completed. Although there was no system of formal supervision in place, staff told us they were always able to seek advice or support from senior care staff or the registered manager. We found the registered manager was in the process of conducting annual appraisals of staff performance. This should help identify any additional training or support staff required to carry out their role effectively.

Staff told us they had completed an induction programme when they started work at Leighton House. All the staff we spoke with told us they had felt prepared for their role at the end of the induction period. Records we looked at showed staff had completed the 'common induction standards' within the first few months of starting work in the service. This programme is designed to help care staff understand how to deliver high quality care and support.

All the care staff we spoke with demonstrated and awareness of the principles of the Mental Capacity Act 2005. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. Policies and procedures were in place to provide guidance for staff about their responsibilities under this legislation. Staff were able to give us examples of the day to day decisions they supported people to make, for example the clothes people chose to wear or the food they wanted to eat. One person who used the service told us, "They [staff] ask what I want and are happy to do anything for me."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards

(DoLS). We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action the registered manager took to ensure people's rights were protected. The registered manager told us they were aware of recent changes to the law regarding when people might be considered as deprived of their liberty in a residential care setting. They told us they were in the process of reviewing where applications for the legal authorisation of any restrictions might need to be made in order to safeguard people's rights.

We noted care records included assessments of people's capacity to make particular decisions. We found processes were in place to review these assessments of capacity on a regular basis. Information about any advance statements people had made about the care and treatment they would like to receive, including at the end of their life, was also included in two of the care records we reviewed. This should help protect people's right to make their own decisions.

We saw there were systems in place to ensure people's nutritional needs were met. We observed people were provided with drinks on a regular basis during our inspection, although there were no jugs of water or juice available for people to access drinks independently where they were able to do so.

People who used the service told us the food provided at Leighton House was of good quality. One person commented, "The food is well cooked; it's good food and there's always an alternative if I don't like it."

We saw positive feedback had been given about the meals in the most recent satisfaction survey. We noted the service had been awarded the highest available food hygiene rating by the Food Standards Agency.

We spoke with the member of staff who had the main responsibility for cooking in Leighton House. They told us they planned the menus to take in to account the nutritional needs, likes and dislikes of people who used the service. They told us that, in addition to the choices available at each meal time, they would always make alternatives should people request this. This was confirmed by our observations during the inspection. We also noted that people had access to fresh fruit in communal areas of the service.

Is the service effective?

The staff member responsible for preparing meals told us they had completed training to help them understand how best to meet the nutritional needs of older people, including the preparation of meals for people who required soft food diets.

Records we looked at confirmed that following each meal staff completed records for those people who required close monitoring of their food and fluid intake. There were also systems in place to monitor the weight and nutritional needs of people living in the home on a regular basis. We saw that, where necessary, referrals had been made to dietary and nutritional specialists to help meet people's assessed needs.

During our observations at lunchtime we noted, where necessary, people who used the service were provided with

individual support to eat their meals. We saw staff were unhurried when supporting people with their meals and took the time to interact positively with people while they were assisting them to eat.

Care files we looked at recorded people's health needs. People we spoke with confirmed staff would always request a doctor for them if there were any concerns about their health. This was confirmed by relatives we spoke with.

The visiting professional we spoke with told us they considered staff had the knowledge and skills to meet people's needs effectively. They commented that staff were particularly good at providing care for people with pressure care needs.

Is the service caring?

Our findings

We found the service was caring. All of the people we spoke with who used the service told us staff treated them with kindness and respect. Comments people made to us included, "Staff are very respectful of me and always listen", "I do have my privacy, they don't bother me until I need them" and "I am happy and comfortable here; it's like a home from home."

Relatives we spoke with also gave positive feedback about the staff and the care they provided. Comments included, "It's like coming to see family when I see the staff; they go the extra mile", "The staff are very good" and "I love coming here. The staff are so welcoming; it's like home from home. They are always happy to see me."

We reviewed the results from the most recent satisfaction surveys completed by people who used the service and relatives. We saw positive feedback had been received regarding the attitude of staff. Comments we saw included, "I am extremely happy and satisfied with the way staff at Leighton House tend to my needs" and "My [named relative] is always treated in a professional but kind, safe and patient manner."

During the inspection we noted positive interactions between staff and people who used the service. We saw staff took the time to listen to people and to respond discreetly and promptly to their requests for support with personal care. We noted one staff member had been given a commendation from the local NHS Trust as a result of the excellent care they had provided to a person when they transferred from hospital to Leighton House.

We spoke with a visiting health professional who told us staff knew people well and were always able to provide appropriate information regarding people's needs whenever they visited.

We reviewed four care files and noted three people had not signed the document to say they were in agreement with the care which they had been assessed as needing. One person no longer had the capacity to sign their care plan but we saw evidence that their previous agreement with the plan had been documented. This person's care plan also contained detailed information for staff to follow to ensure the person's wishes and preferences were respected. All the people we spoke with who used the service told us the care they received met their needs.

We asked staff how they supported people to be involved in making decisions about the care they received. Staff told us wherever possible people were involved in reviews of their care. This was confirmed by care plan reviews we saw which included people's perceptions of the care they were receiving. In addition to formal reviews, staff told us they would always ask people if they were happy with the care they received. One staff member told us, "We help people to express choices. We are here to give people independence and dignity."

Relatives we spoke with told us they were aware of the care plans in place for their family members. Comments made to us included, "I feel I am always kept informed, I can always ask and [my relative's] care plan is kept in the office" and "I know where her care plan is, I can look at it anytime."

We noted information was on display in the home regarding advocacy services. The registered manager told us they would always support people to access these services should they need assistance to express their views about the care they received.

Is the service responsive?

Our findings

The service was responsive to people's needs. This was because people received the care they needed and their views were listened to and respected.

Care records we looked at showed people's needs were assessed before they were admitted to Leighton House. This should help ensure staff were able to provide people with the care they required.

The four care files we reviewed contained differing levels of information about individual's needs, wishes and preferences. All the care files had basic care plans in place relating to each person's needs regarding personal care, mobility and medication. In addition one care file contained very good information for staff to follow, particularly regarding how to provide reassurance to the person when providing any care and support. A document recording 'a day in the life of' the person was also included in the care records. This document included the person's likes and dislikes which should help staff provide care in a way the person wanted since they were no longer able to verbally express their wishes.

We noted one care file contained an initial care plan which was completed when the person was admitted to the home in an emergency in July 2014. This care plan had been reviewed at the end of July 2014 but had not been further reviewed or updated since this time. This meant there was a risk the person might not receive the care they needed. However, when we spoke to the person concerned they did not raise any concerns about the care and support they received in Leighton House. The registered manager told us they would ensure the care plans for the individual concerned would be updated as a matter of urgency.

All the staff we spoke with told us they regularly referred to care plans to ensure they knew what care and support people needed. Comments staff made to us included, "I always follow the instructions in the care plan" and "It's our duty as care staff to check care plans to make sure we are following them and to note any changes." We saw there were systems in place in the service for senior staff to update other care staff when people's needs had changed or care plans had been updated. This should help ensure people received the care they needed.

Staff told us about the methods they used to ensure they understood what people wanted; these included individual picture books produced for people to use to express their needs as well as the use of verbal and non-verbal communication.

The registered manager told us they regularly reviewed the records relating to the call bell monitoring system used in Leighton House. This helped them to identify when people might have been waiting longer than would be acceptable for staff to respond and to take any action necessary to improve the situation.

We asked about the activities which were provided for people in the home. Staff told us there were two external artists who came regularly to provide entertainment. Staff also told us they would usually provide some activities for people in the afternoons; these included armchair exercises, singing and bingo. We were also told staff would support people maintain links with community resources as much as possible. One person told us, "I imagine I can go out if I wanted too; they [staff] would take me out of course."

We noted staff maintained a log of all activities provided in the service and that people's likes and dislikes in relation to activities had been recorded. One staff member told us they intended to access reminiscence materials available to the service to support people to discuss past experiences and memories.

The registered manager told us that people were supported to maintain their religious beliefs through organised visits by local religious leaders. They also told us staff had access to information about a range of cultures and religions to help them understand people's beliefs and support them to deliver culturally appropriate care.

People who used the service told us staff were responsive to their needs. One person commented, "They ask me what I want, anything you want they will get it for you." Staff we spoke with told us they tried to respond as soon as possible when a person requested support. One staff member told us they felt a laundry assistant would be helpful in freeing up time to spend with people who used the service since care staff were currently responsible for undertaking this task. We also noted the main comments people had made in the most recent satisfaction survey regarding how the service could be improved related to the

Is the service responsive?

laundry service. The registered manager told us they were continuing to discuss with the owner of the service whether a laundry assistant might be employed to work in the service.

We asked people if they knew how to raise any concerns about the care provided in Leighton House. All the people we spoke with told us they would feel comfortable in speaking to the registered manager if they had any concerns. They were confident appropriate action would be taken to address any complaints they might make. A relative commented, "I put in a complaint about [my family member's] room yesterday and I came today and it was fixed already."

We looked at the log of complaints which was maintained by the registered manager. We found evidence that all complaints had been investigated and feedback provided to the people who had raised concerns.

Records we looked at provided evidence regular meetings took place between people who used the service and staff. Minutes from the most recent meeting showed people who used the service had been asked for their opinions about how money raised at a recent summer barbeque event should be spent. People were also asked about what activities they would like to see provided in Leighton House. This showed people's views and opinions were taken in to account about how the service was run.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager had been in post since 2013 and registered with the CQC since October 2014.

The registered manager told us they were proud of the fact that they had achieved a reputation in the local area for providing a good service. They had also identified areas for improvement for the service which included the refurbishment of some parts of the home and the better auditing of care records to ensure they were always up to date and reflected people's needs. The need for more robust auditing of care plans was reflected in our findings regarding care records. However, it was clear from our discussions that the registered manager had plans in place to rectify this situation.

All the people we spoke with who used the service and their relatives spoke positively about the registered manager. Comments people made to us included, "She is very understanding", "She is perceptive. She picks up on things, and is proactive and understanding", "You can talk to her, that's important" and "I know I can go and speak to her any time I like; her door is always open."

Staff we spoke with told us they enjoyed working at Leighton House. They considered they worked well as a staff team and received good support from both senior care staff and the registered manager. Some of the comments made to us included, "Staff morale is brilliant. I couldn't work in a better place. [The registered manager] is approachable. She will always take the time to help you and sort things out" and, "I like working here. I have worked in other homes so I know it's good here."

During our inspection we observed the atmosphere in the service was relaxed. We noted the registered manager was visible throughout the day and provided direction and support for staff when necessary.

Records we looked at showed us staff meetings took place regularly. We saw these meetings were used to discuss standards of care in the service as well as safeguarding and areas where practice could be improved.

A system of quality assurance processes were in place in Leighton House. These included audits relating to infection control, the home environment, medication and complaints. The registered manager also completed a regular audit to check that the dignity and privacy of people who used the service was always respected. We saw actions had been taken where necessary when issues had been identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The registered person had not taken proper steps to ensure care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.</p>