

Littlewood Manor Care Home Ltd

Littlewood Manor Care Home

Inspection report

Fleetwood Road
Thistleton
Preston
PR4 3YA

Tel: 01995671088

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Littlewood Manor provides accommodation for up to 54 older people, including people living with dementia. At the time of the inspection 41 people lived at the home.

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

Recruitment systems were in place, however, systems for staff employment needed to be more robust to ensure all checks were completed. We have made a recommendation about this. The building was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). Sufficient care and domestic were deployed to meet people's needs. A visiting professional said, "The place is kept very clean and well-maintained staff do a great job." Safeguarding training was mandatory, and staff were aware of the processes to follow to enable people to keep safe. Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

The aim of the management and staff team was to provide an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received the attention they required. A relative said, "They do treat [relative] with care and dignity. We observed staff spent time with people and comments found staff to be patient and caring. One person said, "They always have time to sit and chat, whenever you need a member of staff they are there."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. Care plans were organised and had identified the care and support people required. Mealtimes were relaxed and organised around people's individual daily routines. One person said, "The food is varied and lovely, home cooking which I like." There was a programme of staff training and regular updates were documented for staff to attend courses on site with the in-house training staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe. The services had a complaints procedure which was made available to people and their family when they commenced using the service. Activities were varied, staff had worked hard with people to provide meaningful social activities to provide stimulation and exercise.

The management team had auditing systems to maintain ongoing oversight of Littlewood Manor and make improvements where necessary. Surveys had been introduced for staff, people and their relatives. However more frequent methods of gathering people's views formally were in the process of being introduced by the management team.

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

Rating at last inspection and update

The service was registered with us on 23 March 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 02 September 2019.

Why we inspected

This was a planned first inspection based on their registration.

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

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

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 well-led

Details are in our well-led findings below.

Good ●

Littlewood Manor 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 Care Act 2014.

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 two inspectors.

Service and service type

Littlewood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 18 October 2022 and ended on 21 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at Littlewood Manor, one relative of a person, eight members of staff including senior management and the registered manager. In addition, we spoke with a visiting professional. We observed staff interaction with people, also, we reviewed a range of records. These included care records of people, medication records, two staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems the manager had in place.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staffing and recruitment

- Staff recruitment processes were in place. However, checks such as those into identity, and one file without a personal health check history response were missing. There was no evidence this impacted on the care of people. Following the inspection visit the management team implemented further measures to ensure recruitment procedures were more robust.

We recommend the service review their recruitment processes to ensure suitable checks were completed prior to employment. Since the inspection visit the management team had implemented the changes in line with the guidance.

- Newly recruited staff told us they worked with experienced staff members until they felt comfortable to care for people independently and had a beneficial initial training period. One staff member said, "The induction was very good, and I felt well supported."
- There were sufficient staff at the time of the visit to support people's care needs. People we spoke with told us they did not have to wait long if they required help. One person said, "Always staff around when I need, for something."

Using medicines safely

- Staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.
- We observed medication being administered at breakfast time. We saw people received their medication safely, however medicines were still being administered mid-morning. We were reassured that appropriate timings were being met and documentation confirmed this. They told us they would monitor the situation to ensure timings were adhered to. We spoke with one person who said, "Yes I get my medication on time."
- The management team had good auditing systems and procedures to manage and monitor medicines safely. A staff member said, "We really have worked hard to ensure we have stringent auditing systems for medication, and it is working well."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do should they witness any signs of people being mistreated.
- Staff told us they had received training in areas of safeguarding adults which was regularly updated. Records confirmed this.

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

- The management team had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider had processes to admit people safely to the service.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
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- The provider was facilitating safe visiting in line with government guidance. This meant people could visit their relatives all days of the week in line with government guidance. Indoor visiting was suspended during the COVID-19 outbreak other than in exceptional circumstances; essential care givers were able to continue to visit indoors.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Assessments from health and social care professionals were also used to plan effective care. The views of the people were also taken into account, care records evidenced this.
- People's care records reflected their current care and support requirements. Care records were regularly reviewed and updated monthly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were competent and knowledgeable. The provider made sure staff had a range of appropriate training and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. Staff spoke with and a training schedule confirmed this. One staff member said, "Training is no issue we are supported to attend courses, and have regular updates such moving & handling, fire, and safeguarding."
- Supervision was in place for staff to discuss their role and individual development with the management team. However, this was not taking place on a regular basis. The registered manager assured us the schedule would be updated to ensure more frequent supervision sessions would be completed. A staff member said, "Yes I have had supervision with my line manager a while ago."
- A formal induction process was in place when staff commenced work. Staff told us it had provided a good first understanding in care, familiarisation with processes in the home and the expectations of the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with meals of quality and choice. Comments from people were positive and included from a relative, "[Relative] has an 'air pod coffee machine' in the room to enable them to help themselves without calling for staff, and they provide excellent food." Also, people said, "Excellent." And, "Too much sometimes but really good."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. We saw evidence of this in care plans.
- The registered manager knew the process to submit applications for DoLS authorisations, as appropriate.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath. People were able to navigate around the building using corridors which were kept uncluttered and they had lift access to other floors. People had access to an enclosed rear garden, where they could enjoy outdoor space. People said they had enjoyed the use of this space in the warm weather.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We saw good examples of this where people had put up family pictures and mementos that were special to them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with care, patience, respect and kindness. We observed warmth from staff towards people and patience when staff sat and chatted with people. One person said, "They always have time for me and are so kind and caring." It was clear the management team knew people well and had good relationships with them. One person said when asked if the management team were readily available if needed, "Definitely, they're wonderful."
- The management team concentrated on promoting being open and honest and encouraging meaningful relationships with people. People told us they the home had a family atmosphere.
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, one staff member took a photograph of the persons relative they had and got it made into a cushion for them. The management team presented it to the person who became emotional and couldn't thank the staff member enough.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team were knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence.
- The service ensured people's care records were kept securely. The language used in daily notes and care records was respectful and recorded in a positive manner.

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

- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions if possible.
- People told us they were involved in making decisions about their care and what was best for them. Evidence of consent obtained from people were written in care records we looked at.
- If people could not make day-to-day decisions, information was available about advocacy services. This meant people had someone who could speak up on their behalf if relatives or friends were unavailable.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care and support was centred around their choices and preferences. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices
- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences. Those we spoke with confirmed they were involved in this process, including reviews of their care monthly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records detailed where the individual had communication needs and what staff should do to ensure the person understood them as best possible. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary. This ensured people's communication needs were met.

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

- The management team had kept a record of activities people had carried out. There had been a variety of activities both individual and group events. People were supported to follow their interests and take part in a range of activities. Comments included, "There's always something going on." Also, "I play dominoes twice a week and like to sing."
- Staff encouraged people to maintain relationships and follow their interests. For example, one person mentioned how he was able to go out with the rotary club of which he's a long-standing member. They went to a function recently and was picked up and dropped off. Staff help support people to arrange these trips and activities. We also saw evidence visits by friends of relatives were in accordance with safety guidance.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- No complaints had been received. One person said, "I would be confident any concerns would be listened to."

End of life care and support

- Where appropriate end of life plans were put in place and staff had appropriate training. Training documents looked at confirmed this.
- Staff and the management team discussed and recorded people's end of life care wishes and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person centred care and support. One person said, "Yes they are fine and keep me informed of what I need." Care records were up to date and easy to follow to ensure people received the right care and support. People we spoke with described a positive, caring, friendly environment.
- Staff and people were complimentary about the staff and management at the home. For example, comments included, "They are all very good and kind." Also, "Cannot complain very good and on hand if need to be, the managers are always around."
- Staff told us they contributed to the running of the home by suggesting changes that may improve the service for people. For instance, one staff member said, "I have completed a questionnaire recently."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team had systems to monitor the performance of the service, in terms of audits and quality assurance measures. These included questionnaires and a suggestion box in the home. They had systems in place to address any issues or shortfalls to improve the service.
- The management team encouraged candour through openness. The staff structure enabled people to be clear about their roles, and understanding of quality performance, risks and regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team encouraged people to provide their views and about how the home was performing through informal discussions and surveys. However, we suggested to the management team these should be more formal and regular so that Littlewood Manor continues to evolve. We were reassured by the management team following the visit that systems were being introduced.
- The management team and staff involved people in the running of the home and considered their equality characteristics. This ensured people were treated fairly and as an individual.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.

- The management team worked closely with other agencies and relatives to share good practice and enhance care delivery. One relative said, "Often have talks with [management team] about care and things."