

The Old Library Residential Home Limited

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Inspection report

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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

The inspection took place on 23 and 29 November 2018 and was unannounced.

The Old Library is a residential care home for up to 30 older people, some of whom may have dementia related conditions. At the time of our inspection 25 people were receiving a service. The home has three floors and lift access is available. There is parking available to the rear of the building and a patio area. There is a large lounge with a designated dining area one smaller lounge.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff continued to protect people from avoidable harm, were knowledgeable about safeguarding and able to raise concerns. Steps were taken to minimise risk where possible. Staff supported people to manage their medicines safely.

Systems were in place to recruit staff safely. They were supported through on-going supervision and accessed training relevant to people's needs, to ensure these could be met.

Staff worked in partnership with health and social care professionals in the monitoring and promotion of people's health. People were supported to maintain a nutritious diet and offered choices at meal times.

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 were supported by staff who were kind and caring; they promoted people's independence and treated them with dignity and respect.

People's care plans were kept up to date and reflected their individual needs and circumstances. People were supported in line with their preferences and supported to engage in social and leisure activities.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided. There was a positive culture within the service and people felt the registered manager was approachable.

Further information is in the detailed findings below.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

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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 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 comprehensive inspection took place on 23 and 29 November and was unannounced.

Before the inspection, we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

We looked at four people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for three members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and three relatives. We spoke with two members of care staff, the registered manager, care coordinator, cook and activities coordinator. Two health and social care professionals provided written feedback.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection, we rated the key question Safe as Good. At this inspection, we found it remained Good.

Staff continued to protect people from avoidable harm and abuse. They had good awareness of how to recognise and report concerns.

Medicines were managed, stored and administered safely. Staff recorded when they administered medication on a medication administration record (MAR). We found medicines had been recorded correctly, although there were some minor recording errors for PRN medicines also known as 'as required' medicines. Protocols to guide staff on when to administer PRN medicines were missing for one person's medicines and one chart to guide staff on where to apply cream was not fully completed. This meant there was a potential risk these may not have been administered as prescribed. This was addressed during the inspection.

A sufficient number of staff were in place and deployed appropriately around the service to respond to people's needs in a timely manner. Staff were recruited safely. Relevant pre-employment checks had been carried out for staff, including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People's care records contained up to date risk assessments appropriate to their individual needs, which guided staff on how to support them safely. For example, risk assessments had been completed and reviewed in areas such as moving and handling and the risk of falling.

Accidents and incidents were recorded and appropriate action had been taken. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

The service was well-maintained, clean and tidy throughout. We saw the service regularly reviewed environmental risks and carried out safety checks and audits of the environment, equipment and premises.

Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. A member of staff took the role of being an 'infection control champion' to share learning and best practice with other staff to drive improvement.

Is the service effective?

Our findings

At the last inspection, we rated the key question Effective as Good. At this inspection, we found it remained Good.

Assessments were completed prior to people moving to the home to ensure their needs could be met. Information included people's abilities, health conditions, cultural and communication needs. A care plan was then developed specific to each person's needs and outcomes.

People's health and wellbeing continued to be monitored, and they were supported to access healthcare. The service maintained close links with healthcare professionals, such as occupational therapists, GP's and the district nursing service. People's care records contained evidence of consultation with medical professionals when required.

People were supported to maintain a healthy diet and to make choices about what they ate and drank. Systems were in place to communicate people's dietary needs and preferences, which were accommodated. We saw people enjoying their meals at lunch time and sat chatting with staff and other residents. One person said, "The food is very good. Staff come around and ask what choices you want every day."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was following the principles of the MCA and applications for DoLS had been made where required.

Staff understood the importance of gaining people's consent. They had awareness of the MCA and decisions had been made in people's best interests. Records in people's care plans confirmed this.

Staff received necessary training to equip them with the skills to support people effectively. They received an induction when they started in their role and continued to be supported with regular supervisions and a yearly appraisal. A member of staff said, "The support here is brilliant."

Staff had the skills and abilities to communicate effectively. We saw staff were aware of how to communicate best with people, dependent on their needs and preferences.

The environment was suitable to meet people's needs, including the use of dementia friendly signage, which helped people to navigate their way in the home. People's bedroom had been personalised and reflected their own preferences.

Is the service caring?

Our findings

At the last inspection, we rated the key question Caring as Good. At this inspection, we found it remained Good.

People continued to be supported by kind and caring staff. One person told us, "This place is excellent; the staff are great. You could not get better." We received positive comments from relatives about the staff including, "Staff are really good. I can't praise them enough", "Staff are really good" and "You cannot fault the staff."

There was a warm and friendly atmosphere within the home. A relative told us, "Staff make a point of getting to know you. It's a friendly home."

We observed staff and those using the service, engaged in conversation, laughing and joking with each other. We also saw positive interactions where staff showed kindness and explained to people what they were going to do next and offered reassurance. A relative said, "Staff have a good connection with people."

Staff treated people with dignity and respected their privacy. For example, staff discreetly supported them when they needed to go to the bathroom. A member of staff took the role of 'dignity champion'. This meant they were responsible for sharing learning and best practice amongst other staff to drive improvement.

Staff valued the importance of maintaining people's independence and promoted this where possible. For example, we saw people being encouraged to take part in activities and make choices. Staff could tell us how they supported people to maintain their skills. A member of staff told us, "We like to maintain people's independence, it's a big thing here". We could see for ourselves, people had confidence and trust in the staff who supported them, which had a positive impact on their health and wellbeing.

Staff were aware of equality and diversity and respected people's individual needs and circumstances. From speaking with staff, we could see people were valued for who they were.

Confidentiality was maintained throughout the home. Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to this.

Information was available about the local advocacy service. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them.

Is the service responsive?

Our findings

At the last inspection, we rated the key question Responsive as Good. At this inspection, we found it remained Good.

Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way. A relative told us, "Staff know [Person's name] needs and how to respond to these." Another said, "I know [Person's name] is in good hands, if anything does happen, they will contact me immediately."

People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care, and support people in line with their preferences. We spoke with staff who could tell us details about people's needs, the support they required and the person's preferred routines. We saw this matched what had been recorded in people's care plans.

Each person had a keyworker, who was responsible for checking people received support in the way they preferred, which met their current needs. The key worker ensured their care plans remained relevant and up to date. They spent some one to one time with people and dealt with any concerns.

People were supported to follow their interests and engage in their preferred leisure activities and hobbies. An 'activities coordinator' was available daily, to ensure people could access meaningful activities. Support was also available for people to access the community or interests outside of the care home. A person told us, "We have quizzes and various things going on." A relative said, "There are things for everyone to get involved with."

People were supported to maintain relationships with family and friends and develop new relationships within the care home. People's birthdays and other special events were celebrated. A relative told us, "They always do birthday cake for whoever's birthday it is."

Complaints continued to be responded to appropriately and people knew how to raise one if needed. A person told us, "I would know how to complain. I would go to the boss. They are very good." A relative said, "If I had any concerns I would speak to speak to [Registered manager's name] and they would look into it. I have never had any concerns."

Is the service well-led?

Our findings

At the last inspection, we rated the key question Well-led as Good. At this inspection, we found it remained Good.

There was a registered manager at the service. 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.

The registered manager was based at the service and accessible to staff and people using the service. A relative told us, "[Registered managers name] is always going around checking things are done properly. You would have no hesitation about going to them if something was not right." Another said, "I think [Registered managers name] is excellent. They are always on call, never complain and calm. It reflects on the staff because they take their lead. Every single one of them is good at what they do."

There was a positive and supportive culture within the service. A member of staff said, "We all work as a team brilliantly."

The service had an open and positive ethos and welcomed the involvement of staff and people who used the service and their relatives. Regular meetings were held, to enable them to participate and provide feedback on things happening within the service.

Effective quality assurance systems were in place to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. This included audits of care plans, recruitment, medication, the environment, dignity and infection control.

People told us they felt listened to and their views were acted on. Feedback was sought from people, staff and relatives and the information was used to drive improvement. For example, through questionnaires.

The service worked in partnership with other professionals and services to ensure people received a good service with improved outcomes. Examples included meetings with the local authority and safeguarding networks.