

Far Fillimore Care Homes Ltd

# Littleover Nursing Home

## Inspection report

149 Stenson Road  
Derby  
Derbyshire  
DE23 1JJ

Tel: 01332760140  
Website: [www.littleovernursinghome.co.uk](http://www.littleovernursinghome.co.uk)

Date of inspection visit:  
07 April 2021

Date of publication:  
10 May 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Littleover Nursing Home accommodates 40 people, providing long-term, respite care and palliative care. The home is over two floors, with bedrooms on both floors. There were 23 people living at the service at the time of our inspection visit.

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

People were protected from the spread of infection and cleaning had been increased during the onset of COVID-19. Staff wore appropriate PPE and had been trained in how to use it.

Risk assessments were regularly reviewed with people's changing needs and care plans had relevant and up to date information.

Staffing levels were calculated using a dependency assessment. This calculated staffing hours required, and the registered manager ensured that they were staffed to people's needs.

Staff were recruited safely. Appropriate checks were made prior to staff starting in post to ensure that they were suitable to work with vulnerable adults.

Relatives told us that the staff and registered manager were kind and caring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 22 January 2021).

### Why we inspected

We received concerns in relation to the care and support offered by the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Littleover Nursing 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 team comprised of one inspector. A second inspector made calls to relatives off site.

#### Service and service type

Littleover Nursing Home 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.

The service had a manager registered with the Care Quality Commission at the time of the inspection. This means that the registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group and local authority who commission people's care at the service. We used this information to inform our inspection.

#### During the inspection

We spoke with four people who used the service, three people's family members and five members of staff. This included the registered manager, deputy manager, clinical lead, two care staff and the cook. Complaints, incidents and accidents and audits were reviewed and checks on health and safety were completed. We reviewed a range of records. This included five people's care records and their medication records. We looked at five staff files in relation to recruitment and training.

#### After the inspection

We spoke with four people's family members via telephone about their experience of the care provided. We continued to seek clarification from the manager and provider to validate evidence found, which included staffing levels and medicines information. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- People were protected from the risk of infection. We observed that staff were wearing appropriate personal protective equipment (PPE) and changed it between tasks. All staff had been provided with specialist infection control training, this included the correct use of PPE and information on COVID-19.
- All staff had a COVID-19 risk assessment in place which included a section on black minority and ethnic (BAME) and multi-generational households as these are more vulnerable groups.
- There were no cases of COVID-19 at the home at the time of our inspection. Testing was carried out regularly and if anyone tested positive, they were isolated for 10 days to reduce the spread of infection.
- The home was clean and the deputy manager told us that increased cleaning had taken place to reduce the spread of infection, this included regular cleaning of touchpoints. A relative told us "The place is clean, and smells fresh. Staff wear aprons, gloves and medical masks."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

At our last inspection there were shortcomings in infection control which put people at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Staffing and recruitment

- Staff were recruited safely; records showed criminal record checks and references had been obtained before staff commenced their employment.
- Staffing hours were calculated using a dependency assessment. They calculated the hours of support required by people which ensured that they had enough staffing to support their needs. The dependency assessment was reviewed as people's needs changed.

- A questionnaire had recently been to staff called 'We are listening' which was aimed to get feedback from staff in all aspects of their role. This aimed to better support and retain staff, resulting in people receiving care from a consistent team of staff.
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding, and staff told us that the training was good and they felt well supported in their role.

#### Using medicines safely

- Best practice guidance in the management of medicines was consistently followed. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the clinical lead checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.
- Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way and when needed.
- Medicines were stored safely and administered by trained staff.

#### Assessing risk, safety monitoring and management

- Care plans and risks assessments were in place. These were regularly reviewed and amended and updated as people's needs changed. This ensured people continued to receive care that reduced the risk to their health and safety.
- Discussions with staff and observation of staff supporting people demonstrated they knew people well and were aware of people's individual needs.
- Environmental risk assessments were in place and all health and safety checks were carried out including maintenance of equipment.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of avoidable harm or abuse.
- One relative told us that they thought that people were kept safe and that staff were kind and caring.
- Staff told us that they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.

#### Learning lessons when things go wrong

- The registered manager showed us how they reviewed accidents and incidents and complaints and used the information to support changes and improvements.
- Accidents and incidents were reviewed and monitored to identify any themes. Action was taken to minimise the risk of reoccurrence.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had made improvements in quality, monitoring and management throughout the service. They had used the feedback from the last inspection to make improvements in all of the areas of risk identified.
- At our last inspection we found that records were not always complete to ensure equipment was checked and in good working order. Improvements had been made and we could see that all equipment was regularly serviced, this included wheelchair checks, hoists and slings, beds and nurse call bells.
- The registered manager told us that they had plans in place that enabled them to monitor areas of risk more robustly. The registered manager acknowledged that they still had more to do, but they were satisfied that risks to people's safety had been reduced. They had however, made significant improvements since our last inspection.
- New surveys had been introduced for the staff. Responses were not due until later in April 2021 but the registered manager told us that they felt it would be more effective than previous ones used because they were anonymous and they felt that staff would be more inclined to complete them. Feedback from people using the service was regularly sought and we could see that any action points and feedback had been acted upon.

At our last inspection we found that there were shortfalls in management oversight in areas of staff training, quality assurance and record keeping. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and they were no longer in breach of regulation 17.

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

- The provider promoted a positive culture and encouraged feedback regarding all aspects of care and support.
- People and relatives told us they felt that they could raise any concerns and speak to staff or management and felt confident that they would resolve it.
- We found the registered manager to be open and honest. They explained that they were working on improvements and were open to feedback. We looked at the complaints policy and people were given a copy which gave details of how complaints would be dealt with. One relative told us, "I would be happy to



“speak to management if I had any concerns, they have been really supportive.”

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 provider had submitted notifications regarding incidents they were required by law to tell us about. The registered manager had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.

- The provider ensured people were kept informed and apologised if errors occurred.

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

- Staff knew people and their care needs well. Staff told us that their work was very rewarding. Staff knew people well, which enabled them to identify any changes to people's health and to report them to the management.

- The registered manager told us that they had facilitated window visits during the pandemic and that they had facilitated visits for people who were receiving end of life care.

- People's equality characteristics had been considered during the outbreak of COVID-19 with regard to people who are more vulnerable, staff who had underlying health conditions and those from BAME backgrounds. This ensured that they kept people safe and better protected from the risk of infection.

Working in partnership with others

- The service had a good relationship with health professionals who supported them with the health needs of those using the service.

- All relatives spoke positively about the care provided. Relatives felt engaged with the staff and management which gave them confidence in the service.