

## Littlefair Care Home Limited

# Littlefair

### Inspection report

Warburton Close  
East Grinstead  
West Sussex  
RH19 3TX

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Date of inspection visit:  
29 November 2019  
04 December 2019

Date of publication:  
17 January 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Littlefair is a residential care home. It is registered to provide accommodation and personal care for up to 41 people. At the time of our inspection 33 people were living at the home. Littlefair provides accommodation and personal care to older people some of whom are living with dementia. It is one purpose-built property spread over three floors and has a garden and accessible patio area.

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

People were supported to take their medicines safely; however the recording of people's medicines held in stock did not match the actual stock levels in the medicine's cabinet.

The provider's policies and procedures for the frequency of supervision support for staff was not being followed and needed to be more regular. The acting managers told us improvements were being made to implement this immediately. We have made a recommendation regarding supervision.

People told us they felt safe and secure and well cared for.

The provider had good systems for monitoring risk and staff had a good understanding of people's needs and how to keep them safe.

People and relatives told us there were enough staff on duty to meet their needs.

Staff told us they worked well together as a team, and we noted there was a spirit of good morale amongst them.

Whistleblowing procedures were in place and displayed on notice boards. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Appropriate infection control procedures were in place and staff received training with food hygiene. The home was seen to be clean. Some parts of the home were tired looking because some carpets needed replacing. The chief operating officer showed us the improvement plan for the home for 2019/20 which included a plan to replace these carpets and included other developments such as the installation of new kitchen equipment.

Feedback from people and relatives was positive. They were complimentary about the staff and commented on their caring and supportive attitude.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. Staff were knowledgeable of the Mental Capacity Act and how it may impact on people, however not all forms giving consent had been signed. We have made a recommendation about this.

People and their relatives told us they experienced a positive approach to care and were encouraged to give their feedback to help improve the home.

The staff worked with outside professionals to improve people's health and social wellbeing. They worked collaboratively with other agencies and organisations to meet people's needs.

People received care that was tailored to their needs and wishes. This was provided by caring, attentive and compassionate staff. The atmosphere of the home was positive and welcoming, and people and relatives told us staff were friendly, providing care and support in a way people liked and enjoyed.

The concerns and complaints procedures meant that people were able to make complaints or raise concerns and have confidence they would be responded to in an appropriate way.

Quality assurance processes were in place that monitored practice and procedure by staff, however some improvements in developing the quality assurance systems were needed and the provider was in agreement with this.

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 and update

The last rating for this service was good (published 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements.

Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Littlefair

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Littlefair is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The owner told us the post had recently been advertised.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care

provided. We spoke with two members of staff, a senior carer, the housekeeper, the owner, the chief operating officer, the business operations manager and the quality assurance manager who were acting together as the managers, the activities coordinator and the chef. We reviewed a range of records. This included five people's care records, and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We spoke with five people's relatives, two health and social care professionals. The provider sent us information about what action they were doing to address issues identified in the inspection.

# 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 good.

At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and here was limited assurance about safety. There was an increased risk people could be harmed.

Using medicines safely:

- At this inspection we found medicines were not always managed safely. We found there were errors in the recording of the stocks of people's medicines.
- We checked people's medicines records and the recorded levels of medicines did not match those actually held in the medicine's cabinet. In four cases there were lower levels of medicines in stock than what was recorded. We did not find evidence that this had impacted on the safety of people, but it did mean this aspect of the service was not always safe.
- We were told that only staff who had received training in the safe administration of medicines were allowed to do so. We were told some of the staff training records were missing and so this could not be verified. Those staff we spoke with did tell us they were only allowed to administer medicines when they had received the necessary training. They told us they had received this training.

Systems were not sufficiently robust to demonstrate medicines were effectively managed. This potentially placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We discussed our concerns with the acting managers and the owner who acknowledged these issues. They told us they would ensure all staff received refresher training on the safe handling of medicines immediately. We were also told that a new weekly audit system was to be implemented directly to ensure improvements were made with the recording of medicines. These measures should help ensure the correct procedures are carried out in future by staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments from people included, "I feel safe here, the staff are very good," "I'm safe here, staff are excellent." Relatives told us, "Staff help to make it very safe there for people," and "[family member] is safe, I don't have any concerns with this."
- There were effective systems in place to assess risks to people and to monitor their safety and manage identified risks. Risks to people's safety was also minimised by the policies and procedures in place to reduce the risk of harm.
- Staff were knowledgeable about the provider's policies and procedures for safeguarding vulnerable adults and were able to describe the potential signs of abuse and how to raise any concerns they might have.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

### Assessing risk, safety monitoring and management

- People's care records contained individual risk assessments which were completed for risks such as with falls and skin care. Risk assessments were also in place where equipment was used to help people to be safe when they were in bed such as bed rails.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency.

### Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- There were enough staff to support people. People told us, "I believe there are sufficient numbers of staff on duty, although they do always seem very busy" and "Yes, the staff are really good, and they do their best to help us."

### Preventing and controlling infection:

- When we looked around the service we saw it was clean and there were no odours present.
- We saw arrangements for the collection of clinical waste were in place and these were being managed appropriately.
- We observed staff using gloves and aprons when they delivered personal care to people and that there was hand gel for people, visitors and staff to use to help minimise the risks associated with cross infection.
- Domestic staff followed the cleaning schedules in place and one of the domestic staff showed us how these were being maintained.

### Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence. Learning from any incidents or events was then shared with staff through staff meetings so they could work together to minimise risk.



# 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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Some areas of the home needed renewal. Carpets in the hall, the main dining room, the lounge area and the small lounge were worn and required replacement. We spoke with the owner about this and we were informed that this work was on the maintenance list for renewal in early 2020. We will monitor the progress of this for the next inspection.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People or their relatives had given written consent to do with a number of different areas of support. For example, we noted consent forms on people's files for medicines and for sharing people's personal information with others. However we noted that not all people's consent forms were signed by them.

We recommend the provider considers current best practice guidance regarding recording people's consent and takes action to update their practice accordingly.

- We observed interactions between staff and people and we saw staff sought people's consent before offering them support and respected their decisions and rights. One relative said, "I visit [my family member] two or three times a week and whenever I have been I see staff asking people how they would like to be supported."
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Referral information was provided by commissioners before people moved into the home. The provider also undertook a comprehensive assessment of people's needs, and preferences. These assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessments included areas such as people's health and physical needs as well as their emotional and social care needs.
- People and their relatives confirmed they were involved in the assessment process and reviews of people's care. One relative said, "I do get asked about my [family member's] care. They keep us fully involved and up to speed with their progress."
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff could meet those needs. An example of this for one person was with their food preferences being provided to meet their cultural needs.

Staff support: induction, training, skills and experience

- Inspection of the staff records demonstrated that since the last registered manager left in August 2019 one to one staff supervision sessions had become infrequent and irregular. The acting managers acknowledged this and told us a new supervision process would be implemented in the very near future. They agreed this would include discussions with staff about their direct work with people to achieve care plan objectives set out in their care plans.

We recommend the provider considers current best practice guidance regarding staff supervision and implements changes accordingly.

- Relatives said staff knew what they were doing and commented positively about them. They said staff knew people well and had the skills and experience to meet their needs appropriately.
- Staff received a good induction training that included shadowing more experienced staff. They also received a wide range of appropriate training in various topics and specialised areas such as falls prevention, skin tears, pressure ulcers, nutrition and diet and dementia awareness. Staff said the training was helpful in keeping them up to date with best practice and new legislation.
- The acting managers said training was refreshed annually and delivered by a variety of methods including e-learning and classroom-based learning.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced, healthy and nutritious diet and this helped to ensure their well-being. The chef told us people were always offered a choice from the menus and where people had specific dietary or cultural needs appropriate food was provided.
- Care plans documented people's nutritional and cultural needs, any support they required, known allergies and any nutritional risks such as choking, weight loss or gain. We noted the speech and language team provided guidance for staff when people had risks to do with swallowing or choking and this information was included in people's care and support plans.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional needs were assessed and documented in their care plans. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, information and guidance provided by speech and language therapists were

followed by staff.

- Staff ensured that people saw healthcare professionals as required and ensured people had regular appointments with them, where this was necessary, for example with opticians, dentists and GPs.
- Records of health care appointments were maintained in people's care plans documenting any treatment required or received. This ensured any changes to people's health were noted and appropriate action taken.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives told us they were well looked after. Comments included, "The staff are kind and caring," "The staff work very hard, they are always smiling and welcoming when I visit," and "I can't fault the staff, they work so hard."
- In our conversations with staff we noted their obvious commitment and concern for people. They were keen to ensure people's rights were upheld and were not discriminated against in any way. People were asked to provide their consent in a number of differing areas such as the sharing of their confidential information. We noted people's wishes were respected as was their right to privacy and confidentiality.
- We observed staff had developed positive relationships with people and knew how to support them effectively. They spoke warmly about the people living at the home.

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

- People and their relatives confirmed with us they were involved in the planning of their care. One relative said, "Staff keep us informed of any changes in our [family member's] needs and we are always asked for our views."
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were central to the process.
- There were residents' meetings and people told us they were able to express their views at these meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and protected their dignity and privacy. One person said, "They always ask me and knock on my door when they want to come in to my room." Another person told us when staff provided them with personal care they were considerate of their dignity and pride.
- People's care plans recognised what people could do for themselves and what they needed help with. Staff promoted people's independence as much as possible.
- We observed that people looked relaxed and comfortable when talking with staff. Conversations we heard between people and staff were characterised by respect and warmth.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs. Information to do with people's life histories helped staff to better understand people's interests and preferences.
- People's needs and risks were assessed and were integrated into people's care and support plans. We saw people [where they were able] had signed their care plans to indicate their agreement with them.
- Relatives said they were happy with the service being provided for their family members and they told us the acting managers were responsive to their requests.
- Care and support plans provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard. Where people wore hearing aids and spectacles, staff ensured these were in place, clean and working.
- People had a 'Communication' care plan. This described how the person communicated and how information might best be presented to them to aid their understanding. People used mainly speech or large print to communicate.

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

- We noted there was a good support network for people at Littlefair. Some people told us they had developed good relationships with other residents. Other people said they liked to stay mostly in their rooms. One person said, "I like going down to the lounge and meeting other people who I have made friends with." Another person said, "I go along to meet other people, but I also have a friend who doesn't like coming out of her room much, so I visit her there."
- Relatives told us they were made to feel welcome when they visited their family members in the home. This supported people to maintain relationships that were important to them. One relative told us, "I am

always made welcome. I visit very regularly, they know me now. There are no restrictions."

- We met the activities co-ordinator during the course of this inspection and we saw people were supported to take part in activities that interested them. The activities co-ordinator told us they worked from Monday to Friday and sometimes at the weekends. We noted amongst the activities offered to people was bingo, armchair bowls, sing-a-longs, movie afternoons, arts and crafts, floor games and other exercises. People said they really enjoyed these activities and complimented the activities co-ordinator.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.

- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.

- People and their relatives told us they would talk with staff or the managers if they had any complaints.

End of life care and support

- End of life care plans were in place and showed consideration had been given to people's wishes

- The acting managers told us that no one was receiving end of life care and support at the time of our inspection. However, end of life training was provided to all staff by a local hospice and details for people's wishes to do with this were included in people's care plans.

- From our review of people's care plans we saw they were supported to make decisions about their preferences for end of life care.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been two changes in the registered manager over the last two years. We were told as a result of this there had been a lack of consistency and continuity in the management of the home during this time. The owner also told us that the post of manager was advertised, and they were hoping to be able to make an appointment in the near future.
- On the inspection we identified breaches of regulations, that had not ensured people's safety and the quality of the service. Some care records were not accurate or complete, for example some people had not signed their consent forms. This meant they may not have provided consent in certain areas. There were errors in the recording of the stocks of medicines. Training records were not available for staff training to do with the safe administration of medicines. Quality assurance processes had not ensured that appropriate actions were taken to address these issues in a timely manner. Although we did not identify people had suffered any harm as a result of this, the failure to meet these regulations had left people at risk of harm.

The failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

- There were quality assurance systems that monitored areas such as regular maintenance of the essential services, for example to do with fire equipment, gas and electricity, cleaning and health and safety.
- The management and staff understood their roles and responsibilities. Staff told us they were well supported by the senior staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff said they enjoyed their work supporting people at the home. They were complimentary about fellow members of staff. Some of their comments included; "I like working here, the people are lovely as are the other staff who I work with," and "We work as a team and we support each other, we work well together".
- Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. A relative said, "The two new senior staff do a great job, they listen and act responsively to comments we may make".
- The owner and the senior staff understood the requirements of the duty of candour. That is, their duty to

be honest and open about any accident or incident that may have placed a person at risk of harm.

- The owner and senior staff were aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought peoples and their family's feedback and involvement through review meetings and questionnaires. Feedback was then reviewed, actions taken and shared with the staff team. Examples were seen of this to do with menu choices and activities.
- Staff meetings were held regularly and minutes of these showed they were asked for their input and idea's. Staff told us they felt involved in the home and were able to contribute their ideas to the running of the home.
- The service had good working partnerships with health and social care professionals. Records showed input was widely sought and instructions followed correctly to meet the needs of people living at the home.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen.



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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not operate proper and safe systems of medicines management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes did not enable the provider to identify where quality and safety were being compromised. Records were not complete and contemporaneous in relation to care delivery and staff training.