Far Fillimore Care Homes Ltd

Littleover Nursing Home

Inspection report

149 Stenson Road
Derby
Derbyshire
DE23 1JJ

Tel: 01332760140
Website: www.littleovernursinghome.co.uk

Date of inspection visit:
16 February 2016

Date of publication:
29 June 2016

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 visit took place on 16 February 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.
Littleover Nursing Home provides nursing and residential care for up to 40 people. At the time of our inspection there were 37 people in residence.

The service had a registered manager in place at the time of our inspection. 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.

Staff responded to people's needs quickly. People had been involved in planning their care and the support they required from the service. Their needs had been identified, assessed and reviewed on a regular basis.

Staff showed patience, they had time for people and treated them with respect. People received care in a dignified manner that protected their privacy. Staff encouraged people to be as independent as possible and offered them choices in their day to day living.

People were protected from the risk of abuse as staff could demonstrate they understood what constituted potential abuse or poor care. Staff knew how to report any concerns and they felt confident the provider would address these appropriately.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Mental Capacity Assessments were carried out where key decisions were required and the principles of the MCA had been adhered to. Applications had been made to the supervisory body for consideration under DoLS.

Staff had been employed following appropriate recruitment checks that ensured they were safe to work in health and social care. We saw that staff who had been recruited had the right values and skills to work with people who used the service. We saw there were enough staff required to ensure all people's needs were met and helped to keep them safe.

The registered manager and registered provider continuously assessed and monitored the quality of the service and action plans were in place where areas of improvement had been identified. They obtained feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutritional needs Their health and wellbeing was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

Staff had a comprehensive understanding of people's needs and worked with them to ensure they were actively involved in decisions and their care and treatment.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. Staff supported people to be as independent as possible and always placed people at the centre of their work.

People were supported to participate in meaningful activities.

A complaints procedure was in place and we saw that when any concerns had been raised these had been responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and visiting professionals were positive about the way the home was managed.

People benefited from staff that worked well together and were happy at work.

The quality of the service was monitored effectively and the service was keen to further improve the care and support people received.

Littleover Nursing Home

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 inspection visit took place on 16 February 2016 and was unannounced. It was carried out by two inspectors, a specialist advisor and an expert-by-experience. Our specialist advisor on this occasion had experience of working with people who have dementia and nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Littleover Nursing Home is registered to provide nursing care and accommodation for up to 40 people. At the time of the inspection there were 37 people living in the home. The home specialises in the care of older people.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. This included previous inspection reports, statutory notifications which are issues providers are legally required to notify us about, and other enquiries from and about the provider. We also received feedback from commissioners who fund care for some people who used the service.

We spoke with one visiting healthcare professional, 18 people who lived at the home, six visitors and four members of the care staff team. We also spoke with the registered manager who was available throughout the inspection.

We spent time observing care practices and interactions in communal areas. 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. We observed the mid-day meal to observe the support people received and the meal experience.

We looked at a selection of records which related to people's individual care and the running of the home. These included three care plans, three staff personnel files, minutes of meetings and records relating to quality monitoring within the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Littleover Nursing Home. A person living at the home told us, "I feel safe and everything is fine." Another person told us that they also felt safe and supported. A visiting relative also said, "I know mum is safe here." We looked at how the provider protected people and kept them safe. We saw that the provider had systems and policies in place that ensured safeguarding concerns were reported. Safeguarding information was on display within the home and this helped to promote people's awareness of abuse and informed people how to alert agencies if they had a concern. The provider also had a whistleblowing policy that enabled staff to report concerns anonymously.

Staff we spoke with said they had received training about safeguarding procedures as part of their induction training and knew where to find the procedures if required. They understood the type of abuse that could occur and their responsibility to report concerns. Staff told us that information was included in their induction workbook and if they had any concerns they felt they could raise these with the registered manager or the director.

People received the care and support they needed in a timely way. People we spoke with told us there were staff available to support them and we saw this in practice on the day of our visit. Staff were available to support people when they needed or requested it. One person told us, "I feel confident to ask staff anything and they [staff] are always popping in to see if I am okay". The relatives we spoke with also told us they felt their relation received care and support when they needed it.
The registered manager told us that staffing levels reflected the amount needed for activities and appointments and we saw this was regularly reviewed. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service and said that if more staff were needed they felt confident the registered manager would address this. One staff member said, "Other carers will come in if someone is off sick and that the registered manager will also assist with providing care."

Risks to individuals were assessed and staff had access to information about how to manage the risks. Risks were also assessed for when people went out and there was guidance for staff detailing how to support people to keep safe. We saw staff assist people to move around the home in a safe manner by the use appropriate equipment.

People could be assured that their support needs would be known by other healthcare staff in an emergency, such as admission to hospital. Documentation was readily available in a folder which contained information about individuals and how to support them. Staff told us this information remained with the person in an emergency situation. This was important as some people were unable to communicate their needs verbally.

The provider had a recruitment system in place. Staff we spoke with confirmed that they completed an application form and a police check before starting work. We looked at three staff recruitment files. All of the files showed checks had been completed before staff began work. Application forms included information on past employment and relevant references had been sought before staff were able to commence

employment.

There were arrangements in place to manage people's prescribed medicines correctly to ensure they received the correct dose at the right time. We looked at people's medicine administration records (MAR) and saw they had been completed correctly. There was guidance in place for staff to advise them how to recognise when people required medicines given on an occasional basis, for example for pain relief or to settle people when they were anxious. People who had allergies to certain medicines were highlighted on their record sheet. Two nurses told us that they check each other's MARs to ensure everything was completed correctly. If they observed any errors or issues, these would be discussed and resolved with the registered manager. We saw that staff received training to administer medicines and there were checks in place to review their on-going competency.

Good

Is the service effective?

Our findings

We spoke with people and they told us they were very happy with the way staff cared for them and felt their needs were being met. One person said, "The staff and service is good and they are here to help me." Staff we spoke with were knowledgeable about people's needs and could explain how people preferred to be cared for. One staff said, "I love it here, each and every resident has the same amount of care and there is no rushing."

Records showed people were supported by staff who had undertaken an induction programme. This aimed to give them the skills to care and support people effectively by undertaking nationally recognised qualifications. One member of staff told us that training was ongoing and the latest one they had done was about supporting people with pressure area care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff that we spoke with had a good understanding of the MCA and their role in relation to this. For example, one staff member told us that they knew consent was required for the use of bedrails to stop people from falling out of bed. The registered manager understood the need to complete capacity assessments. We saw these had been completed and where people lacked the capacity to make certain decisions; these had been made in their best interests. This meant people were not being restricted without the required authorisation.

People's nutritional needs were assessed and there was information in support plans detailing people's nutritional needs. One person told us, "The food is made according to my diet." This was because the person had trouble with swallowing and required a soft diet to minimise the risk of choking.
People we spoke with said the food was good and they had enough to eat and that they could eat whenever they wished to. One person told us, "The food is good and healthy." Our observations supported this and we saw people telling staff when they wanted something to eat and staff supporting them to get whatever they had requested. We saw there were adequate food stocks for people to access and drinks were regularly offered throughout the day. We saw that one person did not like their meal, they discussed an alternative with staff and we saw they received this alternative meal.

People were supported with their day to day healthcare. People told us they were able to attend routine appointments and records we saw supported what people told us. One person said, "I have to visit the hospital and staff accompany me." The staff we spoke with had a good knowledge and understanding of people's health conditions and knew how to support them and respond to changes in their conditions. For example, one visiting healthcare professional that we spoke said, "They [staff] are proactive with medication and confident to administer end of life medication if appropriate. I enjoy coming to the home and feel part of the team." Records showed that people were supported to attend appointments such as to the hospital and the doctors and healthcare professionals visited when required.

Good

Is the service caring?

Our findings

People told us they were happy and they were positive about the staff and their attitude towards them. One person told us, "I am very happy here." Another person told us, "I am well looked after." A further person told us, "The staff are lovely." We looked at care plans of people who used the service. We saw that they contained individualised methods of communication. The staff we spoke with were able to tell us what the gestures or signs meant to the person and what the person was communicating. For example one person made a certain noise when they were communicating their needs to staff and that staff should respond by using the person's name and use pictorial signs to promote choices. We saw this happen on the day of our visit and staff responded quickly.

Care plans that were put in place were reviewed on a monthly basis to ensure that they remained relevant and an accurate description of the care required. These described their preferences and wishes in the way that they would like to have their support delivered. For example we observed when drinks were being offered a member of staff knew a person particularly liked pineapple juice and went to get some for them without the person needing to ask.

We saw that people were encouraged to make decisions about their care and support. People were able to decide when they wanted to get up and where they wanted to eat. One person told us, "I like to eat at the table in my room." They also explained she had the option of eating in the lounge or having breakfast in bed. Staff recognised the importance of promoting and retaining people's independence. One person told us, "I don't need help as I can move but I do occasionally require assistance." We observed when staff assisted people to move around the home, they encouraged their independence. For example we saw a member of staff guiding and directing a person towards the dining room, they allowed the person time to move at their own pace before prompting with the next instruction. This demonstrated that staff promoted independence for each person based on their level of support.

People were supported to maintain their privacy and were treated with dignity. One person told us, "Staff have never said no to me and they have given me respect and maintained my dignity." We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff supported people with making choices and respecting how people chose to spend their time.

People were also able to spend time with their relatives and friends. A relative told us, "I visit regularly and I can visit at any time." We also observed a relative assisting a person to get ready as they were going out for the day. This demonstrated that people were encouraged to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. People told us they had chosen how their bedrooms were personalised with their choice of furniture and possessions. One person told us, "I've brought some things from home for my room, which makes it really nice but not too cluttered." Another person told us prior to coming to here, "I was in a poor state," and went on to say that they are "Very pleased now" as they can, "Walk and wander around and they [the staff] have helped." The person felt the provider had understood their needs and supported them to improve.

We saw a pre admission assessment was completed prior to a person moving into the home and this addressed their physical, mental, emotional and social needs. It also indicated key people in their lives including those that may have legal responsibility for making decisions on their behalf. This information then formed the basis of the care plan to direct staff as to how to provide support.

Records showed people had been involved in the development of their care plans. We saw people had signed their care plan to indicate they agreed with the care and support provided to them. Reviews had taken place with relatives, with the person's consent. Care plans contained the necessary information and daily records were completed and these were up to date and maintained. For example we saw that one person had a condition which caused their body temperature to rise and was prone to fevers. There were clear action plans in place to assist them with managing their temperature. Health care professionals had also been consulted to investigate any underlying reasons for this condition.

We observed a staff handover when a shift change occurred. The staff discussed each person, detailing the support they had received that day and also made the staff coming on to shift aware of any concerns. This meant that information was passed on to staff coming on to the shift.

People were encouraged to follow their interests and had been encouraged to take part in a range of activities. Meetings were held for people to discuss what activities they would like to do. One person told us, "I like dominoes; there are three regular people who play." Another person told us, "I'm getting my hair done this morning." The provider had a 'sensory area' which was used to develop a person's senses through the use of lighting, music, and objects. Its purpose was to provide a calm and safe environment where therapeutic activities could take place. During our inspection, we observed people using the area and they seemed to enjoy the experience.

The provider had a clear policy in place for making and handling of complaints. These were on display in a communal area and were also available in other languages. We asked one person if they knew what they would do if they were unhappy, the person told us, "I am okay and staff are good but I would complain if I had concerns."

We reviewed complaints that the provider had received and these had been documented, investigated and responded to as set out in their complaints policy. This demonstrated that the staff team listened to and responded to complaints efficiently and effectively.

Good

Is the service well-led?

Our findings

People we spoke with told us they were happy living at the home and felt it was well run. One person told us, "I am quite happy." The relatives we spoke with also commented positively on the service and said they felt their relation was happy there. One visiting relative had said, "It's a lovely place and worth recommending."

People who used the service were supported to have a say in how it was run through meetings and reviews of their care and support. Relatives were also supported to be involved through review meetings and annual surveys. The provider had completed a recent satisfaction survey in January 2016 and they were in the process of analysing the responses at the time of our inspection. The registered manager told us that if there were any issues, an action plan would be put in place to address them.

There was a registered manager in post and they had responsibility for the day to day running of the service. People who used the service and their relatives were complimentary about the registered manager saying they were 'visible' and 'helpful'. One person told us, "I know the registered manager, she comes and visits me." We observed the registered manager interacting with people and we saw they knew people well and engaged with them in an open and inclusive way.

The registered manager had been at the home for many years and we saw they knew the needs of the people and their staff. Services that provide health and social care to people are required to inform us of important events that happen in the service, we saw this had happened in relation to significant events in a timely way. This meant we could check that appropriate action had been taken.

The provider held regular staff meetings and this was confirmed by staff members we spoke with. We looked at the minutes from the recent staff meeting and saw relevant topics had been discussed and action taken to address issues. For example, staff had discussed that hot drinks were going cold by the time the tea trolley had gone round all the people, a solution was agreed that drinks would be made individually. Staff told us they had regular supervision and were given feedback on their performance. This helped to ensure they were performing well and providing appropriate care to the people who used the service.

The quality, safety and effectiveness of the service were checked by the registered manager but also by members of the management team and the registered provider. Quality audits covered all aspects of the. The registered provider and registered manager evaluated these audits and action plans were written where areas of improvements were identified. For example, we saw that the registered manager identified that the doors on the medicine cabinet required replacing due to wear and tear. The registered manager had discussed this with the provider and a new cabinet was to be ordered. Progress was then evaluated. This meant that people could be confident that the service was monitored and any improvements identified were implemented.