

Far Fillimore Care Homes Ltd

Littleover Nursing Home

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?

Requires Improvement ●

Is the service responsive?

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 30 people living at the service at the time of our inspection visit. Littleover Nursing Home is situated in a residential area in the Littleover area of Derby.

People's experience of using this service:

We found some staff did not always use dignified terminology when describing people who required assistance at mealtimes. This did not ensure people were always treated in a dignified manner by staff.

Recruitment procedures did not ensure that all the required pre-employment checks were in place prior to new staff commencing employment. The registered manager explained this had been identified by an internal audit and they were working through recruitment files to ensure all the required information was in place.

People told us they felt safe with the care provided by staff. People were protected from the risk of harm by staff who understood their responsibilities to safeguard people. Risks were identified and assessed. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

The deployment and planning of staff had improved since the last inspection visit. There were sufficient staff to meet people's needs who were currently receiving support from the service. People were supported to take their medicines in a safe way.

Staff had received training in infection control and were provided with the necessary personal protective equipment to use when carrying out care and support tasks. The environment was clean and tidy.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported with their dietary needs. Refreshments were available to people throughout the day

People and their representatives were involved in their care to enable them to receive support in their preferred way. People were supported to take part in activities of their choice and were supported to access local community facilities to enhance their well-being.

The provider's complaints policy and procedure was accessible to people who used the service and their representatives. People knew how to make a complaint and there had been improvements made to recording and responding to complaints. Systems were in place monitor the quality of the service to enable the registered manager to drive improvement.

Rating at last inspection:

At our last inspection, the service was rated "requires improvement". Our last report was published on 13 April 2018.

Why we inspected:

This was a planned inspection based on the rating of the last inspection. At this inspection we saw improvements had been made and the service was rated 'Good.'

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two Inspector's and a specialist advisor, who had a background in nursing care.

Service and service type:

Littleover Nursing Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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. The provider, registered manager and staff team did not know we would be visiting. We carried out the inspection site visit on 4 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority and the Clinical Commissioning Group, who commission services from the provider, for feedback. We assessed the provider information return which we require providers to send us at least annually to give key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people who used the service and two people's visitors to ask them about their experience of the care provided. We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with the registered manager, operations manager, senior nurse, senior team leader, two care assistants, activities co-ordinator, catering assistant and the housekeeper. We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including how the provider monitored the service to drive improvements and staff files.

We requested additional evidence to be sent to us after our inspection site visit, which included audits so that we could see how the provider monitored the service to drive improvements. We reviewed this information as part of the inspection process. Following the inspection site visit we received feedback via email from a health care professional regarding their views on the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely and assessing risk, safety monitoring and management

At our last inspection of 19 December 2017, we found a breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014. The management of medicines did not ensure people received their medicines safely and consistently. There was a lack of information for staff to follow regarding a person's medical condition, so that this could be managed appropriately. Since the last inspection improvements had been made in this area.

- At the last inspection during December 2017, we saw there was no record kept of medication received via a transdermal patch. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. At this inspection we saw a body map had been completed recording where the patch had been placed. This ensured the area of skin where the patch was placed varied to minimise the potential for skin irritation. Records we looked at showed people's medical conditions were well managed.
- People receiving oxygen had clear care plans in place, providing information such as how many hours they required oxygen for.
- Risks to people were assessed and relevant actions recorded to mitigate these risks. Risk assessments were individualised and related to physical health needs such as mobility, skin integrity and falls which guided staff on how to support people.
- Personal emergency evacuation plans (PEEPs) were in place. These provided information on the level of support people required in the event they needed to leave the premises in an emergency.
- PRN protocols were now available for staff to ensure people had their 'as required' medicines when needed.
- Systems were in place to ensure medicines were stored and disposed of appropriately.
- Controlled drugs were managed in line with current practice guidelines.
- People's medication records confirmed they received their medicines as prescribed. Medication audits were carried out to ensure people received their medicines as required.
- Staff who administered medicines were trained to ensure they had the required skills and knowledge.
- The provider had arrangements in place to monitor the safety of the premises and for maintaining the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and electrical appliance testing.

Staffing and recruitment

At our last inspection of 19 December 2017, we found a breach of Regulation 18 of the Health and Social Care Act Regulated Activities Regulations 2014. The deployment of staff did not always ensure staff were available to support people in a timely manner. Since the last inspection improvements had been

made in this area.

- There were sufficient staff available to support people. Staff were available in communal area's and call bells were answered immediately during the inspection site visit. Staff told us that staffing levels had improved. A staff member said, "Since the new manager has started we have had three new staff and recruiting is still happening." However, two people told us they felt there were not enough staff. We discussed this with registered manager, who confirmed that a dependency tool was completed weekly which included an assessment of the level of support each person needed. That determined the number of staff required on each shift. The registered manager confirmed they were continuing to recruit to staff vacancies.
- Staff employed had been subject to the required pre-employment checks. This included a Disclosure and Barring Service check (DBS) and proof of identification. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, three staff files did not contain full employment histories. We discussed this with the registered manager who confirmed this had been identified by an internal audit and the management team were currently working through recruitment files to ensure all the required information was in place. For example, during the inspection a written explanation, regarding the gaps in employment for one staff member, was obtained by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse were in place.
- People told us they felt safe at Littleover Nursing Home. A relative said, "[Persons name] is kept very safe, and is very well looked after."
- Staff confirmed they had received training in protecting people from abuse or harm. They were clear on the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service.
- The registered manager understood their responsibility to protect people from the risk of abuse and to report concerns to the local authority safeguarding team for investigation.

Preventing and controlling infection

- The provider ensured that the premises were clean, this included having a daily, weekly and deep cleaning schedule in place. Audits were undertaken to ensure standards of cleanliness were maintained.
- There was personal protective equipment available, such as disposable aprons and gloves to prevent the spread of infection.
- Staff undertook relevant training to ensure they kept people safe from the risk of infection.
- The home had been rated five stars by the food standards agency in December 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection were considered 'very good'. The food standards agency is responsible for protecting public health in relation to food.

Learning lessons when things go wrong

- The registered manager learned from accidents and incidents that had occurred within the service and sought ways to reduce the risk of reoccurrence.
- A record of accidents and incidents was maintained, and these were analysed by the provider to enable learning from these events.. For example, the infection control audit identified that certain cleaning tasks were required. A cleaning schedule was introduced to ensure all tasks were completed.

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

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 had been assessed to ensure their needs could be met at Littleover Nursing Home before they moved in. Assessments were done in consultation with people, their representatives and any health and social care professionals involved in their care.
- Care was planned in line with people's individual assessments. Care plans were reviewed regularly or when needs changed.
- Care plans were individualised containing information on people's health and social care needs, as well as their preferences.
- Staff were aware of people's needs and told us if they had concerns they would share these with the nurse or manager.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and had one to one supervision sessions. These provided them with an opportunity to receive feedback about their practice, discuss any issues and any training needs they may have. A staff member said, "I feel supported by the manager."
- Staff had received induction and the training they needed to meet people's needs effectively. A staff member told us they had received a good induction and had spent time shadowing other staff which they found beneficial.
- The registered manager was rolling out a scheme where staff were 'champions' linked to a specific area of interest. The service had assigned 'champions' to areas such as infection control and tissue viability.
- Training records showed staff received training in relevant areas and updates as required. For example, specialist dementia training (virtual dementia tour), which enables people to understand the experiences of people living with dementia, had been booked to take place during April 2019.

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

People enjoyed the food available to them. Four weekly rolling menus were used, which included two options each day. One person told us, "I like the food." Another person stated that they were offered a varied diet and had no issues with their dietary requirements.

- Staff were aware of people's dietary requirements and the support they required at meal times.
- Kitchen staff had information regarding people's diets and were able to cater for a range of dietary preferences such as cultural and medical needs.
- People's nutritional needs were assessed and monitored. For example, one person had swallowing difficulties, they had been assessed by a Speech and Language Therapist (SALT).
- Staff offered and served refreshments to people throughout the day.

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 to access health care professionals as and when needed. This included GP's and district nurses.
- One person told us they had visited the dentist. A relative said, "There was concerns with [person's name] health the nurse phoned the doctor straight away."
- Referrals were made to other health care professionals when required to support people's changing health care needs, such as tissue viability nurses.
- Care records provided information relating to people's health care conditions and were reviewed regularly.
- Staff told us they worked well as a team. Records showed 'daily flash meetings' were in place. Discussions were held with staff coming onto shift regarding people's care needs and any issues affecting the home such as maintenances and staffing.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff understood the importance of gaining consent before care and support was provided to people. A staff member said, "It's about giving people choices and respecting their wishes. If I was struggling with anything I would speak up and ask a senior staff member." We found some staff member's knowledge was limited around capacity, but they were clear they would seek support from a senior member of staff if there were unsure. We discussed this with the registered manager who confirmed they had identified this when they carried out a review of the home and would be organising additional training in this area.
- Staff sought people's consent when supporting them and explained what they were doing.
- When people did not have the capacity to consent to some decisions, support plans were in place on how to support the person in their best interest.
- Applications had been made to the local authority for DoLS authorisations. At the time of inspection three people were under DoLS restrictions, as they did not have the capacity to make informed decisions.

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

- Private spaces were available for people to speak with their visitors.
- Equipment such as hoists and walking aids were available to enable people to move around the home safely when needed.
- The provider had a maintenance person onsite who was responsible for carrying out maintenance.
- An outdoor garden area was available which people could access, so that they could enjoy the outdoor space.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We saw people's meal time experience was not always dignified and was task orientated.
- Lunch time was rushed and task orientated. We observed that some people only had their main course in front of them for around 10 minutes, before staff came over and said, 'finished?' removing the plate without waiting for a reply. When people asked for more of the main course they were told that they could have a pudding. This did not ensure people were always listened to.
- Some staff used inappropriate terminology when referring to people. For example, some staff referred to people who required assistance with their meals, as 'feeders.' One staff member said, "The last two feeds are coming through." Another staff member referred to a person as a 'good girl.' This showed people were not always treated in a dignified manner.
- A staff member who was administering medicines over lunch time was not discreet when supporting people with their medicines. They could be heard across the room and stood over people whilst they took their medicines which was not respectful.
- We saw a person banging the table during lunch. No staff approached the person to see if they needed support. The only staff interaction the person received was, a staff member saying, "Don't do that."
- We discussed this with the management team. The operations manager told us they had carried out mealtime observations recently and had found no issues. The management team confirmed they would take immediate action reiterating to staff the importance of treating people with dignity and respect.
- We observed some kind and positive interactions over the lunch period, which included a staff member laughing and joking with people and visitors.
- People's families and friends could visit without restriction. During the inspection visit we saw some people received visitors.

Ensuring people are well treated and supported

- We saw caring interactions between staff and people. One person said, "If you're not very well come here, you can't find anywhere better." However, one person told us they were not always satisfied with the way they were supported. We discussed this with the registered manager, who was aware of the specific issues and was working with the person to resolve things.
- A member of the nursing team was observed to be compassionate when speaking to people and visitors. They spent time listening to people and attending to their needs.
- Relatives were complimentary about the care and support provided by staff.
- The provider had a diverse staff team and some staff were bilingual which meant people's diverse needs were met by the staff group.

- Care plans showed where people had any specific needs relating to equality and diversity. This included if people followed a religion and if they had any specific needs associated with their culture or religion. Supporting people to express their views and be involved in making decisions about their care
- People and relatives were involved in their care planning. People had signed their care records.
- We saw staff explained things as much as possible and offered people choices encouraging them to make their own decisions
- People had access advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection of 19 December 2017, we were not assured that complaints were always dealt with effectively. As lack of recording of complaints meant there were missed opportunities to identify themes and trends and to learn from complaints. It also meant these complaints could not be analysed to ensure they had been dealt with appropriately. At this inspection we found improvements had been made in this area.

- At this inspection we found complaints were now being recorded. Complaints were managed well and responded to.
- Records showed complaints were now being analysed to identify any themes and learning. Also, to ensure these had been addressed properly.
- The complaints procedure was displayed in the service. However, this did not contain details of the Local Government and Social Care Ombudsman (LGO) where people could escalate their concerns to, if they were not satisfied with the outcome of their complaint from the provider. We discussed this with the registered manager who updated this during the inspection site visit.
- People confirmed they knew how to make a complaint and who to speak with.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People participating in organised activities and were also able to pursue their own interests.
- Staff told us the registered manager had introduced a 'resident of the day' scheme. People got to decide what they would like to do such as going out into the community.
- One person told us some children from a local nursery had been in to the service and sang some songs. They said, "This had brought back some very happy memories for me."
- An activities co-ordinator supported people to take part in activities. We saw folders and displays showing activities people involved in various activities such as a coffee morning and summer fayre. The service also marked each person's birthday.
- Staff told us people were encouraged to join in with activities and having an activities co-ordinator had a positive impact on people.
- Staff were aware of people's personal preferences and needs. A staff member spoke positively about the improvements they had seen in a person using the service. They said, "It's nice that we've got a resident going home. They are now walking with a zimmer frame and going home, lovely we've done a good job."
- The provider complied with the Accessible Information Standard (AIS). This was introduced to make sure people with a disability or sensory loss were given information in a way they can understand. Information was provided in an accessible format. For example pictorial cards were available to support peoples understanding. They showed tasks such as eye drops being administered and someone having their face washed.

- Information regarding people's communication needs had been recorded in their care plans including their vision or hearing.
- People told us the service responded to their needs. For example, one person told us they had asked to move rooms. This request had been addressed and they had moved to a quieter room and were much happier.

End of life care and support

- Each person had a "My life at Littleover Nursing Home" an advanced care planning document. This contained details on how people wanted to be supported towards the end of their life. For example, where the person's preferred place of care would be and who they would like to be involved in their care and funeral arrangements.
- Staff had undertaken training on end of life care. A staff member said, "The training included, recognising signs of dying, how to deal with death and advanced care planning."
- The provider had produced a booklet for people and their representatives which provided details of bereavement support and funeral directors.
- When a person receiving end of life care passed away reflective practice and learning took place to establish if improvements could have been made in how the care was provided. This ensured people received care from staff who were empathic.
- The provider was currently working with the local hospital palliative care team, regarding the reintroduction of palliative care beds.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection of 19 December 2017, we found the provider was not clear about the Care Quality Commission (CQC) registration requirements in relation to submitting notifications about any changes, events or incidents. Since the last inspection improvements had been made in this area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection site visit there was new manager at the service. They completed their registration with the CQC following the inspection site visit.
- The registered manager demonstrated awareness of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Following the previous inspection, we had received notifications about important events, allowing us to check that appropriate action had been taken by the provider.
- We saw the previous rating was displayed at the service and on the provider's website in line with the CQC's requirements.
- Confidential information was stored securely and accessible by authorised staff when needed. This meant people's confidential information had been stored appropriately in accordance with current legislation.
- People and relatives, we spoke with felt there had been improvements in how the service was run since the new registered manager commenced employment. Comments included, "The manager we now have is trying to address things" and "We had been promised floodlighting before Christmas in the car park. I brought it up in the residents meeting with the registered manager and within 24 hours they were up." A person said, they could see things were being done. But the 'You said we did' board is no longer in place. That had previously showed what improvements were being made.
- Staff and people, we spoke with told us although the registered manager had only recently started there was acknowledgement they were already making a positive difference. A staff member said, "The registered manager is approachable, they have made a lot of changes for the better. I am quite happy to have more staff than less." A health professional stated, "The environment within the nursing home has now become a warm welcoming one with staff, patients and visitors communicating with me openly."
- Staff and management understood their roles and responsibilities and were clear about what was expected from them.
- The provider had quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues

- The registered manager had developed improvements plans using the five area's CQC use to inspect, safe effective, caring, responsive and well-led. Where improvements had been identified the registered manager had put together an action plan.

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

- The provider had a website, which included information about the service.
- Photographs of staff who worked at the service and management were displayed in the reception area of the home. There was an additional board which showed which staff were working on the shift. This ensured people using the service and visitors could identify who the management and staff were.
- A newsletter was produced by the provider for the people using the service, and their representatives, informing people of any forth coming events and any changes.
- Regular meetings for people who lived at the service and their representatives took place.
- The registered manager had identified improvements were required in seeking people's views, they were rolling out surveys and walking around the home making them self-available to speak with people and visitors. A relative stated the registered manager had been round to everybody and held a residents meeting, which was constructive.
- Staff were kept up to date with any changes for example through meetings and supervisions.
- Staff felt able to raise concerns with the registered manager and were positive they would be listened to and were supported.

Continuous learning and improving care; working in partnership with others

- There were good relationships with local health and social care professionals.
- The provider was a member of the National Activity Providers Association, who support providers to provide person centred engagement for people.
- The provider was currently working towards the revalidation of the Derbyshire End of Life Quality award. The aim of the award was to improve the quality of end of life care within nursing homes and enabling more people to be supported to live and pass away well in their preferred place. The health professional working with the provider to attain the award told us management from the service were committed in meeting the criteria of the award and had worked well towards this.