

# Dove Care Homes Limited

# Littleport Grange

## Inspection report

Grange Lane  
Ely Road  
Littleport  
Ely  
CB6 1HW  
Tel: 01353 861329

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

Littleport Grange is registered to provide accommodation and non-nursing care for up to 59 people. There were 43 people living in the home at the time of the inspection. The building has three floors, a cinema room and a hairdressing salon and spa room.

This unannounced inspection took place on 21 August 2015. The previous inspection was undertaken on 23 July 2014 and we found that the provider was meeting all the legal requirements that we assessed.

At the time of the inspection there was a registered manager in place. 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.

# Summary of findings

There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed. This meant that where people were being restricted from leaving the home on their own to ensure their safety, this had been done in line with the legal requirements.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

There were enough staff available to meet peoples needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed.

Care plans and risk assessments gave staff the information they required to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager obtained the views from people that lived in the home, their relatives and staff about the quality of the service and action taken if any improvements were needed.

# Summary of findings

## 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 safe

Systems were in place to ensure that the administration of medicines was accurate. This meant that people received their medicines as prescribed.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm. This helped to protect people from harm.

Thorough recruitment practices had been followed before people were employed. This meant that the right people were employed.

Good



### Is the service effective?

The service was effective.

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Correct procedures had been followed where people were having their liberty restricted to ensure they were kept safe. This was done in a lawful manner.

Good



### Is the service caring?

The service was caring

Staff knew the care and support needs of people in the home and treated them with kindness and respect.

People's rights to privacy and dignity were valued.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were invited to be involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good



### Is the service well-led?

The service was well-led.

The service had an open culture and welcomed ideas for improvement.

The registered manager and senior managers carried out various audits to identify areas for improvement and ensure action was taken where necessary.

There were strong links with the local community.

Good



# Littleport Grange

## 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 took place on 21 August 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information

about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and the local safeguarding team to obtain their views about the service.

During our inspection we spoke with six people living at the home, one relative, the registered and deputy manager, two senior carers, one care assistant, one activities coordinator, and a visiting district nurse. We looked at the care records for four people. We also looked at records that related to health and safety. We looked at medication administration records (MARs). We also observed how the staff supported people. Throughout the inspection we observed how the staff interacted with people who lived in the service.

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

# Is the service safe?

## Our findings

All people spoken with said they felt safe. One person told us, "I feel safe here as there's usually a member of staff around." A relative of one person told us, "The manager and staff have gone the extra mile in closely monitoring [their family member] after they had to be admitted in a rush. It's absolutely safe, we are worry free."

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. The manager had followed the correct procedures when potential harm had been reported to them.

Staff were aware of the provider's whistle blowing policy and their responsibilities to report poor practice. One member of staff told us, "I would report any concerns straight away."

Risk assessments had been undertaken to assess any risks to people and to the staff supporting them taking into consideration people's views and needs. For example, although one person was sometimes unsteady when walking they still enjoyed walking around the garden. To support the person with this a member of staff accompanied them. Other risk assessments were also in place such as for moving and handling, nutrition, behaviour that challenged others and these had been reviewed regularly.

We saw that accidents and incidents had been appropriately investigated and any necessary action had been taken to prevent them from reoccurring if possible. For example, the registered manager had highlighted that someone had been falling frequently. Advice from health care professionals had been sought and assistive technology such as pressure mats had been installed to alert staff when the person was attempting to walk.

We saw that there was a sufficient number of staff working on shift. Staff seemed constantly busy but people were not rushed when they were being supported. There were two activities coordinators working during the inspection. They were carrying out hobbies and interests with individuals and holding group activities. People told us that there was enough staff on each shift to meet their care needs in a

timely manner. The registered manager told us that the number of staff on each shift was based on people's assessed needs. A dependency assessment had been completed for each person and this information had been used to calculate the number of staff required. The deputy manager told us that as the number of people living in the home increased the staffing levels would also increase to ensure people's needs were still met in a timely manner.

Staff told us that when they had been recruited they had completed an application form and had, attended an interview. They also said that previous employment references and criminal records checks had been completed satisfactorily before they were employed. We saw that when the provider had carried out the quality assurance visit to the home they had also checked that the recruitment process had been followed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the home.

People confirmed that they received their medication on time. Staff told us that they had completed administration of medication training and that their competency to administer medication was regularly assessed. The records of medication administered showed that people had received their medication and reflected what people had told us. However, we found that there were some discrepancies with the number of tablets that were held in stock. Following our visit to the service, the registered manager notified us that they had completed a full audit of all the records and stock of medication. They found that it was an error in the recording of medication that had been carried over from the previous month and they had taken the appropriate action to prevent it from reoccurring. We saw that the lunch time medication round was carried out in a safe manner. The senior care staff administering the medication spoke to people at eye level and sought consent to administer medication they were taking. They also checked that people had taken their medication before signing the medication administration record.

Personal emergency evacuation plans were available so that staff knew what action to take in the event of a fire. A member of staff had completed the appropriate training before completing the home's fire risk assessment. Fire drills had been carried out regularly. Contingency plans were in place in the event of people needing to be evacuated.

# Is the service effective?

## Our findings

One person told us, “The staff are first class.” A relative told us, “The staff value the residents, they offer person centred care.”

We saw that people were encouraged by staff who understood their needs and how to help them remain as independent as possible. One visiting health professional told us that staff had the skills and knowledge they needed. They said, “Staff have the training they require to meet people’s needs. They make appropriate and timely referrals to us when they need support.” Staff told us that the training programme equipped them for their roles. People and their relatives confirmed that the staff were well trained. This was for subjects including safeguarding, fire, moving and handling and first aid.

Staff members and the registered manager explained how new staff were formally inducted into the home. Each staff member had a general induction with someone in the management team and then a number of days of shadowing an experienced staff member before forming part of the official staff numbers. All new staff were required to complete the Care Certificate. This is a nationally recognised qualification. The manager stated that they would also be carrying out competency observations to ensure staff understood and put their training into practice when working with people.

Staff were provided with detailed information about people’s communication needs. For example, one person’s care plan explained what body language to look for when a person who was non verbal needed to use the toilet.

Staff were able to demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards(DoLS) they were able to tell us how they sought consent and offered people choice. Observations showed staff treated people with empathy and respect and tried to

involve them in decisions. We saw mental capacity assessments and best interest decisions were completed as necessary. We saw that applications for DoLS had been made to the local authority when required.

All of the staff told us that they felt supported. The records showed that staff had received individual or group supervisions on a regular basis. However, no staff had received an annual appraisal. The registered manager stated that they would be introducing an appraisal system for all staff the following week and provided us with the paperwork that they would be using.

People had been involved in choosing what was on the meal menus. A taster afternoon had been organised so that people could try out possible new dishes. People told us that they enjoyed the food. We saw that when needed people had food diaries that showed what they had eaten and drunk each day and these were being monitored by senior staff. People were offered a choice of their main meals for the following day. One member of staff told us that improvements were going to be made to this system by providing pictures of the food being offered to help people living with dementia to make a choice. Lunch was pleasant, relaxed and managed efficiently. During lunch staff interacted kindly with people and were attentive to their needs. Where people needed extra support or encouragement this was given. People were offered drinks during and after their meal. Special diets were catered and staff were aware of people’s dietary needs.

People had access to a range of health and social care professionals so that their health and well being was maintained. These included GP’s, dentists, speech and language therapists, mental health team, district nurses and care managers. There was evidence that people were supported to attend hospital and other appointments. A visiting district nurse told us that one person had acquired a pressure area whilst they had been in hospital. The district nurse had advised staff how this should be treated and the information had been followed. This had resulted in a progressive healing of the pressure area.

# Is the service caring?

## Our findings

People told us the staff were, “Very nice”. One person told us, “I love it here, it’s wonderful. The staff are everything to me.” Another person told us, “Staff are very helpful.” A relative told us, “It’s an amazing home, people are treated with dignity.”

People told us that they had attended “residents’ meetings” and that they could make suggestions for improvements. The manager said that suggestions from people are acted on. For example, one person wanted to help out in the kitchen. As this was not suitable a weekly baking session had been organised for anyone that wanted to attend. One person told us that they really enjoyed the baking session.

People’s privacy and dignity was maintained. Most bedrooms were single occupancy. Although there was a double room the registered manager stated that this was used only if a couple wanted to share a room. The room would only be used for two people who had not previously known each other with their consent. Staff told how they upheld people’s privacy and dignity. For example, staff told us that they always knocked on people’s doors before entering. We saw this happening during the inspection. We heard a person asking if they could phone their relative in private and the staff member replied, “Of course, sometimes it’s just nice to be able to talk to someone on your own.”

We observed a kind and caring conversation between staff and people who lived at Littleport Grange. Staff addressed people courteously using the names they preferred. We observed that people were regularly spoken to and

checked on by staff members. People were encouraged to make choices for example, what drink they would like and if they would like sugar. People told us that they could decide what time they got up and went to bed. We saw that people decided if they wanted to join in with activities. Where one person was unsure of their ability to join in we saw that they were given gentle encouragement and they responded positively and seemed really pleased with what they had accomplished. One person was worried that they weren’t painting a picture properly and the activities coordinator kindly reassured them by saying, “You can’t do it wrong it’s your work”.

Care plans had been written in a way that promoted people’s privacy, dignity and independence. Where possible people and their relatives had been encouraged to take part in making decisions about their care and support. For example we saw that relatives had been involved in best interest decisions when someone was assessed as not having the capacity to make a certain decision.

The staff told us that people had access to independent advocates as well as relatives who acted on their behalf. There was information about advocates in the foyer of the home. Advocates are people who are independent and support people to make and communicate their views and wishes.

Throughout the inspection we saw that visitors and relatives were welcomed throughout the day by staff as they arrived. Visitors and relatives told us they could visit at any time and could see their relative or friend in the communal areas or in private.

# Is the service responsive?

## Our findings

Records showed that people's needs had been assessed before they moved into the home. Care plans were in place for each person which included information about what areas of their lives people needed support with. The care plans were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, one care plan stated, "Staff need to be very clear. Enter their world to be able to communicate with them. This means taking their hands, making eye contact and being at their level when talking to them. Use lots of facial expressions, smiles, nods and simple statements and questions." We observed staff working in this manner with the person and the positive response they gave. Most people told us that they weren't aware of their care plan but didn't want to see it. One person told us that they would like to see it and the registered manager stated that they would make sure they did.

Staff completed entries in daily notes about what people had done during their shift. Also included in the folder was a summary of people's needs and preferences for staff to refer to. The registered manager said that this was particularly useful when the home had to use agency staff to cover staff absence.

Observations and discussion with staff showed that they knew about the people they were supporting and how to meet their needs. For example, one senior care assistant explained how when they worked with one person they put music on before trying to support them with personal care. This helped the person to relax and enabled the staff to provide the person with a positive experience. This information was also included in their care plan including what their favourite songs were. We also saw a staff member gently diffuse a situation when one person thought someone was laughing at them.

Staff told us that they had regular access to people's care plans and were also updated verbally if any changes were made to them. One member of staff told us that they enjoyed working in the home because they "Get to know people."

In discussion with people, and in records and photographs we saw, there was evidence of a wide variety of hobbies and interests that people enjoyed. These included painting, cookery, pamper days, music sessions, coffee mornings, cinema, picture bingo, sensory games and religious services. The activities coordinator told us that she had adapted some activities so that people living with dementia could join and it would be a positive experience for them. For example, they had devised a bean bag throwing target game where people still got points even if they missed. One person told us, "We sing, dance and do all sorts of things with the lovely lady (activities coordinator) she's a wonderful woman." The manager told us that people's trips out of the home had been limited. The registered manager stated that they were actively looking for a replacement transport service and people had been asked where they would like to go.

All of the people we spoke with said they knew who to speak to if they had any concerns. One person said, "I would speak to the manager or deputy manager if I wasn't happy." They also told us they had complained when they hadn't been satisfied with something and it had been dealt with appropriately and the problem resolved. Staff said that they would assist people if they needed it or look for an independent advocate if they wanted one to assist them with their concerns. Details of the complaints procedure was in the service user guide which was in everyone's room. The complaints log showed that any complaints that had been received had been investigated and dealt with appropriately.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection who was supported by the deputy manager and the staff team. The registered manager had sent in notifications to us which they are required by law to do.

This was for important events which may occur at the service. Head of team' meetings were held on a weekly basis so that any issues, changes or ideas could be discussed. This was to help ensure all staff worked as a team. The registered manager stated that she ensured she kept up to date with best practice by attending training, liaising with health care professionals and regularly researching relevant topics.

The registered manager stated that they thought the key achievement of the home was that people were happy living there and were being enabled to live useful and fulfilling lives without feeling that things have been taken away from them. We found that the registered manager had created an environment at Littleport Grange where staff took pride in their work. This had created a good atmosphere where people lived. Staff understood their lines of accountability. They confirmed they received regular supervision and felt supported. Staff told us they enjoyed working in the home and that they would be happy for a relative to live there.

The registered manager told us that she regularly checked that staff had the training they required. When necessary the registered manager had used the disciplinary process in response to staff not completing their required training. The manager and deputy manager were very clear about their expectations of the staff. The deputy manager worked with the staff daily and stated that he wouldn't expect anything of the staff that he wasn't prepared to do. As well as mandatory training staff were offered the opportunity to complete further training.

The registered manager was carrying out monthly audits including subjects such as medicines, health and safety issues, catering and care plans. This helped to identify any improvements that were needed. The home had also received regular quality assurance visits from a

representative of the provider. The most recent visit had been conducted to reflect the latest change to regulations and guidance provided by the Commission. We saw that as a result of one of these visits improvements had been made to the understanding and practice regarding the MCA and DoLS assessments.

We saw evidence that suggestions for improvements had been acted on. One relative told us that they had recently attended a "relatives' meeting". They stated that they could add any items to the agenda. The registered manager told us that she had fed back the findings of the recent quality assurance questionnaire and explained what improvements were being made at the meeting. At the relatives meeting one relative suggested a relative's support group to support relatives when their family member moved into the home. This had been actioned and a support group was in its initial stages of being set up. The relatives had also requested a comments box so that in the absence of the manager they could leave any comments or concerns. The comments box had been provided in the foyer of the home and was being monitored daily. The registered manager also communicated with relatives by attending the relatives' meeting, phone calls, questionnaires and inviting them to attend reviews. The registered manager stated that they also walked around the home two times a day to check how people were. People told us they knew who the manager was.

Staff meetings had been held regularly. Staff confirmed that they could add to the agenda. Residents' meetings were being held and suggestions for improvement acted on. For example, one person had suggested setting up a group and individual exercise programme for people. A physiotherapist had been found and people were enjoying the initial sessions.

The home had strong links with the local community including local schools and churches. The home holds an annual firework display and a summer fete which were open to the public. At Christmas people were invited to attend the local school plays and a home open day was held with Santa and a sleigh.