Elizabeth Peters Care Homes Limited

Little Haven

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 24 September 2015 and was unannounced. Little Haven Care Home provides accommodation and care to a maximum of 11 people with mental health conditions. At the time of our inspection, there were nine people using the service.

The home had a registered manager. 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.

The last inspection of the service took place on 18 September 2014 where we found the service was not meeting the regulations relating to the care and welfare of people. We asked the provider to take action to make improvements. They sent us an improvement plan. At this inspection, we found that the provider had made the required improvements.

People received individualised support that met their needs. There were risk management plans in place to ensure that people were protected from risks associated with their care and support. People, their relatives or

Summary of findings

representatives were involved in planning their care and support to ensure it reflected their needs and preferences; and their views about how their care should be delivered was acted on.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Staffing levels were sufficient to meet people's needs. Medicines were managed safely.

Staff received the training, support and supervision to deliver their roles effectively. Staff understood what to do if people could not make decisions about their care needs as assessments of people's capacity had been carried out. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. People consented to their care and support before it was delivered.

People were provided with a choice of food, and were supported to eat when required. People had access to healthcare professionals and were supported effectively to meet their healthcare needs.

Staff treated people with kindness, compassion, dignity and respect. People's privacy and independence was promoted.

People were positively engaged and kept occupied with activities they enjoyed. People were supported to take part in community activities.

People's complaints and concerns were responded to appropriately and they were encouraged to give feedback about the service they received.

People and staff said the manager was approachable and supportive; and they worked as a team to improve the service provided.

The registered manager and provider carried out regular audits and checks and put actions in place to improve the service.

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?

Good

The service was safe. Staff were available in sufficient numbers to meet people's needs.

Staff knew how to keep people safe. Staff knew how to identify abuse and follow their procedure to report to safeguarding authorities if they suspected that abuse had occurred.

The risks to people who used the service were identified and managed appropriately.

People were supported to have their medicines safely.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff were supported by managers to carry out their roles effectively.

The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People consented to their care where they were able to.

People received a variety of meals and their nutrition and dietary needs were met.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and the support they received.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and their care records included detailed information and guidance for staff about how their needs should be met.

People said they knew how to make a complaint if they needed to. They were confident staff would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Little Haven

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 checked 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 unannounced inspection took place on 24 September 2015 and was carried out by one inspector.

Before the inspection we reviewed information we had received from the provider which included notifications about incidents at the service. We used this information to plan the inspection.

During the inspection we spoke with two people who used the service, two members of staff, and the manager. We observed how staff interacted and supported people; and how they gave information about people from one shift to the next.

We looked at four people's care records and medicines administration records (MAR) for the nine people using the service. We looked at three staff files and records relating to the management of the service such as health and safety and complaints.

Good

Is the service safe?

Our findings

At our last inspection of 18 September 2014, we found that the service was not safe. People's care was not planned and delivered in a way that protected their health and well-being. At this visit people told us they felt safe. One person said, "Yes, I feel very safe…Everyone treats me well. I don't get shouted at." Another person told us, "I feel safe. They speak to me nicely."

People's care records contained up to date risk assessments that detailed any identified risks to their health, well-being and safety. For example, a person had support in place to maintain their environment and to keep it free from hazards that could cause trips and falls as they had mobility problems and a visually impairment.

Management plans were in place to respond appropriately to people whose behaviour challenged staff and others. The risks associated with this behaviour were recorded in their risk assessments and care plans and staff knew the plans and followed them. One person had regular one-to-one chats with their key worker and was supported to walk around the home to help them to relax; this was recorded in their care plan. Where appropriate relevant professionals were involved in preparing risk assessments and devising action plans to ensure risks were managed properly. People had individual crisis and evacuation plans in place to enable staff support them well in a way that met their needs in emergencies.

People were protected from the risks of abuse and avoidable harm. Staff knew how to recognise the signs of abuse and distress in the people they supported. They also knew how to report any concerns in line with the organisation's policy and procedure. They demonstrated understanding of the organisation policies regarding whistle-blowing. Staff told us that they were confident that any allegation of abuse would be investigated and addressed appropriately. They also said if necessary they would 'whistle-blow' to relevant external organisations such as the Care Quality Commission (CQC) to ensure people's rights were protected but they have not had a reason to. The registered manager and provider had followed proper steps to address a recent allegation of abuse to ensure the person and others were protected. They had involved the local authority safeguarding team and notified CQC as required.

Sufficient staff were on duty to meet people's needs. People told us that there were always staff available to support them anytime they required. Staff told us they were enough to meet people's needs and extra staff were available if there were additional activities or tasks to be completed. We saw that daily records and the rota highlighted when staff were provided to support people to access services or activities in the community. The registered manager explained that they monitored staffing levels and made sure that sufficient staff were available to meet people's individual needs. Emergency absence and shortfalls were covered by the organisation's pool of bank staff.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. We saw that staff knew when to offer people the required medicines as they noticed if a person was in pain and asked them if they wanted their pain relieving medicine. Medicines prescribed as a variable dose were all recorded accurately. There were individual protocols in place for people prescribed medicines to be taken 'when required. People received their medicines when they needed them.

People's current medicines and all medicines received into the home were recorded on medicines administration records (MAR) Unused medicines were returned to the pharmacist and a record was kept to confirm this. People's allergy status was recorded on their MAR to prevent inappropriate prescribing and administration. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

The provider followed safe recruitment practices. Staff files contained pre-employment checks such as criminal record checks, two satisfactory references from their previous employers, and proof of their identity. Staff were only allowed to start work when the provider had received a suitable criminal record check, references and eligibility to work. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. People told us staff knew how to support them. One person said, " [Staff] know their job. They know what they are doing." Another person said " [Staff] support me alright." Staff told us they received regular support and supervision that enabled them to meet people's needs effectively. Staff told us that supervision meetings with their manager gave them the support they required. They said their manager was available anytime to listen and support them if they had concerns.

Records showed that new members of staff completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met by reading their care plans. Supervision records showed that staff were having supervision every two months and annual appraisals in line with the organisation's policy. Staff appraisals and supervision meetings were used to identify areas for development and training needs.

Training records showed that staff had completed all areas of mandatory training. They had also received training to meet the needs and protect the rights of the people they supported including mental health awareness, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and managing behaviour that challenges.

People gave their consent before their care and support was delivered. Staff understood that people had the right to make choices for themselves. Staff knew how to communicate with people using appropriate means to ensure people understood the decisions they made about their care and support. Staff were able to describe people's rights and the process to be followed if there were concerns about someone's ability to make decisions. They explained they involved other professionals and where necessary independent advocates to represent the views of people to ensure decisions were made to their best interests. At the time of our inspection there were four people who had DoLS in place. The conditions of the DoLS were reflected in people's care plans and risk assessments. The registered manager worked with staff to ensure people's rights were protected.

People were supported to eat and drink to meet their needs. One person told us "We have plenty to eat to here, anything you need." Another person said "The food is nice." We observed that people were asked what they wanted to eat for dinner and where they wished to eat. People told us they were involved in planning the menu. The menu had alternatives for people to choose from. Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. For example, people who had diabetes had food suitable for them. This was stated in the person's care plan. People told us they had access to food and drink throughout the day and we observed people helping themselves to snacks and drinks of their choice.

People were supported to access the healthcare services they required. Staff supported people to visit their GP, dentist, optician or other healthcare professionals when they needed to. Care records confirmed people had seen their GPs when they needed to. We found that people had had annual health checks to establish whether there had been changes to their health needs. Mental health professionals from the community mental health team were involved in supporting people to ensure their needs were met in this area.

Good

Is the service caring?

Our findings

People were treated with respect and dignity. One person told us “All the staff are truly nice to me.” Another said “ [Staff] are all friendly and kind. I get on well with them” We observed caring and positive interactions between staff, the registered manager and people; who spoke to people in a respectful and dignified manner. Staff spent time chatting with people and sharing jokes with them.

Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing personal care to people. People confirmed that staff waited for permission before entering their rooms and that personal care was carried out in private. Handover meetings between shifts and discussions about people took place in the office to ensure confidentiality was protected.

Staff understood people’s preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included how they preferred to addressed, how they liked to spend their time, what they disliked and how they wished to be supported. We saw staff respond to a person sensitively and speak to them calmly. People’s preferences were included in their care plans.

Care plans showed that people, their relatives where possible and other professionals had been consulted about how they wished to be supported. People told us that the keyworker (a member of staff responsible for their care and well-being) supported them to express their views where necessary. We also saw that independent advocates had been involved in care planning for people who needed support to be involved in the process. Staff held monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people wanted to the way their care and support was delivered.

People told us they were able to maintain contact with their friends and family and staff supported them to do so. People told us that their friends and family could visit them at the service and they could see them privately in their room if they wanted.

Good

Is the service responsive?

Our findings

People were able to visit the home and spend time with other people and so that they could become familiar with the service provided before they decided to live there. This also gave staff chance to understand their needs before a decision was made about the suitability of the placement. Care records showed that people and their relatives had been involved in the initial assessment and reviews of their care needs where possible.

People's needs were responded to in line with their agreed care plans. Care plans detailed the support people needed and how staff were to support them with these. It covered their medical, physical, social and cultural needs. One person had regular support from staff to manage their diabetes and other health conditions. This support included regular monitoring of their glucose levels, advice on healthy eating and keeping active. Another person had support to maintain their physical appearance and hygiene. Daily records confirmed that staff followed these and this. Reviews of support plans were conducted regularly with people, staff and their health professionals to ensure they continued to be relevant.

Staff supported people to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised activities plan in place. Daily records showed that people were supported to take part in these activities. During our visit, one person returned from their holiday abroad. They said they enjoyed it as they liked travelling and visiting places. We saw people relaxing in the lounge watching TV and some others were reading magazines or knitting. One person told us they enjoyed time watching TV with others.

The service had adapted the environment and provided appropriate equipment to promote the safety and independence of people with a physical disability. For grab rail had been installed in the bathroom for one person. The service had involved an occupational therapist (OT) for one person who required a wheelchair to enable them go out more regularly. The person told us they were looking forward to having more opportunities to go out.

The service responded to people's concerns and complaints appropriately. There was a complaints policy in place. People told us they knew how to make a complaint if they needed to. Minutes of meetings with people and discussions showed that they were asked for their views about the running of the home and the service provided and these were acted on.

Good

Is the service well-led?

Our findings

The service had an open culture and the registered manager listened and acted on feedback from people, staff and others involved with the home. The registered manager was available and spent time with people who used the service. We observed her engaging with people and supporting them during our inspection. People told us they could speak to her at any time and about anything.

Staff told us the manager was open to any suggestions they made and ensured they were meeting people needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs. Staff told us they felt supported and listened to. They said the manager worked with them as a team and together they make found decisions to problems. For example, they came up with better ways to manage emergency admissions (people admitted to the service without initial assessments). They said they spoke to the person's care manager to get as much information as possible so they could gain understanding of the person's needs. This enabled them support the person appropriately until a full assessment of their needs was completed.

The service had systems in place to regularly assess and monitor the quality of service provided. These included health and safety checks, physical appearance and maintenance of the building. The provider visited the service weekly to get feedback from people, staff and the registered manager about the service provided including any concerns they had. During the visit they looked at all aspects of the service including records, food and nutrition, activities provided and staffing levels. They also spoke with people, staff and managers. Improvement plans were devised following the report of the visit where required. There were no actions required from the last reports we looked at.

The registered manager regularly checked that people were happy with the service they received. We observed this taking place and people were able to say areas they wanted improved. There were up to date risk assessments which covered various areas and activities in the home. Such as fire, electrical appliances, gas safety and smoking. Actions were put in place to mitigate any risks.

Staff knew where and how to report accidents and incidents. Records of incidents and accidents were maintained. These were reviewed by the registered manager and action taken to make sure that any risks identified were addressed. We saw that the service reported all notifiable incidents to CQC as required by their registration.