

Littlebourne House Limited

Littlebourne House Residential Care 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Littlebourne House is a residential care home providing personal and nursing care to 64 older people who may be living with dementia at the time of the inspection. The service can support up to 64 people, in two adapted buildings.

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

People told us they felt safe and happy living at the service. Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate risks.

Accidents and incidents had been recorded and analysed, action had been taken to reduce the risk of them happening again. The registered manager and staff understood their responsibilities to keep people safe from discrimination and abuse.

People's medicines were managed safely. Staff monitored people's health and referred people to relevant healthcare professionals and followed their guidance to keep people as healthy as possible.

People were supported by staff who had been recruited safely and received training appropriate to their role. Staff received supervision and appraisal to continue to develop their knowledge and skills.

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

People met with the provider before moving to the service to check that staff were able to meet their needs. Each person had a care plan that contained details about their choices and preferences. These plans had been reviewed regularly and updated when needed.

People were supported to eat a balanced diet, people had a choice of meals. People's preferences and dietary needs were catered for. People had access to activities that they enjoyed including minibus trips.

People were treated with dignity and respect. People were supported to be as independent as possible and express their views about their care and support. People's end of life wishes were recorded. Staff worked with the GP and district nurse to support people at the end of their life.

The registered manager completed checks and audits on the quality of the service and acted when shortfalls were found. There was an open and transparent culture within the service, people were asked their views about the service and these were acted on.

Relatives told us they knew how to complain. The registered manager recorded all concerns raised and had

investigated them according to the providers policy. People received information in formats they could understand.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 30 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was 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.

Littlebourne House Residential Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Littlebourne House 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.

What we did before the inspection

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

inspection.

During the inspection

We spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, senior carer workers, care workers and administration staff. We observed the interactions between staff and people in the communal areas of the service.

We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to consistently assess the risks to the health and safety of people receiving care treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Previously, there was no assessment and guidance for staff to mitigate risk for new admissions to the service. Now potential risks to people's health, welfare had been consistently assessed and there was detailed guidance in place for staff to mitigate the risk.
- Some people were living with diabetes. There was detailed guidance about the signs and symptoms of when people were unwell. The guidance included people's blood sugars and what action to take if their blood sugar went too low or high. There were emergency diabetic boxes in people's rooms that staff could access containing sweets and sugary drinks to use when people became unwell.
- When people were living with epilepsy, there was detailed guidance about how they seizures presented. Staff had guidance about what action to take when people experienced seizures. Some people had emergency medicine to relieve their seizures, staff knew the medicine had to be available for the paramedics to give as quickly as possible.
- Some people required assistance to move around the service. There was guidance for staff about what equipment to use and how to support people to move safely.
- Regular checks were completed on the environment and equipment used to make sure people were safe. The provider had recently replaced the fire alarm system to ensure the exact location of a fire would be known immediately.

Using medicines safely

At the last inspection the provider failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Since the last inspection the provider had installed an electronic system to record and monitor the

administration of medicines. The system reduced the risk of mistakes by highlighting if medicines had not been given when prescribed. The registered manager checked the system daily for any issues and dealt with these immediately.

- Staff had received training in the new system. Staff told us, they were becoming more confident with the system following some initial mistakes. Staff competency had been assessed and we observed staff giving people their medicines safely.
- The temperature of the room and fridge where medicines were stored was recorded, to make sure medicines remained effective. Some liquid medicines had a limited time when they were effective once opened. Staff had recorded when the bottles had been opened to make sure the medicines were destroyed when they were no longer effective.
- People were supported to manage their own medicines. One person told us, 'There is a locked cupboard in my room and I have the key to. Staff regularly audited the contents of the cupboard.'

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends. Accidents were reviewed by the registered manager to identify how to reduce the risk of them happening again.
- When people had fallen, and a pattern had been identified, they were referred to relevant health professionals.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The registered manager told us, all staff were trained to provide support in communal areas. This included assisting with meals, supporting people with their walking aids, so that people did not have to wait for care staff. We observed kitchen staff, supporting people to walk from the dining room table to their seat in the lounge.
- The registered manager used a dependency tool to calculate the number of staff needed, this changed when people's needs changed. Staff covered holidays and sickness to make sure people were supported by staff that knew them.
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the registered manager would take appropriate action.
- The registered manager had discussed with the local safeguarding authority any concerns they may have. Safeguarding concerns had been recorded and appropriate action had been taken.
- Staff had received training and had access to local safeguarding guidelines.

Preventing and controlling infection

- The service was clean and odour free. There was enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control training and used gloves and aprons when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

At the last inspection the provider had failed to assess the risks to the health and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Previously, staff had not always completed an assessment before people moved into the service. At this inspection, people met with the management team before they moved into the service to make sure that staff were able to meet their needs. There was now a system in place to make sure that all admissions including emergency placements had a pre-admission assessment on the computer system for staff to refer to.
- The pre-admission assessment covered all aspects of people's physical, mental and cultural needs. The assessment had information about people's protected characteristics under the Equalities Act 2010 but required more about people's sexual orientation.
- People's needs were assessed using recognised tools including skin integrity and nutritional needs.

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

- Since the last inspection, improvements had been made to the service to support people living with dementia. The door numbers had been changed from brass to black, so they contrasted with the white doors. Some people's doors had been painted green and had memory boxes outside, so they could identify their room. One person had to be supported finding their room, but they were now able to go to their room independently.
- The two buildings had been adapted to meet people's needs. People had access to the gardens, a shelter had been built over the dining area to protect people from the sun.
- There were passenger and stair lifts, so people could move around the service safely. Bathrooms and wet rooms had been adapted enabling people requiring assistance with their mobility to use them safely.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. The service had a training manager who identified when staff required updates to their training.

- A wide range of topics were covered including health conditions such as diabetes and epilepsy. Senior staff had received training to administer insulin when needed, enabling people to live as normal life as possible.
- New staff completed a competency-based induction, this included working with more experienced staff to learn people's choices and preferences. New staff had a mentor, who assessed their competency and answered any questions they may have.
- Staff received regular supervision and appraisal, staff were able to discuss their goals and what training they would like to complete.

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

- People were supported to eat a balanced diet. People's dietary preferences were met.
- People had access to drinks and snacks throughout the day. Kitchen staff made people drinks whenever they requested, as well as providing regular drinks through the day.
- People had a choice of meals. The notice board had pictures of the meals on offer that day. If people did not like the choice of meals, they could request something else. We observed one person sat at the table but they didn't want their dinner, so they got down from the table and sat in a lounge chair, staff offered them alternative food and they chose to have sandwiches.
- When people required a pureed meal, this was catered for. Staff assisted people to eat and drink when required. People were not rushed and given time to enjoy their meal.

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

- Staff monitored people's health, including their weight and referred them to relevant professionals when their needs changed.
- Staff followed the guidance of healthcare professionals including thickening fluids and giving supplement drinks.
- People had access to a GP, optician and dentist. People were supported to attend appointments and be involved in decisions about their care.
- People were supported to live as healthy lives as possible. People were encouraged to walk around the gardens and take part in exercise such as chair exercises. During the inspection, we observed people dancing and joining in with chair exercises.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Some people had DoLS authorisations in place, there were no conditions on these authorisations.
- Staff supported people to make decisions about how they spent their time, what to eat and wear. People's

care plans contained guidance for staff about how to support people to make decisions. This included how to ask questions and showing people different options.

- When people were able to make their own decisions, these were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Staff knew people's choices and preferences and made sure these were respected. One relative told us, "I find the staff all very caring, it feels like a big family, they go over and beyond their duties to make my husband feel loved".
- We observed people being supported discreetly in the communal areas. Staff anticipated people's needs and were discreet when offering support.
- People's religious and cultural needs were met. People were supported to attend services of their choice. One person told us, "I go to the church service when there is one".

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

- People were supported to express their views about their care and support. Staff discussed with people how they wanted their care to progress in the future. Staff acted to make sure people's wishes were realised.
- When people were unable to express their views, staff found out about their previous choices and preferences. These were used, along with talking with relatives, to develop people's plans.
- People were supported to give their opinions during healthcare appointments and these decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, staff knew how to support people to maintain their independence. People were supported to mobilise with aids independently, people were given specialised cups and beakers, so they could drink independently.
- We observed staff respecting people's privacy. Staff knocked on people's doors and waited to be invited in. When people required assistance to walk to the toilet, staff made sure they were safe and then waited outside.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to design care or treatment with a view to achieving people's preferences and ensuring their needs are met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- At the last inspection, new admissions to the service did not have care plans. Now each person had a care plan that had been developed with them or their relatives, this included information about their lives before they moved into the service and people that were important to them.
- People's care plans had details about their choices and preferences. This included when they liked to get up or go to bed and if they liked a cup of tea before they had a wash. People were asked if they had a preference to male or female carers and this was recorded in their plan.
- People were supported to maintain relationships with people who were important to them. Visitors told us they were able to visit when they wanted, some people had enjoyed time with friends on holidays.
- People took part in activities they enjoyed. Activities co-ordinators arranged a programme of activities such as outings, crafts and quizzes. People's preferences were considered, and one to one activity were organised. One person told us, "I really enjoy the gardening club" and another told us, "I've been out on the minibus several times".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. There were pictorial notices around the service to keep people informed.
- When people had a sensory impairment, they were supported to enjoy activities, such as audio books.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. The policy was displayed around the service in both written and

pictorial form.

- The registered manager had recorded all issues and concerns that had been raised with them. This included issues around laundry and food, these had all been investigated and resolved following the policy. One person told us, "There are two people who walk around and when I first moved here, I was intimidated so I brought it to the attention of the staff and I now have a double lock. So, I am now completely safe in my own little room and am very happy. I haven't been happier for a long time".

End of life care and support

- People were asked about their end of life wishes and this was recorded. When people or their relatives did not want to discuss their wishes, this was also recorded.
- When people were becoming frail, they were reviewed by their GP. A plan was agreed with them and their relatives for their end of life wishes such as where they wanted to spend the end of their life.
- Staff made sure there were end of life medicines available as soon as someone was known to be approaching the end of their life. Staff worked with the district nurses and other professionals such as the hospice staff, to keep people comfortable.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare, also to maintain accurate, complete and contemporaneous records for each person. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Since the last inspection, the management structure within the service had been strengthened. Staff had clear roles and responsibilities. The registered manager had moved their office from the main communal area. The registered manager told us this enabled them to have oversight of the service, while still being available to staff, people and relatives. There was now a deputy manager who was based in the office in the communal area alongside an administrator.
- The registered manager completed audits on all aspects of the service including recruitment, training, care plans and medicines. The provider employed an outside consultant to complete audits. When shortfalls were found an action had been developed and signed off when completed. The registered manager completed 'spot' audits, to check that staff were always working to the required standard.
- Staff had been promoted within the service. They had been given additional training and responsibility to make sure that standards were maintained. Staff told us, they liked the new structure and knew who to go to if there was a problem or concern.
- There were now systems in place to make sure that care plans and people's records were now accurate and up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and transparent culture within the service. People were supported to be as involved in developing their care as possible. Staff told us the service revolved around the people and their needs.
- Relatives told us they thought the service was well led. They told us that people were supported to be as involved as much as possible in the service and developing their care.
- People told us how their lives had improved since moving to the service. Staff had supported them to do

the things they wanted and gave them assistance when needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had an 'open door' policy. Staff told us they felt the service was one big family. The provider was at the service most days, people and relatives, knew the provider and registered manager. We observed people chatting, laughing and being comfortable in their company. One relative told us, "I can talk to anyone if I'm worried everyone is very approachable" and "Very responsive, any problems they sort it"
- The registered manager and provider knew people well and understood their needs. We observed people and relatives discussing issues with them and resolving them quickly.
- The registered manager told us how they kept families informed when incidents had occurred and were being investigated. Records confirmed that families and other agencies had been informed as soon as there were any developments.

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

- People, relatives, staff and professionals were asked for their opinions of the service. Quality assurance surveys were completed yearly. Results had been analysed, the results were mainly positive, an action plan had been put in place when issues had been raised.
- People, relatives and staff were invited to attend regular meetings. The issues raised through the quality assurance survey had been addressed at the meetings. The registered manager had developed an action plan following resident meetings and actions were signed off when complete. One person told us, "I go to the resident's meetings, whatever we discuss is usually actioned."
- People and staff were able to make suggestions about the service. The registered manager told us these were actioned whenever possible.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider attended local forums and updates from national organisations to keep up to date.
- Some staff had been appointed 'Champions' for various areas such as medicines and end of life. Staff were supported to attend additional training and were responsible for developing best practice within the service. For example, three staff were starting the Gold Standards Framework to develop end of life care.
- The service worked with other agencies such as the local commissioning group to improve staff skills and provide the support people need.