

Elizabeth Peters Care Homes Limited

Little Haven

Inspection report

133 Wellmeadow Road
London
SE6 1HP

Tel: 02086974246

Date of inspection visit:
07 December 2017

Date of publication:
10 April 2018

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

Little Haven 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.

Little Haven accommodates up to 11 people in one adapted building. The care home specialises in providing care to people living with mental health conditions. This inspection took place on the 7 December 2017.

At the last inspection on 24 September 2015, the service was rated Good. At this inspection, the service remained Good.

The service has 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 registered provider had established and embedded safeguarding procedures. Staff understood the safeguarding processes to guide them to keep people safe from harm and abuse. Staff knew how to identify abuse and report them to the registered manager and the relevant social care services.

Staff continued to identify risks to people's health and well-being. Risks to people were managed because these were mitigated which reduced the risk of recurrence.

Medicines continued to be managed in a safe way. Systems for the administration, ordering and storage of medicines continued to be safe for people. Infection control procedures were in place at the service. This reduced the risk of infection to people.

Enough staff were on duty to support people in a safe way. Staff continued to be supported through training, appraisals and supervisions.

People continued to give staff their consent to the care and support they received. Staff understood how to care for people in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards framework to avoid unlawful deprivation of their liberty. People remained able to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Food and drink provided continued to be sufficient to meet people's choices and nutritional needs. People's health and well-being needs were managed through health and social care services.

Staff were respectful to people. People told us staff treated them with compassion and kindness and ensured their dignity and privacy continued to be respected.

Assessments continued to be used to ensure people's needs were identified and recorded and an appropriate plan in place to meet them.

The registered provider maintained a complaints system at the service. People could complain about the care and support they received.

The registered manager continued to provide support to the service. Staff we spoke with were satisfied with their job and the support they received.

The registered manager continued to inform the Care Quality Commission of incidents that occurred at the service. The service continued to be monitored and reviewed to ensure it provided good quality care to people.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

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 inspection took place on 7 December 2017 and was unannounced. One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we gathered and reviewed information we held about the service. We looked at statutory notifications. The provider completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people using the service. We spoke with the registered manager and two care staff. We looked around the service and completed general observations. We also observed the interactions between people and staff to see how caring staff were.

We looked at five care records and the medicine administration records (MARS) for all people using the service. We also looked at other records relating to the management of the service including service audits and questionnaires.

After the inspection, we contacted two health care professionals for their feedback about the service.

Is the service safe?

Our findings

People said the care and support they received made them feel safe living at the service. One person said, "Yeah, I do feel safe here." Another person said they also felt they were safe living at the service, "I think considering all the care and nursing care I cannot disagree [with feeling safe]."

People continued to live in an environment that protected them from the risk of harm and abuse. The types and signs of abuse were known by staff. Staff continued to build on their knowledge of the registered provider's safeguarding adults processes. Staff understood how to protect people from the risk of abuse and to report such concerns appropriately.

Risks to people's health and well-being were identified by staff. Staff continued to assess people's needs and aspects of their lives that could potentially be risky. Risks included aspects of people's health, mental health, decision making and ability to walk and to be independent in their local community. The registered manager developed a plan to guide staff in the management of those risks and to keep people safe. Risk management plans were reviewed on a regular basis to ensure they were relevant and captured the identified risks for people.

The numbers of staff on duty continued to be at an appropriate level to meet people's needs. The established duty rota showed that enough staff were planned for each shift. People who needed support from a member of staff to go to an appointment or to accompany them to a social event or activity, had an additional member of staff made available.

There was an embedded system in place for the management of medicines. We saw people being supported with taking their prescribed medicines by staff in a safe way. One person told us, "They give me my medication." Another person said, "They help me [when] I have a problem with my medication." We found medicine management practices continued to be safe. There was an established system in place for the ordering, storage, administration and disposal of medicines. Each medicine administration record (MAR) we looked at was completed accurately, there were no unexplained gaps in them. This showed that staff updated people's MARs once the medicine was administered. The registered provider had a medicine administration policy which staff followed to ensure people received their medicines as planned.

Staff reduced the risk from infection for people. Staff had an understanding of how to use infection control measures to reduce the risk of infection. Staff completed training in infection control and updated their knowledge of safe and effective ways to decrease the risk of infection. There was personal protective equipment for staff to wear to help them to minimise the risk of infection. The home was clean and well maintained. People lived in an environment where staff completed cleaning of the communal areas. Staff supported people to maintain the hygiene and tidiness of their bedrooms.

Staff learnt from incidents that occurred at the service. Accidents and incidents that occurred were reported to the senior member of staff on duty. This was then investigated and outcomes were shared and discussed with staff to reduce the risk of an incident or accident recurring. Records of accidents and incidents showed

appropriate action was taken. For example, one person was at risk of going into the local community alone because of a previous incident that occurred. Staff accompanied the person when they wanted to go out to ensure they were safe.

Is the service effective?

Our findings

Staff continued to assess people's care and support needs. People had on going assessments that looked at all areas of their life. Assessments were person centred and included needs in relation to their physical and mental health, ability to walk, social activities they enjoyed and the care and support required at the end of their lives. Specialist assessments for people's mental health needs continued to be carried out. This ensured people had the most effective care and support to meet their needs and identify any new concerns. People were provided with copies of assessments of their care plan which people said that they had received a copy of for their own records.

Staff continued to be supported by the registered manager. The registered provider had an embedded support system in place for staff. People commented that staff were well trained and effective in their jobs. One person told us, "The staff here are very competent." Staff updated their knowledge through attending training that improved and maintained their knowledge. Staff completed training that included safeguarding adults and basic first aid. Staff also completed relevant training for their role. This included mental health conditions and the Mental Capacity Act 2005 (MCA). The training enabled staff to apply knowledge learnt to meet the needs of the people they provided care and support for. Staff described the training they received whilst working at the service. One member of staff said the training was, "really good, the dietician came in and gave us training, we have had diabetic training on site. I am looking to start NVQ Level 3 in social care in January."

Staff continued to receive regular support through supervision and an appraisal. These meetings allowed staff to identify their training needs. Senior members of staff were able to monitor staff's progress and identify the support needed to meet their professional and development goals.

People continued to give consent to care and support received. For example, records showed people giving staff consent to support them with the administration of their medicines and money.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who were supported within the MCA had appropriate records in place. People continued to be cared for within the principles of the MCA with mental capacity assessments and best interests meetings recorded. Staff continued to work with people in a way that followed the guidelines of their DoLS authorisations. All three DoLS authorisations were in date and staff cared for people in line with them. Staff cared for people in a way that did not unlawfully restrict their freedom.

People continued to have their nutritional needs met. People had meals and snacks throughout the day. People were encouraged to prepare their breakfast with staff support if needed. "Yes, I like cheese on toast."

Staff continued to prepare lunch and evening meals. People said they enjoyed the meals that were provided

and had hot snacks and drinks as they chose. Another person said staff provided them with the foods they enjoyed, they said staff helped them make their favourite meal.

People continued to have their health needs monitored and reviewed, regularly. People had regular health checks with their GP and appropriate follow up care was provided to them if necessary. One person told us, "I go to a GP and I have a care coordinator who visits." Another person said, "I have been to the dentist." A third person told us that they had visited the GP and staff went with them to that appointment.

People also had support with attending hospital appointments. Staff told us and records showed they had followed the advice of health professionals to ensure people's health was maintained. Changes in people's health needs and support were recorded.

Is the service caring?

Our findings

People said staff continued to be caring towards them. One person said, "Yes they are caring." Another said, "By the care they give me for my health, medicines, stuff like that [they are caring]." People and staff enjoyed each other's company, we could see people and staff talking and laughing with each other. People had conversations with staff and discussed what they had done that day. Another person was discussing that they wanted to go to the local shops. The member of staff was engaged with the person and they agreed a time when they would go out shopping. We saw the member of staff and person using the service go out later that day.

Staff continued to show kindness and compassion for people. We saw that staff showed respect for people's private space and that people enjoyed time alone and staff acknowledged this. People shared their comments with us. One person said, "I like them [staff] as they help me out, I don't dislike anything." Another said, "I like it when they [staff] take me to the shop" and "No, [staff are] very caring." A third person said, "I think staff work [hard] and do a good job."

People continued to have their privacy and dignity respected by staff. People told us that staff respected them and treated them with kindness. One person told us that staff encouraged them to choose how they wanted to spend their day. They added, "They know I go to my room and I can play my tapes and CDs." People continued to use their home as they chose. There were communal areas which had a lounge where people were able to relax, meet other people and watch television if they chose. People continued to use their bedrooms if they wanted to have privacy and staff respected people's choice to be in their private space. People's personal care needs continued to be carried out in private areas of the service. This helped to ensure people's dignity was maintained.

People made decisions and were fully involved in how they received their care and support. People could choose what they wanted to do each day and how their care was delivered to them. Decisions people made were recorded so staff were aware of people's needs and choices.

Is the service responsive?

Our findings

People continued to have their needs responded to by staff. People shared with us that they felt staff understood them and their needs and helped them when needed. People told us staff listened to their views and kept them informed about the care and support they received. One person shared a comment with us and said, "The manager and all the staff know me well. I will be here many years to come." Another person said living at the service met their needs. They told us, "Look around you the place is very pleasant."

Care plans continued to describe the support people required to meet their needs. Care plans were developed with people and these were recorded. This ensured staff had the most up to date information about people and what support they required to meet their needs and maintain their health and wellbeing.

People completed activities they chose. People had access to board games at the service which during our inspection people used. People and staff also attended regular coffee mornings. This allowed people to meet and discuss issues relating to the service. People were supported to go out in their local community. People enjoyed going to the local shops including the café where they would have a meal. People that needed support to go out of the service were supported by staff to do this.

There were systems in place for regular meetings with people. People and staff discussed issues and their views relating to the running of the service. They had the opportunity to raise any concerns or issues they had. People also confirmed that they were confident to give their views and opinions at the meetings that were held in the service. People we spoke with were satisfied with living at the service and rated their care as good. People told us that they had completed questionnaires about the quality of care they received. One person told us they had completed a questionnaire and said that they were happy with the service.

Staff encouraged people to make decisions about their end of life care. The registered provider had systems in place that supported people in a compassionate way to discuss their views. Staff met with people and their relatives if necessary, where they had discussions which detailed the support, care and arrangements they wanted at the end of their lives. End of life care decisions were recorded in people's care records and accessible to staff when people reached that stage of their lives.

The registered provider had a complaints process in place. This provided people and their relatives opportunities to complain about the service or the quality of care. People we spoke with were happy living at the service had no complaints about the service or the care they received. One person said they had one complaint in the recent past. They said it was, "Just about medication." They added staff had dealt with their complaint well. They said, "[staff] informed the GP, they [GP] review me every month." The person said that they were satisfied with how their complaint was handled and they had a positive outcome and the result that they wanted. Staff told us what actions they would take to support a person to make a complaint. One member of staff said, "There is a process to make a complaint and I would follow this if I needed to. Normally I would go to the manager first."

Is the service well-led?

Our findings

The registered manager continued to manage the service. We found that the CQC continued to be informed of incidents that occurred at the service so that we could act on any reports or issues of concern. The registered manager had kept us informed of a recent incident that occurred at the service and also updated us at regular intervals so we were aware of the progress of the investigation. We found that the service had taken appropriate action to keep us informed of incidents as required.

People knew staff and the registered manager of the service well. People were complimentary about the staff that supported them and the registered manager. One person said, "Looking forward to teatime, I am sure [registered manager] has something nice." Another said, "They [staff] are really nice and helpful." People knew the registered provider and said "[the registered provider] who owns the care company is really nice and brings chocolate and cakes." One member of staff told us that they were happy working at the service, and said, "I didn't work for many years, I came to work here and I love it here, so very nice people."

Staff said that they continued to be supported by the registered manager. Staff continued to meet as a team on a monthly basis. Staff were able to discuss issues relating to their employment at the service. When information about the service needed to be shared this was discussed at the team meetings. This meant that staff had the most up to date knowledge about the service. There continued to be a 24 hour out of hours service for staff to access support in an emergency. Senior members of staff held the out of hours telephone and could be contacted for advice and support if required out of office working hours.

The quality of care continued to be assessed. Systems in place monitored and reviewed the quality of care including the service, home environment, quality of food and support people received. Staff completed audits at the service to ensure the service was of good quality. Care records and MARs were reviewed to ensure they were complete and accurate. We found there were no concerns about the quality of the records at the service.

People's care and support continued to be coordinated. Health and social care services worked jointly to ensure people received the most appropriate care to meet their needs. There was effective partnership working with mental health services. Mental health professionals made themselves available to staff and provided them with advice and guidance when needed. These working relationships enabled people to maintain their health and well-being.