

LDC Care Company Ltd

Little Glen

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

Little Glen 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 Glen provides accommodation and personal care to up to three people living with a learning disability. There were three people living at the home when we inspected.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Rating at last inspection

At the last inspection, the service was rated 'Good.'

Rating at this inspection

At this inspection we found the service remained 'Good'.

Why the service is rated Good

People told us they felt safe living at the service. Staff understood the importance of protecting people from harm; they knew how to recognise abuse and discrimination. People were supported to manage their finances safely.

People continued to be involved in all aspects of their care and had maximum control of their daily lives. People were supported to live the life they wanted in the least restrictive ways. Every activity was risk assessed and evaluated to ensure people were able to do the things they wanted.

People told us that there was always enough staff on duty to support them to access the local community and meet their family or friends. Staff had been recruited safely and people were involved in the interview process.

People continued to receive care and support by trained staff who had the opportunity to improve their skills and competencies. Staff felt valued by the management team and received regular supervision and an annual appraisal to give them the opportunity to develop their skills.

Staff supported people to keep healthy and manage their medicines safely. When new people came to live at the service their needs were assessed to make sure they would receive the right support. People were involved in menu planning each week and went food shopping. They told us they could choose the meals

they wanted and were supported by staff to eat healthily.

At the time of the inspection no adaptations were required to meet people's individual needs. People and staff worked together to make sure the service was clean and tidy. People described how the fire equipment was checked to make sure it was working. There were ongoing plans to improve the premises; a new kitchen had just been fitted and new furniture being ordered for the lounge.

Staff understood the importance of supporting people to make decisions and systems were in place to obtain consent from people and to comply with the Mental Capacity Act 2005.

People were treated with kindness, mutual respect and equality. People were relaxed and had jovial conversations with staff and each other. Staff listened and chatted with people about their interests and daily events. There were regular meetings so that people could voice their opinions about the service.

People described how they went to the local shop on their own and were supported to be as independent as they wanted. They told us how they visited their friends and went to visit their relatives.

People were aware of their confidential records which were stored securely.

People were involved in all aspects of their care and showed us their support plans. The support plans gave clear guidance of how they wanted to be supported, their preferences and choices. Staff worked together with people, their family and health care professionals to ensure people received the care they needed. New plans were being implemented to gather additional information to ensure people's wishes at the end of their lives were planned and recorded.

People were encouraged to try new activities and take risks in the least restricted way. People continued to be part of the daily running of the service and make decisions about how they lived.

The registered manager and management team were experienced and skilled in managing and supporting people with learning disabilities. All of the staff were enthusiastic and spoke passionately about upholding people's rights and supporting them to have the best life they could achieve. The organisations policies and procedures together with audits and checks supported this practice.

There was an open and inclusive atmosphere and any incidents/accidents were recorded, reviewed, analysed by the management team to ensure the service learned from such events. There was a clear complaints procedure in a format that people could understand and people knew how to complain.

The registered manager had notified the Care Quality Commission of events that were reportable.

The rating of 'Good' was displayed at the service and on the provider website.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Little Glen

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 comprehensive inspection took place on 9 April 2018 and was announced. This inspection was carried out by one inspector as the service was small and only provided support to a small number of people. It was decided that additional inspection staff would be intrusive to people's daily routines.

Before the inspection the registered manager completed a Provider Information Return (PIR). We reviewed the information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or serious injury.

We met and spoke with two people in the communal areas. We spoke with three members of staff and the acting manager. We sampled various records including two care plans, medicine records, audits, checks and staff records. We also spoke with one visiting professional, two health care professionals by telephone and one relative, whose comments have been included in this report.

Is the service safe?

Our findings

People told us they felt safe and trusted the staff. Some people had lived there for several years and continued to feel safe and well supported by staff.

People were relaxed and were at ease with staff. There was a lot of laughter and banter between them. People said the staff were good and they supported them well.

A relative commented, "My relative feels really safe living at Little Glen".

People were protected from harm and abuse. Staff had received training in how to keep people safe and told us about the different types of abuse. They understood the whistle blowing policy should they observe poor practice by other staff and told us they would not hesitate to report any suspicions or concerns. They were confident that the management team would take action to address any issues.

There were systems in place to make sure people's finances were protected. Regular checks were made to make sure the financial records were accurate. People were supported with their personal budgets and able to have access to their monies at any time.

People continued to be supported to take risks in their everyday lives. They were not restricted as each activity or outing they wanted to do was risk assessed, such as going on holiday, going out on their own, having their hair cut or activities of their choice. When people needed support with their behaviour clear risk assessments were in place. Staff were able to describe what to do if people needed additional support with their behaviours, such as leaving them alone in their room to calm, whilst discreetly monitoring they remained safe. This reflected the guidance in their support plans.

Staff regularly carried out checks to ensure the premises were safe. People confirmed that regular fire tests took place and the equipment had been tested. People were supported by staff to clean and tidy the premises. The service was clean and tidy and there were procedures in place to reduce the spread of infection. Staff were observed encouraging people to do their laundry and reminded them when the wash had finished. A new kitchen had been installed and plans were in place to replace the sofas in the lounge.

Accidents/incidents were recorded and analysed by the head office to look for patterns and trends. These included incidents where people needed support with their behaviour to see if the staff could have done something better and to identify any further strategies that may be needed to keep people safe.

Staffing levels continued to be assessed around people's needs. People told us there was always enough staff on duty for them to do what they wanted to do. The staff rota was flexible around people's activities. When required the staff would change their pattern of work to be available for evening activities. There was always a member of the management team on call should staff need to call them for advice or guidance out of normal office hours. Staff told us the managers always responded when they called. Staff felt valued and supported they said, "The organisation appear to be genuinely interested in the wellbeing of their

employees".

People told us that they were involved in choosing staff and had attended the interview process. They described how they asked potential staff questions and told the managers their views. Staff were recruited safely with all the necessary safety checks in place such as police checks, full employment history and satisfactory references from previous employers.

People received their medicines safely from trained staff who had been observed as competent to administer medicines. One person told staff that they had a headache, staff immediately offered them pain relief but they declined. They checked that the person later to see if the headache had passed. People said they were encouraged and supported to apply creams and received their other medicines when they needed them. Medicines were stored appropriately and records were in good order. Checks including room temperatures were regularly carried out to ensure medicines were being given to people safely.

Is the service effective?

Our findings

People continued to receive effective care. People told us that staff knew how to care and support them as they knew them well.

Relatives felt that when people moved into the service the staff supported them to settle into their new home. They said, "We are pleased that our relative is making progress at Little Glen. Well done to the team for catering specifically for their needs".

People's needs had been assessed before they moved into Little Glen. The acting manager told us that people were able to visit and meet staff and the other people living at the service before they decided to move in. A thorough care needs assessment was carried out including how the planned move would take place. The serviced gathered information from the person, their previous placement, relatives and the local authority. The assessment was in line with current guidance such as the principles of providing person centred care and care planning.

Staff continued to be well trained and had the opportunity to increase their knowledge and skills. The training programme included the required training such as, first aid, medicines, safeguarding, fire, and health and safety they had completed training in Positive Behavioural Support (PBS). PBS is recognised in the UK as the best way of supporting people who display, or are at risk of displaying, behaviour which challenges. Training was a mixture of e-learning and face to face training. Staff continued to be observed regularly to ensure they had the skills and competencies to carry out their roles. Staff told us they received regular supervision and a yearly appraisal when they discussed their on going training and development needs.

A relative commented, "The staff are very well trained and know what they are doing, it's amazing how well they look after my relative".

The induction training for new staff was linked to current practice such as the Care Certificate, to help new care workers develop key skills, knowledge, values and behaviours. Staff told us they felt supported by the management team and their colleagues during their induction training. They described how they had shadowed senior staff to gain their confidence and get to know the people living at the service. Staff told us the induction training was thorough and good, they commented on their evaluation forms, "This training gave clarity and understanding". "This has helped me become more knowledgeable about the job".

People continued to be involved in planning their meals. They met each week to decide the menu. They talked about who liked going food shopping and how they took it in turns to go with staff. People got snacks and made tea when they wanted throughout the inspection. People talked about healthy eating and how staff were supporting them to eat well to reduce their weight. People said they enjoyed the food and choose exactly what they wanted to eat. They were able to tell us their likes and dislikes and the menus included people's favourite meals such as spaghetti bolognese

Staff ensured people were supported with their health care needs. People talked about going to their doctor or the dentist. One person told us how they had hurt their foot and attended the hospital. They said this had

resulted in a referral to a physiotherapist and they were currently waiting for the appointment. This had been recorded on the accident form with the appropriate action taken.

People regularly saw the podiatrist and told us they enjoyed having their feet massaged. When people needed additional support to manage their behaviour and develop their skills the staff worked with health care professionals such as the learning disability nurse. Records showed that appointments with health care professionals were recorded with outcomes.

The home continued to be suitable for people's needs. People lived in a service based on a family home. People were able to access the premises freely including the garden.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had applied for DoLs authorisations when they needed to. People were supported to make decisions about their care. Health care professionals told us that the staff had a good understanding of supporting people with their mental capacity. There was an easy read folder with information about the mental capacity act and DoLs and staff were observed supporting people to read and understand the information.

Staff had an understanding of the importance to support people to make decisions. They had received mental capacity training and had an understanding of the need for best interest meetings when people needed additional support to make complex decisions. Advocacy support was available if people needed additional support to help make decisions about their care. (Independent Mental Capacity Advocates are individuals who support people so that their views are heard

Is the service caring?

Our findings

People said the staff were good and they were treated with respect and kindness. People joked and told us who their favourite staff member was then changed their mind when other staff came in. They enjoyed the banter and smiled and laughed with staff.

Health care professionals commented, 'The staff are always happy here and this reflects on the people. People are treated with respect and it has a real homely atmosphere'. "The staff are really caring". "The staff are caring and treat people with equality privacy and dignity".

A relative commented, "This service is amazing, my relative prefers his home to coming home to see us, they are very happy there".

Staff said, "We promote independence by encouraging people to go out into the community and everyone here is supported to do what they want to do each day". "We treat people with respect and equality giving them confidence to enjoy their lives". "Everyone gets on well here, it's like a family". "The managers listen to people and staff, making them feel appreciated".

Staff were attentive asking people what they wanted to do for the day. They talked with people with a feeling of mutual respect and equality. Some people choose to stay in whilst others went out for the day. Staff respected people's decisions, for example one person remained in their night clothes throughout the inspection and although staff encouraged them to get dressed they declined and suggested they may want to do this later. Staff respected their decision.

Staff chatted to people about their achievements and said they were proud to support them to achieve their goals. Staff were passionate about helping people to achieve the best life they could and enjoy their pastimes. Staff knew people well and had conversations about their family and friends. They discussed similar interests with people such as their preferred music and television programmes.

People could choose the member of staff they wanted to support them. One person had chosen a member of staff with the same interests to take them on holiday. They told us that they had a fantastic time and enjoyed the experience. People told us how they stayed up late if they wanted to and went out in the evenings for a meal or sometimes to the local pub.

People were treated with dignity and respect. Staff were patient and listened to them, assuring them when they needed to in a calm quiet manner. When people asked questions they took the time to discuss the issue, listened to what they wanted and on one occasion reassured a person with paperwork to confirm what they were saying. People then became less anxious and confident about what they needed to do.

The staff team were experienced and knew people well. Everyone was involved in having their say about how the service was run. Regular meetings were held and people were confident to speak about their wishes and what they wanted to do. People choose what they wanted to discuss such as meals or the staffing.

People were supported to go out on their own or with staff if needed. One person told us how they go to the local shop on their own and know the people who work there. People were observed making their food and clearing away after they had eaten. People were also encouraged to carry out domestic duties which they said smiling was not always a popular activity.

Staff were supporting one person to look after their pet. They made sure they had fed the cat and talked about buying new cat food. The person told us how staff had supported them to pick the right cat and bring it back to the service. Everyone liked the cat which was friendly with people and staff.

People bedrooms were personalised to their tastes and preferences. People spent time in the lounge or on their own in their rooms. Staff supported people to keep in touch with their families through email, telephone or went home for weekends. People told us how they met their friends who came to their house or they visited them. People talked about their girlfriends and staff were supporting them to understand relationships and personal boundaries.

Advocacy support was being provided for one person as they needed to make a more complex decision about where they wanted to live. (Independent Mental Capacity Advocates are individuals who support people so that their views are heard and their rights are upheld).

People's personal information and records were stored securely.

Is the service responsive?

Our findings

Staff continued to be responsive to people's needs and kept up to date with any changes to their care and support. People received personalised individual care in a way that suited them best.

Health care professionals told us that the staff had a good understanding to support people well with their individual needs. They said, "Staff know people well and are able to reassure them if they became anxious or need additional support".

People were very aware of their support plans which were personalised to their needs. They showed us that they had agreed their care and support and who was involved in their decisions. The plans were in a pictorial/easy read format based on people's individual needs, including their emotional, behaviour, communication, health care needs, goals and aspirations. There were clear details of people's preferences and choices, such as personal care, behaviour and daily activities. There was clear guidance for staff to consistently follow to support people if they became anxious or upset. Staff attentively supported one person when they became anxious during the inspection. They carried out the strategies in the support plan which calmed the person and they relaxed.

People and their relatives had been involved in the review of the plans and these had been updated when people's changing needs. The staff worked closely with health care professionals when people needed additional support. A health care professional commented, "The staff always keep me informed of changes/updates to people's plans and support. Communication is really good".

People's personal goals and aspirations were discussed frequently with people so they had an opportunity to change them and try new things if they so wished. These were identified and recorded and plans would then be put in place to achieve their dreams. People talked about going to music events and how much they enjoyed them. People had apps on the television such as music apps to play their preferred music. The apps also stored their personal photographs and showed us how to access these.

People enjoyed a variety of activities that they choose to do. This included, going out to the local town, catching the train or bus to other places, horse riding and going out to local pubs/cafes for meals. Day trips included theme parks such as Lego Land, and going away to stay in holiday villages. People talked about how they met their friends and visited them either at their homes or the local cafes. People had bus passes to use the local transport to access more areas.

People described how they grew vegetables last year, and discussed with staff that they would like to grow strawberries and cabbages this year. They told us they liked this activity.

One person loved to act and had joined local workshops to enhance their skills. They told us how much they enjoyed the performance and showed us pictures of their achievements. They were very keen to attend another workshop and had ambitions to play certain roles in a pantomime. A relative commented, "Thank you for being so wonderful for supporting my relative with this activity".

People talked about how they were supported by staff and health care professionals to achieve their dreams. One person showed us their photographs on their recent holiday. They had never achieved going on a plane and told us how staff took them to a small airport then to larger airports to get them used to the atmosphere. The staff liaised with the airport authorities including the flight staff so the person would have a smooth journey. This led to the person having confidence to do things they thought they would never achieve. They proudly showed us the photograph on the television and talked through their experience. They were also talking with staff about planning another trip and staff praised them for their achievements.

At the time of the inspection the acting manager was in the process of implementing new end of life care plans. They had recognised that further information was required to ensure that people had been asked about the care they wanted as they got older and the care and where they wanted to be at the end of their life.

A relative commented, "I have never had to complain, my relative loves the staff and there are never any concerns or problems".

People told us they did not have any complaints but would speak to staff if they did. They were aware of how to complain and the complaints procedure was in a format that was meaningful to people and readily available should anyone choose to use it. Staff told us that people were asked regularly if everything was 'OK' and they had not received any complaints. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

The service continued to be well led, with an organisation committed to continuous improvement to ensure people received a good quality of care and support.

People told us how they visited head office and helped with administration tasks, such as shredding and laminating records. They knew the office and management staff well. They said the managers were good. A relative commented, Little Glen is a really good organisation, my relative has full support and leads a much better life". "I cannot fault this organisation, they are excellent".

Health care professionals commented, "This is a well-run home, I would recommend the service". "The service is well led I cannot find any faults". "I would recommend this service".

Staff said, "I am very confident in the management team, they always give good support". "We have good systems in place to make sure people receive the care they need, I would recommend the service to a family member if I needed to". "Staff love working here, we strive to make a difference in people's daily lives".

The provider was in the process on implementing a new system to all of their services to gather and enhance the care planning for people living at Little Glen". Part of the process such as electronic recording of accidents and incidents and staff rotas was already in place. Staff were enthusiastic as this system had been trialled in other services which had supported people to improve their lives, such as closely monitoring people's behaviour, their health care needs, and what if any intervention was needed to maintain good health or contact health care professionals. All electronic records were securitised by the management team and backed up daily to ensure they were secure and confidentially stored.

The service had a registered manager in post. 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 manager was supported by a service manager who was in day to day charge of the service and supported the inspector at the time of the inspection.

The registered manager had been awarded the 'Registered Manager of the Year Award 2017 by the KICA (Kent Integrated Care Alliance - whose aim is to help shape the future of homecare in Kent.) This award recognises registered managers for their outstanding contribution of striving to provide person centred care and quality of service delivery during the region-wide annual Kent Care Awards. Four other members of staff who worked within the organisation received the winning accolade in recognition of their hard work, dedication and commitment to bringing good care to Kent.

An acting manager was in overall charge of the service on a daily basis with support from the senior management team and registered manager. Everyone in the service knew the registered manager and the management team. Staff morale was high and everyone strived to deliver good quality care.

There continued to be a clear and open culture in the service. People and staff knew the management team well and they all worked as a team to make support people with mutual respect, and dignity. Staff meetings were held on a regular basis where all topics about the service were discussed and action taken. For example at the last meeting it noted that people had been to a meal at a local pub and did not enjoy the experience so they decided not to visit again. Staff were also asked about their understanding of DoLS and were signposted to read the latest information.

The management teams were good role models and led by example. The acting manager knew people and staff well and was experienced in supporting people living with a learning disability. They talked about the support for their development within the organisation and continuous improvement of the service.

The acting manager had a good oversight of the service. They worked alongside staff observing practice and provided support to staff when needed. People were treated as individuals and not judged by their behaviour. Staff gave people support in line with their needs and respected their decisions to live their lives in a way they wanted to.

Newsletters were sent out monthly to everyone involved in the service which gave information about what people had achieved and to welcome new staff. The provider recognised staff achievements with a 'Champion Certificate Scheme'. This award was for staff who had gone "beyond" the call of duty as part of their job role, such as supporting people to achieve their goals and building people's confidence to go to new places.

People, relatives and everyone involved in the service were approached for feedback about the care and support being provided. The last survey completed by people and relatives indicated that people had rated the service as good and excellent. People had commented that they were happy living at Little Glen, staff commented "The organisation is good at noting every person's differences so that they can help them in the best possible way".

The provider had links with other organisations to keep up to date with current practice. They had active roles in the Challenging Behaviour Network and the Safeguarding Networks. They were also members of the Department of Health Social Care Commitment. This is an initiative made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care to raise workforce quality in adult social care.

There were links with organisation for the continuous improvement of the service keep up with current legislation, guidance and practice. They were also the Chair of the East Kent (Dover) Registered Manager's Network. The aim of the network was to provide information, increase confidence, and allow managers and staff to share skills and access peer support for managers and staff from across Kent, and not just the provider's organisation. Another member of the administration staff had also won the Kent Ancillary Award for their contribution to the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the and on their website.

