

# Miss Margaret Ang







# Littledene House

## 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 10 July 2015 and was unannounced. The home provides accommodation and personal care for up to 14 older people, some of whom may be living with dementia. On the day of the inspection, there were 14 people living in the home.

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.

People were protected from avoidable harm or abuse. Risks to each person had been assessed and managed appropriately. The service followed safe recruitment procedures and there were sufficient numbers of suitable

# Summary of findings

staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were skilled and knowledgeable in their roles. Staff were aware of how to support people who lacked the mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. They were seen by their doctors or other health care professionals when required.

The experiences of people who lived at the care home were positive. They were treated with respect and their privacy and dignity was promoted. People were involved in decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from the risks of possible harm or abuse.

There was a robust recruitment system in place and sufficient numbers of staff were rostered on duty to care and support people safely.

People's medicines were managed safely and they received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People's dietary needs were met.

People were able to access other health care professionals when required.

Good



### Is the service caring?

The service was caring.

People were treated in a kind and caring way.

People's privacy and dignity was respected and their human rights were promoted.

People were involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People had their care needs assessed and reviewed regularly.

People's choices and preferences were respected.

People were supported to pursue their social interests, hobbies and joined in activities provided in the home.

There was an effective complaints system.

Good



### Is the service well-led?

The service was well-led.

There was a caring and 'open' culture at the home. The views of people were sought, listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

There were systems in place to assess and monitor the quality of service.

Good



# Littledene House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 July 2015 and was unannounced. The inspection team was made up of one inspector.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with four people and two relatives of people who lived at the home, two care workers, the activities coordinator and the registered manager who is also the provider. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for three people, checked medicines administration and reviewed how complaints were managed. We also looked at four staff records and reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People said that they felt safe living at the care home. One person said, "I do feel safe and the staff are nice. If not I would use the call bell for assistance." Another person said, "Definitely I feel safe. If I do not feel safe, I will let the staff know." A relative told us, "My relative is safe here. There are always staff around."

The service had a safeguarding policy and they followed the local authority safeguarding procedures. Information on how to report any safeguarding concerns had been displayed including the contact details of the local authority safeguarding team and the Care Quality Commission. The manager confirmed that they were aware of their responsibility to report safeguarding concerns and were familiar with the procedures. Staff confirmed that they had attended training in protecting the rights of people to live safely, free from the possible risk of harm or neglect. One member of staff said, "If I have any concerns about a person, I would report it immediately." Staff were aware of their responsibilities to report any concerns they had in respect of the safety of people and any possible risks of harm.

People told us that staff had discussed with them about their identified risks. One person said, "I am a diabetic. I need to take my medicines and food on time." Another person said, "I walk with a Zimmer frame. I am careful when I use it." Staff confirmed our observations that risk assessments had been reviewed regularly so that people were supported safely. They said that they were aware of each person's risks and they knew how to support people safely. We noted from the care plan of a person that they were at risk of developing pressure ulcers and that pressure relieving equipment had been provided for them. We also noted that there were risk assessments with clear guidance for staff to follow in order to minimise or mitigate the risks. For one person who had epilepsy, the risk assessment stated that in an event that the person had a seizure, staff were to ensure that their airway was clear so that the person would be able to breathe with ease and speed their recovery.

The service had an emergency plan to ensure continuity of service was maintained in the event of an incident that could affect the running of the service. The plan included contact details of the management team, the utility companies and the local facilities where people would be

able to move to and stay safe when required. However, not everyone had a personal emergency evacuation plan as part of the fire safety risk assessment to enable them to be evacuated safely. The manager said that they would address this issue and had already started to update the evacuation plan. Accidents and incidents were reported including notifying the Care Quality Commission where required. Where required, people's care plans and risk assessments had been updated following an accident. The records had been reviewed to identify any possible trends to enable appropriate action to be taken to prevent recurrence.

There were sufficient numbers of staff rostered on duty to care and support people safely during the day. We discussed with the manager about the safety of having only one member of night staff on duty to support people on two floors. The manager said that they were always there until people were retired to bed and that they were always on call, and lived very close to the service. The manager also said that they reviewed the staffing levels regularly and when people's needs changed, they increased the number of staff on duty so that people's needs were met.

One person said, "There are always staff here. When I use the call bell, staff come quickly." Staff confirmed that there was always enough of them on each shift to look after people and meet their needs. They said that when they were short of staff, the manager would call other staff who were off duty or arrange for alternative cover. The staff also said that the manager would help when required. The manager said that they did not use a recognised dependency tool, but would establish whether they would need to review staffing levels when carrying out the initial assessment for a prospective service user. We observed there was a constant staff presence in the communal areas and call bells had been answered in a timely manner.

Staff records showed that all the required checks had been carried out before an offer of employment had been made. We noted in each file that an application form had been completed and interview notes had been kept and gaps in employment history had been explored. Written references from an appropriate source such as a current or previous employer had been obtained, and Disclosure and Barring Service checks had been carried out to ensure that staff of

## Is the service safe?

good character were employed to work at the home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Also, evidence of their identity had been obtained and checked.

People told us that they received their medicines regularly and on time. One person said, "The staff give my medicines." Staff confirmed that they had received training

in the management of medicines and only staff who had been trained were able to give medicines. A record of the quantity of medicines received had been maintained and checked regularly against the Medicine Administration Record (MAR) charts to ensure the correct balance had been kept. Medicines that were no longer required had been returned to the pharmacy for safe disposal.

# Is the service effective?

## Our findings

People and their relatives were complimentary about the staff. People felt that staff had been trained to acquire the right skills and knowledge to support them appropriately. One person said, “The staff are excellent. They are trained and know how to care for me.” Staff were aware of people’s preferences and supported them how they liked to be supported. For example, we observed two people being assisted with their meals and staff asked them what they would like from the choices offered on the menu and saw that the members of staff prompted them to finish their meals.

Staff told us that they had received training to help them in their roles. One member of staff said, “I have done the mandatory training and I have started the Qualifications Credit Framework (QCF) level 2 in Health and Social Care.” Another member of staff told us, “We are given opportunities to attend other training such as dementia care, Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DoLS). Staff told us that they received regular formal supervision and appraisals where their work was discussed and any training needs identified. Records showed that staff had completed an induction programme and had worked alongside experienced members of staff when they started work at the care home. We also noted that they had since received further training to enable them to appropriately meet people’s individual needs.

People who did not have capacity to make decisions about their care had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. Care records showed that relatives and other health care professionals had been involved in the decision making process. For example, we saw the required documentation had been completed to allow staff to attend to people’s personal care and maintaining their wellbeing. One member of staff said, “If a person is unable to make decisions for themselves, then the professionals involved with their care and relatives

meet to make decisions that are in the best interests.” Staff were able to demonstrate that they understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Applications for the deprivation of liberty safeguards for people had been made in relation to them leaving the home. The service was waiting for the assessment and authorisation from the local authority supervisory board.

Consent to treatment, such as for regular check- ups by the optician, chiropodist, influenza vaccine and dental care had been obtained. People told us that staff always asked for their consent when supporting them with their personal care or other support. One person told us, “Staff always ask me before they help me with my shower or bath.” Staff confirmed that they always asked for people’s consent before they provided any support. They said that where people were unable to communicate verbally, they were able to understand their alternative communication methods, such as, facial expressions. We observed that people were asked for their consent when staff were assisting them with their meals.

People told us that they were supported to have enough to eat and drink and maintained a balanced diet. One person said, “Food is good. We get a choice of what we eat.” Staff said that they monitored and ensured that people had enough to eat and drink so that they maintained their health and well-being. Care records showed that a nutritional assessment had been carried out for each person and their weight had been checked and monitored regularly. Food and fluid charts had been completed for people to monitor their daily intake. The manager said that if they had any concerns about an individual’s weight or lack of appetite, they would seek appropriate medical or dietetic advice.

People had access to other health care services when required. One person said, “They call the doctor if needed.” We noted that people had access to the services of other health care professionals such as the dentist, optician chiropodist and the mental health team.

# Is the service caring?

## Our findings

People told us that they received care in a kind and compassionate way. One person said, “The care is good. Staff are kind and caring.” Another person said, “Staff are willing and helpful.” People were cared for and supported by staff who knew them, were aware of their personal history, preferences and needs. We observed there was a good interaction between staff and people. The interactions between people and staff were polite and friendly. For example, a member of staff asked a person politely whether they were ready to join in an activity. Another member of staff sat next to a person and talked to them about how they were feeling and whether they would like to go out in the garden for a walk.

People and their relatives told us that they had been involved in the decisions about their care and support. One person said, “Staff always explain to me when they come to get me ready. They ask whether I would like a bath or a shower. I am able to make my own decisions and sometimes I say no when they ask something.” One relative said, “The staff always keep us informed and I am involved in the decisions about the care and support my father receives.” People said that they were happy with the care and support they received and that their views were listened to and staff supported them in accordance with what had been agreed when planning their care. For example, one person said, “I sometimes choose to come downstairs to read books or puzzles.” People said that their care and support had been discussed with them and they maintained contact with their relatives and friends. People

and their relatives said that they had received information about the service and were able to make an informed decision whether the service was right for them. One relative said, “This is the right place for our relative as he is happy with the care he receives and enjoys reading his morning papers as he used to do at home.”

People told us that their privacy and dignity was respected. One person said, “The staff respect my privacy and dignity.” One member of staff told us that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They also said that they ensured that people were covered as much as possible to maintain their dignity. The staff said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence. They also supported and prompted people who did not have capacity to choose what clothes they wore. For example, they said that they selected few items of clothes and laid them on the bed for the person to choose by touching or looking at them. We observed staff knocked on people’s bedroom doors and waited for a response before entering.

Staff told us that they were aware of maintaining people’s privacy and confidentiality. One member of staff said, “Everything about a person is private and confidential. We don’t talk about anybody outside. We discuss it with the doctors or in the meetings if necessary”. Another member of staff said that maintaining confidentiality about people had been discussed in their induction training. A relative said, “Staff are very professional. They don’t talk about people in front of others.”



# Is the service responsive?

## Our findings

People told us that their needs had been assessed before they came to stay at the care home. One person said, “My experience of living here is quite pleasant. I am well looked after.” We saw evidence in people’s care records that they and their relatives had been involved in the care planning process wherever possible. Information about people’s individual preferences had been reflected in the care records. A member of staff told us that they knew what each person liked including, what they liked to eat, drink, clothes to wear and activities they enjoyed. They also said, “We treat each person as an individual and we help and support them as they choose to.” Another member of staff said that they found the care plans informative, centred around the needs of the person and easy to follow.

Care records had sufficient information for staff to support people in meeting their needs. The care plans had been reviewed regularly so that up to date information was available for staff when supporting people. We noted one of the care plans had information about how to support a person living with diabetes provided guidance for staff on the person’s dietary needs and how to monitor their level of blood glucose. We observed throughout our inspection that staff demonstrated an awareness of people’s care needs. For example, the staff told us that a person who was at risk of developing pressure ulcers, preferred to rest in bed after lunch and to change their body position so as to maintain their skin integrity.

There was a variety of activities planned and provided for people. Information about the activities had been displayed on the notice boards and people told us that they had been informed of the activities that took place each day. One person said, “There is always something going on. I do join in when I feel like. I prefer watching the television.” Another person said, “I like reading my papers. I go out for a walk sometimes.” One member of staff said, “People do seem to enjoy the activities. Some more than others.” On the day of our inspection we observed that various activities were taking place, including a group of people who were engaged in throwing and catching a soft ball. People told us that they went to the church services and other activities were provided for them.

People said that they were aware of the complaints procedure. One person said, “I know how to make a complaint.” None of the people we spoke with had any concerns regarding the quality of care and support that they received from the staff. We looked at the complaints log and noted that there had been no complaints recorded this year. Information on how to make a complaint had been given to each person and their relatives when they first moved to the home. People said that they have had no reasons to make a complaint, but were confident that any concerns they had would be addressed if they brought it to the attention of the manager. One relative commented, “We have no concerns. The staff are helpful and supportive.”

# Is the service well-led?

## Our findings

People said that the service provided a homely atmosphere and that they were able to talk to the manager if they wanted to. One person said, "I know the manager, she is here every day. I talk to her sometimes." There was a pleasant atmosphere and people felt that their views were listened to and acted on. One person said, "It's no trouble for staff. If I ask for something, they are very obliging."

The registered manager spoke positively about the quality of service they provided. They said that the majority of people have a varying level of dementia and their priority was to ensure that they continuously seek to improve the service provision. The manager also said that they continued to create a learning culture where all staff would be provided with other training or courses to enhance their knowledge particularly in relation to dementia care. They said that all staff had received training in dementia care at foundation level. This was to ensure that people would be cared for by staff who were trained and knowledgeable in the provision of good care.

People and relatives told us that the manager was approachable and provided a good leadership for staff and that they worked as a team. The manager told us that they had good relationships with staff and other health professionals who visited the home. Staff told us that they

attended regular staff meetings and we saw that minutes of these had been documented and were available to staff who were unable to attend. We noted from the minutes of the most recent staff meeting that they had discussed each person, their health and wellbeing and maintaining confidentiality. Staff confirmed that the manager was helpful and supportive so that they were able to support people in meeting their needs. Staff told us that they reflected on incidents and discussed these in the staff meetings to explore possible ways of preventing recurrence.

The feedback from the last questionnaire survey carried out in June 2015 was positive. Most people had given positive feedback, including one who commented, "I am happy here and I like it." We were told that the manager also visited during the night to ensure that staff were supported so that people's needs were met.

We saw examples of audits that had been carried out. For example, the medication audit had shown that the systems in place were effective and any identified issues had been addressed. We noted that regular audits relating to health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment including electrical appliances and heating systems were in good working order.