Littlemoor Care Home Limited

Littlemoor House

Inspection report

70 Littlemoor
Chesterfield
Derbyshire
S41 8QQ

Tel: 01246563150

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27 October 2017

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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

This inspection took place on 27 October 2017 and was unannounced.

The service is registered to provide residential care for up to five people with learning disability or mental health conditions. At the time of our inspection five people were using the service.

There was a registered manager in post, however they were on holiday at the time of our inspection . 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 felt safe at the service. People were protected from abuse and avoidable harm because staff had received training and had the knowledge and skills they required to do their job effectively. Risk assessments and care plans promoted people's safety while they were out in the community and within the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's medicines were managed safely within the service and where people wanted to they were supported to be responsible for their own medicines.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff members respected people's privacy and dignity. Staff encouraged people to maintain their independence.

People were cared for by a consistent staff team that knew and understood their needs. People felt able to talk with staff members and raise any concerns or issues with them.

Staff supported people in line with their preferences. People contributed to an assessment of their needs and these were regularly reviewed. People's likes and dislikes were included in their care records and staff members were all familiar with these.

Quality monitoring and assurance systems were in place to help drive improvements and ensure sustainability. People, their relatives and professional's involved in people's care all provided positive feedback about the service.

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.

People felt safe at the service and were involved in making decisions about risks associated with their care.

People's medicines were managed safely.

There were enough staff to enable people to do the things that they wanted to do.

Is the service effective?

Good

The service was effective.

People were supported by staff that knew how to provide their care and support.

Staff members were actively involved in supporting people to attend health appointments.

People were supported to provide consent for the care they received.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between people living in the service and staff.

People were cared for as individuals and treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes were respected.

People were able to do the things that they wanted to do.

People knew how to raise any concerns in relation to their care.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture within the staff team.

People, relatives and health and social care professionals were asked for their feedback about the service.

Quality monitoring and assurance systems were in place to help drive improvements and ensure sustainability.

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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 27 October 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed information that we held about the service. We contacted the local authority who had funding responsibility for people who were using the service. We looked at feedback that had been provided to the service from people, their relatives and health professionals involved in people's care.

We spoke with four people that used the service. We spoke two care assistants and the deputy manager of the service. We reviewed the care plans and associated records for two people using the service. We also reviewed records and policies in relation to staff recruitment, supervision and training, medicines administration and the quality monitoring of the service.

Following our inspection we asked the registered manager to send some further information relating to staff recruitment. We received this as requested.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I am safe, I like it here," another person told us, "Yes I feel safe." People were supported to raise concerns in relation to their safety at meetings that were held with them.

There was a safeguarding policy in place that provided staff with details about types of abuse and what actions they should take upon becoming aware of any allegations or suspected any abuse was taking place. This also included details of where else staff could report any allegations to, however this could have been further strengthened by including actual contact details so that staff had them readily available to them. Staff were knowledgeable about identifying safeguarding concerns and knew that they were able to report them to external agencies.

People were involved in making decisions about risks associated with their care. We saw that one person liked to go for walks and visit shops unaccompanied by staff. Staff had discussed the associated risks with them and they had agreed with the person for some control measures to be put into place to reduce the risks. For another person we saw how the staff had supported them to understand the risks associated with something that they liked to do. They had agreed with staff to put come control measures in place to support their well-being. This person told us, "The staff help me." We saw that staff supported this person in line with the control measures that had been agreed.

People told us there was always enough staff to enable them to do the things they wanted to do. Staff told us there were enough staff on each shift to meet people's needs. We saw that where staff accompanied people to appointments or on visits that additional staff were allocated. We looked at the staff rotas for the service that confirmed this was the case. At the time of our inspection nobody living at the service had personal care needs throughout the night. Therefore the service had one night staff member on duty who was able to sleep at the service, a sleeping night staff member. We discussed this with the deputy manager who told us that if people's needs changed then this arrangement would be reviewed. People knew what action to take during the night if an emergency situation should arise.

People were aware of the action they needed to take if the fire alarm went off at the service. One person explained the route they would take out of the service in the event of a fire for example would depend on where the fire was. There were plans in place to enable staff to respond to emergencies or untoward events. We saw that people had personal emergency evacuation plans in place should they be needed in an emergency.

There was a selection and recruitment of staff policy in place which described all necessary steps to be taken to ensure people were protected from staff that may not be fit and safe to support them. This included criminal records checks which were undertaken through the Disclosure and Barring Service (DBS) prior to people's employment. These checks are used to assist employers to make safer recruitment decisions. Staff told us that prior to them starting work pre-employment checks had been carried out.

People's medicines were managed safely. The majority of people's medicines were provided to the service in blister packs, this reduced the risks associated with medicine administration. Where people had medicines that weren't these were counted each time they were administered to ensure that an accurate record of them was maintained. Where people had medicines prescribed on an as required basis there was clear guidance and advice for staff about when and how these should be administered and the maximum dose.

One person had chosen to take responsibility for their own medicines. The service had worked with the person and introduced control measures to make this possible and ensure that the risks associated with this were reduced.

Good

Is the service effective?

Our findings

People told us that staff understood how to provide their care and support. Staff told us that they had regular training and the skills to meet people's needs. We saw that training courses had been provided and more recently e-learning courses had been made able to ensure that the staff's knowledge remained up to date. Staff told us that if they felt they needed any additional training they would only need to ask the registered manager and it would be provided.

Staff told us that they felt well supported and able to discuss anything with the deputy manager or registered manager from the service. One staff member told us about their induction, they told us prior to carrying out any shifts alone they shadowed other care staff and read through people's care plans so that they really got to know people. We saw from records that staff received regular supervision and an annual appraisal.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to provide consent for the care they received. People had signed forms consenting to areas of their care such as having their photograph taken and on display in the service. We observed people made decisions about their daily life such as how they spent their time and what they ate. Discussions with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions and ensuring that they gained people's consent where possible, however their knowledge and understanding of what they needed to if people were unable to consent needed to be further strengthened.

People told us and we observed they were able to choose what they had to eat and the kitchen was accessible for people to get drinks and snacks if and when they wished to. We also saw that snacks were available throughout the day in the communal lounge area. One person told us, "I just tell them [the staff] if I don't like it and want something else." Meals were seen as a social occasion and when people were at home they ate together in the dining room. People's meal preferences were discussed with them and recorded within their care plans. Records showed that people received a balanced diet.

People were supported in the monitoring of their health and when staff noticed any changes referrals to

external health professionals had been made. Staff were actively involved in supporting people to attend health appointments and provided on going support and care throughout people's treatments. Staff supported people to understand their health conditions and had on going discussions with them. People with particular health issues had clear information in their care plans about how these should be managed. The records we viewed confirmed that people had regular access to a variety of healthcare services and that staff followed any advice and guidance provided to them.

Good

Is the service caring?

Our findings

People were treated with care, compassion and kindness. People and professionals involved in the service consistently commented on the exceptionally caring approach of the staff at the service. People told us that the staff knew them and listened to them. There was a small consistent staff team that had got to know people at the service well. They were able to tell us about people's life histories and they had an in depth knowledge of people's preferences and things that were important to them.

Feedback from external health professional that were involved in the service included comments such as, "The staff are excellent," and "The staff know the residents as people and adopt a person –centred approach to caring for them." Other comments included, "I'm always impressed with the care you provide. You treat residents as you would treat family members rather than impersonally so that they feel safe, valued and happy, don't ever change."

Positive and caring relationships had been developed between people living in the service and staff. It was clear from the interactions with people that the staff knew them very well. There was general talk and banter between people who used the service and staff throughout the day of our visit. They spent time going out into the community or chatting and laughing.

People we spoke with told us they were treated with dignity and respect. People's bedrooms were their own private space and staff respected that. One person told us, "They [the staff] always knock," another person told us, "If I'm at home I like to spend the morning in the lounge and the afternoon in my room." Throughout the day we saw staff knock and wait for a response before entering people's rooms and that people were able to choose where they spent their time. Staff gave us examples of how they supported people to ensure that their privacy, dignity and human rights were respected. We saw that one person had a key to their bedroom door and staff treated people as equals.

Staff members told us how two people had recently been experiencing some health concerns. They went on to tell us about some of the caring things they had done to support people through these times, such as sit with them when they needed company or provide some pampering. One staff member told us, "We are just like one big family," another staff member told us, "We all [people that live at the service and staff] get on really well, we treat everyone like family."

People were encouraged to maintain their independence. Where people wanted to attend appointments or go to the shops by themselves and they felt safe and able to do so this was encouraged by staff. People were also encouraged to participate in day to day living activities at the service and help with the household shopping.

People's cultural and spiritual needs were considered by staff. People were asked about their cultural and spiritual needs and we saw evidence that demonstrated that these had been considered within people's care plans.

People had been involved in discussions about their last wishes at the end of their lives and these were clearly recorded within people's care plans. This was to ensure that when the time came staff were clear about people's wishes.

Good

Is the service responsive?

Our findings

People told us that they were able to do what they wanted to do. One person told us, "I like to sit in the lounge but if the TV is on I go to my room." Another person told us, "I like to go out for lunch and do word searches." We saw that staff supported them to do both of these things.

People contributed to an assessment of their needs and people's care plans contained all the relevant information that was needed to provide their care and support. There was information about a person's life, hobbies, interests and relationships prior to coming to the home. All care plans and risk assessments had been devised and agreed with people and these were regularly reviewed.

One person told us, "I like a bath every day and every other day I wash my hair." We saw that staff supported them with this in line with their wishes. People's care plans contained information about people's likes, dislikes and usual routines. Staff were all knowledgeable about these and were able to easily identify if people were not themselves. Staff members told us that they read through people's care plans in detail at least once every three months to ensure they keep up to date with any changes, we saw that this was the case and staff were given time to do this.

People told us they were supported to do things that they wanted to do. One person told us that like to go out to a nearby town for the day. We saw that staff supported then with this. Another person told us that they liked playing bingo with the staff, we saw that this took place. People were supported to follow their hobbies and interests by staff members and involved in decisions about these.

People at the service told us that they all also enjoyed to talk to each other. One person told us, "They are all nice, I get on with them all, I have a chat with everyone, especially [name of another resident." It was evident that people had got to know each other well and they spent a lot of time together. People enjoyed this and it also helped them to avoid social isolation. People were very clear that they were able to spend time alone though if they wanted to.

The service had a complaints policy in place and people told us they knew how to use it. All of the people we spoke with said they had never had cause to complain about their care. They told us if they were unhappy with any aspect of their care they would speak directly with the staff or registered manager. We saw that information on the complaints procedure was on display in the entrance area of the service. The provider had a complaints policy in place that provided timescales in which people could expect a response. The policy needed to be updated to include the details of the where people could escalate their concerns to if they were not satisfied with the provider's response.

Good

Is the service well-led?

Our findings

People who used the service were familiar with the registered manager and deputy manager. They told us that they felt able to speak with them about anything. One person told us, "He [The registered manager] takes me to the hospital." Another person we spoke with told us the registered manager was in the service most days and told us they could speak to them about any issues they had and they would be listened to.

There was a registered manager in place who was involved in the day to day running and oversight of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 aware of the responsibility to submit notifications and other required information.

The deputy manager also had a good oversight of the service and was clear about the responsibilities they held. They led the staff team and the service in an organised and efficient way, ensuring people's choices and needs were met and supporting people to achieve their goals. One professional told us, "The staff are always on the ball and they report everything that they need to." They went on to tell us about how the registered manager and whole staff team were committed to meeting people's needs.

Staff members that we spoke with understood their roles and knew what they were accountable for. They told us that the management team provided clear leadership and listened to their views. There was regular communication between the staff team and they read through the communication book and people's care records regularly to ensure that they kept up to date with any changes. Staff were able to discuss people's needs and if any changes were required to improve the quality of their lives at any time with the registered manager or deputy manager and they felt that they would be listened to. The registered manager ensured that sufficient resources were available to enable to smooth day to day running of the service, even in their absence and that staff were supported to fulfil their role.

There was an open and transparent culture with the staff team, staff told us they felt confident going to the registered manager with any concerns or ideas and they felt that the registered manager would listen and take action. People benefitted from a consistent and stable staff team. Staff spoke positively about the service and all of the staff that we spoke with commented on how well all the staff team all got on.

People, relatives and health and social care professionals involved in people's care were asked for their views on the quality of the service being provided. All of the feedback that we saw was positive and comments included, "My [relative] seems really happy and content at the home," and "It [the service] looks welcoming and comfortable like someone's home rather than immaculate, clinical and institutional."

Quality monitoring and assurance systems were in place to help drive improvements and ensure sustainability. The deputy manager had a good knowledge of all aspects of the service, and knew what areas needed updating and when. Audits took place to monitor areas of the service, and actions were created

when any errors or faults were found.