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Littlemoor 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 ●

Summary of findings

Overall summary

This inspection took place on 20 April 2016 and was unannounced.

There is not a requirement for Littlemoor House to have a registered manager in place. This is because the manager is also the provider and already a 'registered person'. 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 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.

People received responsive and personalised care from staff who understood them. People were involved in planning their care and support. The support people received from the service promoted their independence. People received personalised support to engage in interests and activities of their choice. People were asked for their views and people knew how to raise concerns or make suggestions.

The manager had taken steps to make sure people were cared for safely. Sufficient numbers of staff were deployed to meet people's needs. Any risks to people were identified and assessed in a way that did not restrict people's choices. Medicines were well managed and safely stored and administered.

Staff checked with people that they consented to their care and support. Policies and procedures were in place should the provider require them, to ensure the principles of the Mental Capacity Act (MCA) 2005 were followed. People did not experience restrictions on their freedom and therefore no applications for Deprivation of Liberty Safeguards (DoLS) had been made.

People were supported to enjoy mealtimes and received sufficient food and drink that met their nutritional needs. Staff were supported through supervision and training and demonstrated knowledge of people's needs. Staff received training in areas that were relevant to the needs of people using the service. People were supported to access other health care services as required.

The provider was viewed as being supportive and involved in the day to day management of the service. The manager was supported in their leadership by motivated and supportive staff. Records were well maintained and other audits were used to check on the quality and safety of services provided to people using the service.

People were supported by staff who were kind and caring. People enjoyed the companionship of staff. People's choices and decisions were respected and used to inform their care plans. Staff were mindful of respecting people's independence, dignity and supporting their privacy.

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 were cared for safely and risks were identified and managed so that people's independence was promoted. Sufficient numbers of staff were deployed and recruitment processes to ensure staff were suitable to work with people using the service, were followed. Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to care for people effectively. People enjoyed their meals and received sufficient nutrition. People received support from external health professionals when required. Policies and procedures were in place to support the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People's views and opinions were respected and people were involved in planning their own care. People were supported by kind and caring staff, who respected their privacy and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support and their preferences were understood and respected by staff. People were asked for their views and understood how to make a complaint or offer feedback.

Is the service well-led?

Good ●

The service was well led.

The manager led with an open and inclusive style. Staff were motivated and understood their role and responsibilities.

Records were well maintained and other checks were completed on the quality and safety of services.

Littlemoor 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 was unannounced and took place on 20 April 2016. The inspection was completed by one inspector.

We reviewed relevant information, including a Provider Information return (PIR). This 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. We also checked on notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with four people who used the service. We also spoke with three health and social care professionals involved with the care of people using the service. We spoke with four members of staff, including the manager, deputy manager and care staff. We looked at three people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

People we spoke with told us they were cared for safely at Littlemoor House. One person told us, "I'm happy with the staff." All the people we spoke with told us they would talk to staff if they had any worries. Throughout the day we saw people talking with staff about things that were important to them. Notes from a recent meeting with people showed that people had the opportunity to discuss any concerns. People had said they had no concerns, were happy with the staff and felt safe. We saw staff received training in safeguarding and had a good understanding of how to safeguard people. Information on how to keep people safe and on how to identify potential types of abuse had been made available to staff. Staff recruitment files showed that staff employed at the service had been subject to pre-employment checks. These helped to ensure staff were suitable to work with people using the service. The provider had taken steps to reduce the risk of abuse to people using the service.

People we spoke with were satisfied with the arrangements in place for the management of their medicines. One person told us, "I always get my medicines and tablets." Another person told us they were happy to manage their own medicines and the provider had ensured safe storage for this. We reviewed medicine administration record (MAR) charts and found these had been signed by staff to confirm medicines had been administered to people at the correct time. We found that the number of medicines held in stock matched the numbers recorded on the MAR charts. Temperatures were monitored and were within the correct temperature range for the safe storage of medicines. The provider's medicines policy and procedures provided staff with recognised guidance to follow for the safe management and administration of people's medicines. Staff who administered medicines had completed up to date training. People's medicines were administered, managed and stored safely.

Risks to people's health and wellbeing as well as risks at the service were identified with people's involvement and steps taken to reduce risks where possible. One person told us they knew not to go near the cooker when it was hot. They also told us the fire alarm was regularly tested. They said, "Staff have told me what to do [in case of a fire]." We saw staff monitored people whose skin was at risk of damage, and people had regular reviews on any specific health conditions. We also found that any risks to people from the environment, such as use of additional radiators had been risk assessed. These actions helped to ensure any risks to people were identified and well managed.

People told us staff were available to provide support when they needed it. One person told us they usually went out with staff every day and we saw this happen during our inspection. We spoke with other people who told us they enjoyed the time they spent on their own with individual members of staff. Other professionals commented that this individual time contributed to the quality of care people received and benefited from. During our inspection we observed staff were available to provide support to people when they wanted it and staff had the time to provide conversation and companionship to people throughout the day. Staffing levels were sufficient to meet people's needs safely. In addition, staffing levels enabled people to receive regular companionship and stimulation through conversation and activity with staff.

Is the service effective?

Our findings

Staff had the skills and knowledge to help people effectively. One person told us, "Staff understand me." Records confirmed that staff training was regularly provided in areas relevant to people's needs. Staff told us that they had the training they needed to provide care to meet individual people's needs. For example, training on medicines administration, safeguarding, first aid and person centred planning. Staff told us this training helped them to support people confidently.

Staff told us they felt well supported by the manager and other staff members. One staff member said, "We get a lot of support from management and other staff members," and, "All the staff get on well, work together and if there's a problem we discuss it." In addition, the provider used team meetings to ask staff if they were happy with their roles and responsibilities. They also checked if staff were happy with their rotas and annual leave plans. Staff also told us they received training in other areas relevant to the care needs of people living at the service, for example, mental health awareness and positive support strategies. Staff told us, and records confirmed, they had supervision to help develop their skills and practice. This showed that staff were being supported to develop their skills and knowledge to provide care and support to people using the service.

People were asked for their consent and views about their care before staff provided assistance and support. One person told us, "Staff ask me for my choices." We also observed staff asking people whether they required any help and support throughout the day. For example, staff asked, "How are you doing?" to ascertain if a person wanted any help before they went ahead and provided some support. This showed staff checked with people that they were happy to have support.

Where people may not have capacity to make a decision the provider confirmed arrangements were in place to make sure that any decisions relating to their care, followed the principles of the Mental Capacity Act 2005 (MCA). The 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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider confirmed they had not identified anyone using the service who required an authorisation for a Deprivation of Liberty. The provider also confirmed that mental capacity assessments and best interest decision making processes would be followed should they be required in the future. People's freedom was not unlawfully restricted.

We observed that people enjoyed a sociable lunchtime meal. After lunch, one person told us their dinner had been, "Lovely." We heard staff asking people for their choices of drink to accompany their meal. We also saw that people had been provided with different meals to suit their preferences and to provide a balanced

diet. One person was diabetic and told us their diabetic needs were catered for. We found this person's care plan also contained information on their diabetic needs. People discussed the menu choices at meetings with staff and were asked for their feedback on meals. People were supported to receive sufficient food and drink of their choosing.

We saw that external health and social care professionals were involved in people's care. We saw people had access to other health professionals as appropriate, such as dentists, opticians and GP's. One person told us, "I can go and see the GP if I'm poorly." Records also showed that health care professionals were involved in people's care where appropriate, for example, opticians, GP's and dentists. This meant people received appropriate care and support for their health and care needs.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring. One person told us, "The staff are really nice." Another person told us, "The staff are friendly." Another person told us staff had provided support when they had felt sad. Other health and social care professionals we spoke with told us they felt the kind and understanding approach of staff working at Littlemoor House had helped the people they supported reach a point of stability and happiness in their lives.

We observed people enjoyed time spent with staff. For example, staff engaged people in discussions about the films they were interested in, and helped a person with the activity they were doing. Staff asked people how they felt throughout the day, empathised with them and supported their choices. For example we heard staff ask people if they could fetch anything from the shop as the person did not want to go. People were supported by staff who had developed positive relationships with them and who were kind, caring and compassionate.

Care plans were written inclusively with people to support their involvement. When we asked one person about their care plan, they told us, "I'm asked my views every month." We could see people were involved in all aspects of their care and care plans recorded people's involvement in planning the care and support they required. We saw people had signed their care plans and one person had also signed an accident form when they had slipped on a trip out. This showed the person was involved in evaluating the accident along with staff. The service was supporting people to express their views and to be actively involved in making decisions about their care and treatment.

People were supported in their independence. We found people enjoyed walks in the local area and visits to local shops independently. Staff knew people were independent in different ways and worked to support this. For example, staff told us some people would help with shopping, tidying bedrooms or laundry. Staff knew that people's levels of independence and interest in these areas varied and opportunities for people to develop in their independence were supported and people's choices to not take part in anything were also respected.

People we spoke with told us they felt respected by staff and staff respected their privacy. One person told us, "Staff always tell me I can shut my door when I have visitors." We saw on a recent questionnaire about the service that one person had stated, "I like privacy," and, "Staff do respect privacy at all times." Other people chose to spend periods of the day in their own rooms and staff understood and supported people's views and choices in this respect. Throughout the day we saw staff were respectful of people's privacy and dignity. For example, when people choose to have a bath, staff provided support to maintain the person's privacy and dignity. The service provided care and support in a way that supported people's views, promoted their dignity and respected their privacy.

Is the service responsive?

Our findings

People told us they were involved in planning their care and support. One person told us, "We have meetings for my care plan." Other people we spoke with told us about their care plan and told us they discussed any support they required with staff. We saw that care plans had been signed by each person. Other professionals we spoke with told us that people were actively involved in writing and reviewing their own care plans.

We saw that people received care and support that was personalised and responsive. From the care plans we reviewed we could see how the care and support provided was responsive to people's needs. We saw personalised approaches to each person's care and as a result staff provided care and support to people in different ways to meet their individual needs. For example, staff had supported a person to know bus and walking routes around the local area. This enabled them to independently get to where they wanted to go and be part of their local community. Another person confirmed a time when they would return home when they went out walking in the local community. People's involvement with their local community was promoted and supported.

During our inspection we saw that people were fully in control of when they wanted to do things, such as when they wanted to take a bath, engage in a pastime and when to spend time alone or with other people. Other professionals we spoke with told us about the positive changes people had experienced. These included comments on how people's health conditions had stabilised since living at Littlemoor House. They spoke highly of the staff and their skills and abilities to understand the individual needs of people using the service. Care and support was provided when people needed it and in a way that benefited their well-being.

People were supported to pursue interests and activities and their goals and aspirations were identified and supported. As such, their relationships with other people and their links to the local community were supported. For example, people belonged to clubs and attended meetings and activities in the local community. One person did regular voluntary work and attended college to pursue an interest. People were cared for by a staff team who supported them to participate in the local community and to pursue individual interests and hobbies that were beneficial to them.

People were asked for their preferences on how they would like their care and support delivered. One person told us, "Staff know what I don't like." We saw that meetings were held with people using the service. At a recent meeting, people had discussed their dietary preferences, interests and ideas for interesting places to visit. People told us they were supported to visit places they were interested in. People's preferences were identified and supported.

People we spoke with told us they would know how to make a complaint should they need to. One person told us, "Staff have said that if I have any problems to talk to them." Another person told us they had told the provider about a problem and it had been resolved. We saw that details of how to make a complaint were displayed in the service. We also saw that people had been asked if they were unhappy about anything at a recent meeting. In addition, staff had checked with people they knew what to do if they were unhappy about

anything. Procedures were in place for people to raise any concerns and that people were able to share their views.

We saw that people and other professionals were asked for their views on the quality of services provided at Littlemoor House. We read some of the surveys used for this, which people had recently completed. The results reviewed from this were positive, with people commenting, "My room is the best room I have ever had," and, "I like it here." We found one person had expressed a wish to pursue an interest and staff told us this was now happening. People's views were listened to and acted on.

Is the service well-led?

Our findings

People using the service knew the provider and told us they would be happy to talk to them about any issue. One person told us, "[The providers] are both nice people." Staff we spoke with confirmed this and one staff member said, "I couldn't work for better management; they are very supportive and understanding." We could see from the way meetings were held with people using the service and staff that the manager included people in the development of the service. One person told us the provider supported them to have the things they wanted in their bedroom. One staff member told us, "The managers ask staff for their views or how to make improvements." From the staff meeting minutes we could see the provider asked staff for their ideas and views about the service. For example, staff were asked for ideas on where people may be interested in visiting. We could see that staffs' views were considered by the service. People experienced the service being managed in an open and approachable way.

The service had developed a clear set of aims and objectives that clearly reflected the vision of the service. For example to, "Preserve and promote clients' individual rights and choices," and to, "Maintain a healthy, homely and clean environment in which people can live within the community." When we spoke with the manager they were committed to ensuring people had choice and control in their lives. They told us they were planning further staff development on promoting people's human rights, their choices and independence. The service placed people's rights at the centre of any developments.

During our inspection, we reviewed records relating to the care people received and how the home was managed. Records had been well maintained and were up to date. Systems were also in place to check on the quality and safety of services. For example, we saw a monthly audit of medicines checked to ensure the stocks of medicines were correct, stored correctly and correctly labelled. We saw other audits, such as the monthly health and safety audit checked to ensure all cleaning materials were locked away and that fire exits were kept clear. Systems were in place to check on the quality and safety of care provided and records were well maintained.

Littlemoor House is not required to have a registered manager. This is because the manager is also the registered provider. The manager understood their responsibilities to send in written notifications when required to tell us about any important changes, events or incidents at the service. The manager had support from a senior staff member and a stable staff team. Staff working at the service were motivated and understood their roles and responsibilities. One staff member told us, "It's absolutely lovely; I really and truly love the people and my job." The service was being developed with good leadership and supported by motivated staff.