

Sapphire Care Services Limited

Levitt Mill

Inspection report

Wood Lee, Blyth Road
Maltby
Rotherham
South Yorkshire
S66 8NN

Tel: 01709769755
Website: www.craegmoor.co.uk

Date of inspection visit:
24 June 2019

Date of publication:
22 July 2019

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

About the service:

Levitt Mill is registered to provide personal care and support for up to 11 people living with a learning disability and/or autistic spectrum disorder. Levitt Mill comprises of two buildings known as, The Barn and the Mill. The service was adapted to provide en-suite bedrooms, communal lounge, dining rooms and a pleasant garden. At the time of this inspection 11 people were living at Levitt Mill.

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

People received planned and co-ordinated person-centred care which was appropriate and inclusive for them.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported with good nutrition and could access appropriate healthcare services. People's wellbeing was monitored and promoted.

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 were involved in planning and reviewing their care and support.

People's needs were assessed before they started using the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The registered manager and staff team supported the values of promoting choice, control, independence and inclusion. People were supported to achieve their own goals and be safe.

Systems were in place to monitor the quality and safety of the service. The provider had good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

Rating at last inspection: Good (report published 23 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will visit the service again in the future to check if there are changes to the quality of 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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

Levitt Mill

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Levitt Mill is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 24 June 2019.

What we did before the inspection:

We reviewed notifications we received from the service and reviewed any information we received prior to the inspection from people using the service, their relatives and care staff. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

During this inspection we spoke with three people who received personal care.

As part of this inspection, we spent time with people who used the service and used the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with the regional manager, registered manager, general manager and four members of the care team.

We reviewed four people's care records and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- Medicines were managed safely and people received their medicines as prescribed. Only those appropriately trained, administered medicines to people.
- Protocols were in place for medicines that were to be taken as and when needed.
- A recent audit by the local pharmacist found the service's medicine practices to be safe.
- There were safe arrangements to receive, store and dispose of medicines.
- We identified minor training and recording issues, such as 'opened on' dates not being consistently recorded. These did not pose significant risk to people however, the registered manager committed to addressing them immediately by booking training, organising individual and group supervision and ensuring regular audits were more robust.

Staffing and recruitment:

- There were enough staff to support people safely. Staffing was arranged flexibly so that people were provided with one to one or two to one support when this was needed. For example, community-based activities.
- Staff continued to be recruited safely. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- The provider's procedures gave staff guidance and steps on how to keep people safe. The registered manager demonstrated they had acted on any concerns raised by notifying the local authority.
- A person we spoke with told us, "I always feel safe here, it's a lovely place."

Assessing risk, safety monitoring and management:

- People's risks had been identified and assessed. Staff were aware of people's personal risks and the strategies used to support people.
- People's risk assessments were regularly reviewed and updated. Information throughout people's care plans provided staff with the measures needed to reduce the risk.

- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics such as, disability or sexual orientation. Staff followed positive risk taking which supported people to have meaningful lives, and to undertake a range of activities.
- The provider kept records of accidents and incidents. The registered manager monitored the records and had taken appropriate action to reduce any further risks.
- Staff received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies.
- Staff and people living in the home participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. Emergency plans were in place including information on the support people would need in the event of a fire.
- The registered manager had carried out assessments of any environmental risks. Equipment had been serviced and any follow up actions were recorded.

Learning lessons when things go wrong:

- The provider and registered manager worked with the local authority when safeguarding concerns had been raised. Protective measures were put in place to avoid the risk of any reoccurrence.
- Accidents and incidents had been recorded by staff and monitored by the registered manager and the provider to try to prevent similar incidents being repeated. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.
- The provider disseminated information to all its locations when incidents occurred and lessons had been learned

Preventing and controlling infection:

- Staff followed appropriate infection control processes and procedures which protected people from the risks of poor infection control. Staff completed infection control training as part of their induction and the provider's required training. The provider had an infection control policy for them to refer to.
- We found the home clean throughout our inspection and people told us levels of hygiene at the home were good. One person commented, "I like doing things to help out with all the cleaning and keeping my room tidy."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

- 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's capacity to make decisions had been assessed and a best interest process had been followed.
- Consent to care and treatment while living at Levitt Mill was discussed with people. An easy read form in a pictorial format was used for people who had difficulty with reading.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made appropriate applications to the local authority and kept these under review to make sure they continued to be relevant and up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Information from people, their families and other health care professions helped to inform the initial assessment of people's needs and whether Levitt Mill was the most suitable place for them to reside and be supported.
- People's involvement in developing their care plans was encouraged to ensure their preferences were met. This included support required in relation to their culture, religion, likes, dislikes and preferences.

Staff support; induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff were knowledgeable about the people and topics we asked them about.
- Staff told us the training was good, relevant to their role; and they felt well supported to deliver good standards of care.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to be involved in choosing and preparing their meals. People were asked what they would like to eat.
- During the visit we observed people and staff preparing meals and being offered plenty of drinks and snacks.
- People's weights were monitored and causes of unexpected weight loss were investigated by the registered manager. People were encouraged to have snacks between meals if needed.
- People told us they enjoyed the food. Comments included, "I really like the food here and I often help to prepare it," and "Staff always ask what I want to eat, and we can go shopping for the ingredients."

Staff providing consistent, effective, timely care within and across organisations:

- Staff worked well together and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People were supported to access healthcare as they needed it. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or community nurse.

Adapting service, design, decoration to meet people's needs:

- The service was spacious and provided a number of safe communal areas people could use to engage with others or in which to relax. A garden provided pleasant area for people to spend time outdoors.
- People's rooms were individually decorated to their taste and preference. Rooms had personal possessions, photographs and pictures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- The provider made sure people were well supported and cared for. People's personal histories and their interest and backgrounds were considered, and they were matched with staff who had similar interests and personalities.
- Staff treated people with care, kindness and respect. People were happy with the support they received. Comments included, "I like being here," and, "The staff are all nice, I am very happy with everything."
- Management and staff focussed on building and maintaining open and honest relationships with people.
- Staff responded to people in a warm, kind, caring and friendly manner. We observed good interaction between staff and people. People were happy, comfortable and relaxed when with staff. We overheard discussions and laughter between staff and people living in the home.
- Staff took time to sit and talk to people. Staff knew about people's preferences and how best to support them. Staff respected people's equality, diversity and human rights and recorded them as part of the support planning process.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff interaction and saw staff treated people with dignity and respect.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. We saw, and staff explained how they knocked on doors and waited for a response before entering the persons bedroom.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed people carrying out tasks independently, such as eating and drinking, and preparing food. Staff were on hand to provide assistance and encouragement if required.

Supporting people to express their views and be involved in making decisions about their care:

- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People were supported to keep in touch with family and friends. Relatives often came to visit their loved ones at the service and they often went out together.
- Where people were not able to actively take part, staff gathered information from people who knew the person, such as relatives, previous support staff or health and social care professionals. This helped to make sure they had as much information as possible to be able to provide care and support in the way people

preferred.

- Care plans were easy to read and visual, with pictures to help people to understand them more easily.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people's likes, dislikes and preferences. They used this knowledge to provide personalised support in the way people needed and wanted. Examples included, daily routines, behavioural routines and recognising emotional actions and gestures.
- We saw evidence in care plans of adapting and altering support when people's needs changed and accessing specialist's advice and support when required. For example, additional support being provided to people due to changes in behaviour.
- Information was provided in an accessible way to people that they could understand.
- The service assessed people's communication needs and any specific requirements were recorded in their care plans.
- Documentation was provided in line with the Accessible Information Standard (AIS). This standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Activities were provided and reflected people's hobbies and interests. Over the course of the inspection we observed people had access to a range of individual activities. This included crafts, cooking board games and going out for a shopping and lunch trip. There was a strong focus on people having personalised plans. People and staff told us about previous and planned holidays. On the day of our inspection people were going on a planned holiday with staff. One person said, "There is always lots to do here."
- People's care plans we reviewed were up to date and reflected their needs.
- People were involved in regular reviews, that included healthcare professionals.

End of life care and support

- The service had an end of life policy and procedure. They were not currently supporting anyone at the end of their life.
- Staff recorded and communicated people's choices and wishes for end of life care, if known.
- The provider ensured end of life training was available for staff.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns at any time. Concerns and complaints were also a standard item covered at monthly 'your voice' meetings'. A pictorial copy of the complaints policy was also available in communal areas.
- A person told us, "If I had a complaint, I would go straight to the manager, but I am happy with everything."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Quality assurance checks were regularly conducted to ensure that records were complete, that care was delivered in line with people's needs and that premises were safe. The management team accepted the issues we identified regarding the recording of medicines and committed to ensure future audits were more robust.
- We reviewed the provider's monthly audits, that showed that any premises issues were identified and prompt action taken to remedy them.
- People's care files were subject to regular review for accuracy.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website. The provider sent us notifications as required.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff and people spoke highly of the registered manager. Staff told us they had an open-door policy and could go and speak to them at any time. One person told us, "I can talk to the manager all the time if I want to."
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The home had a calm and relaxed atmosphere. The culture at the home was warm and friendly.
- Staff told us morale was good and we observed good working relationships amongst the staff team.
- The registered manager planned and promoted person-centred, high-quality care to ensure positive outcomes for people. Their values and the culture were embedded in the service and ensured people were at the heart of the support they received. People's diversity, personal and cultural needs were respected. The management team shared the vision and values of the service with staff and people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People were supported and encouraged to give their views of the service and to have a say in how things were run at regular 'your voice meetings'.
- Surveys were given to people once a year to check their views of the service. The survey was in an easy read format, with pictures, for people to be able to show their response. The most recent survey showed people were all happy with their support.
- People's relatives, professionals and staff were also asked to complete an annual satisfaction survey. The most recent survey showed responses were good.
- Staff said they were encouraged to promote their ideas and views in regular staff meetings or when reviewing people's care.

Working in partnership with others:

- The registered manager attended meetings with other registered managers in the region, sharing good practice and lessons learned. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.