

# Sapphire Care Services Ltd

# Levitt Mill

## 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?

Requires Improvement 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 7 and 9 January 2015 and was unannounced. The home was previously inspected in April 2014 and the service was compliant with the regulations we looked at.

Levitt Mill is a care home for younger people with a learning disability. It comprises of two buildings known as, The Barn and the Mill. It provides accommodation for 11 people. The service is located in Maltby near Rotherham. It is within walking distance of local shops and other community amenities.

At the time of our inspection there were 11 people living in the home. Six people lived in the Mill and five in the Barn. People we spoke with were happy with the service and praised the staff very highly. People also told us they felt safe living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found people received care that met their needs as staff knew them well. However, people's care records did not always fully reflect the care they received and required. This is a breach of regulation 20. You can see what action we told the provider to take at the back of the full version of the report.

The Mental Capacity Act 2005 (MCA) includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. We found staff we spoke with were very knowledgeable on the requirements of this legislation and had already assessed people who lived at Levitt Mill to determine if an application was required.

Although people's needs had been identified, and from our observations, we found people's needs were met by staff who knew them well, we found some care records were not fully up to date. The registered manager told us they had identified that care records required further improvement and had devised new systems for recording information to ensure care records were kept fully updated. They told us these would be implemented the week after our visit. This would ensure people's needs were identified with clear documentation on how to meet their needs.

Staff were recruited safely and all staff had completed an induction. Although these were not always formally documented. Staff had received formal supervision. However, this was not as frequently as the provider's policy. Staff had an up to date annual appraisal of their work performance.

The registered manager told us they had received no formal complaints since our last inspection, but was aware of how to respond if required. People we spoke with did not raise any complaints or concerns about living at the home.

# 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Medicines were stored and administered safely. People received medication as prescribed. However, we found one error during our inspection which was addressed during our visit.

There were enough skilled and experienced staff to meet people's care needs. We saw when people needed support or assistance in relation to personal care from staff there was always a member of staff available to give this support. However, there were not always enough staff to facilitate external activities. This was being addressed by the provider.

Good



### Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their dietary requirements. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements. However, we found meals provided were not always balanced as staff were reliant on a large amount of convenience foods. This was being addressed by the provider and registered manager.

People told us the staff supported them with their health needs. The records we saw showed people saw their G.P and other specialist healthcare professionals when they needed to.

Good



### Is the service caring?

The service was caring

People told us they were very happy with the care and support they received and their needs had been met. One person told us, "The staff are great, they respect me and my space. We get on well."

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with warmth and respect, and staff took into account people's privacy and dignity.

Good



# Summary of findings

## Is the service responsive?

The service was not responsive

People's health, care and support needs were assessed and reviewed. However, we found the support plans did not always reflect the person's changing needs, preferences or choices. We found staff were knowledgeable on people's needs and people's needs were being met. However, these were not always documented or up to date in their plans of care.

People told us they enjoyed the activities available to them in the home and, outside the home. However, they told us there was not always enough staff on duty to be able to access the community. One person told us, "I would like to go out more."

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service.

**Requires Improvement**



## Is the service well-led?

The service was well-led.

There was a registered manager in post.

There was a system to monitor the quality of service provision. This had identified areas for improvement. Which were being actioned by staff. The registered manager had also identified new records were required and these were being implemented by staff.

Staff meetings were held to ensure good communication of any changes or new systems; they also gave staff opportunity to raise any issues. Satisfaction surveys were used to obtain people's views on the service and the support they received.

**Good**



# Levitt Mill

## 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 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.

This inspection took place on 7 and 9 January 2015 and was unannounced. The inspection team was made up of an adult social care inspector. A local authority contracts officer was also at the service on the two days of the inspection.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. The provider had emailed CQC to ask why we had not requested one and was told it was not required. The pre-inspection information pack document is the provider's own assessment of how they meet the five key questions and how they plan to improve their service.

We spoke with the local authority, commissioners, safeguarding teams and Rotherham Clinical

Commissioning Group. The local authority officer told us they previously had concerns regarding the service, but had seen improvements over the last year. The concerns had been regarding safeguarding people who used the service. There had been a large number of safeguarding referrals at the time. However the provider had responded appropriately to these and worked with the local authority safeguarding team to ensure people were safeguarded.

As part of this inspection we undertook a Short Observation 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 spent some time observing care in the lounge/dining room to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We looked at documents and records that related to people's care. We looked at three people's support plans. We spoke with five people who used the service.

During our inspection we also spoke with six care staff, two team leaders, the general manager and the registered manager. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, “I always feel safe here the staff respect me.” Another person said, “I am safe and staff are nice.”

Interactions we observed between staff and people were inclusive and we saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, explaining what they were doing in the kitchen to ensure the people they were supporting did not come to harm when making a hot drink or preparing a meal.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. One staff member told us, “I would report immediately, and if my manager did not listen to me I would escalate it.” Staff also knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. The training records showed that staff received training in the safeguarding of vulnerable adults. The registered manager told us they were also organising for all new staff to attend the local authority safeguarding training. This would ensure they were aware of the local procedures to follow to protect people.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. All people that lived at Levitt Mill were supported on a one to one basis during the day and we saw adequate staff were on duty to ensure this was maintained.

The registered manager told us that a large number of staff had left over the previous few months. They were recruiting new staff, which would then ensure all external activities would be facilitated by adequate staff. Staff told us they had been working extra hours to ensure adequate cover was maintained. They also told us there was always adequate staff to provide all one to one staffing, with an additional team leader or the general manager on site. We saw that the two to one staffing was provided when possible. This ensured people could access the community. However, this was not as frequently as was required.

People identified at being of risk when going out in the community had up to date risk assessments. We saw that if required people were supported by staff when they went out during our inspection.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for four people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received and disposed of. The registered manager had reviewed and improved its system for managing medicines. However, we found one error during our inspection that had not been identified as part of the monitoring. This was dealt with during our visit by the registered manager to ensure this did not happen again.

When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication and were aware of signs when people were in pain or discomfort to ensure they received pain relief when required.

We found controlled drugs were stored safely and records we checked were accurate and up to date.

The recruitment procedures ensured the required employment checks were undertaken. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of nine staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files confirmed that the required checks had been carried out prior to commencement of employment at the service.

We found all new staff were subject to a probationary period and during this period should receive regular supervision. Staff we spoke with told us they had received regular supervisions and support, however this had not always been documented in their files. We discussed this with the registered manager who agreed this was required. On the second day of our inspection we found these had been documented in the relevant staff files.

## Is the service safe?

Before our inspection, we asked the local authority commissioners for their opinion of the service. The local authority officer told us they previously had concerns regarding the service. These were regarding the previous management, however they told us since the new team had been in post it was definitely improving. However, they

said there had been a high number of new staff. 15 had started in the last few months and with people supported on a one to one basis this had made it difficult to ensure that experienced staff were on each shift to mentor and oversee new staff. This meant people's needs may not be met due to inexperienced staff supporting them.

# Is the service effective?

## Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, “I can make my own decisions but sometimes I am not able to do things on my own, I understand why and staff always explain to me why.” Another person told us, “I like to go swimming and staff help me do this.”

Staff we spoke with told us the service was much better now with the new management. They said they felt listened to and worked well as a team. Staff acknowledged they had been short staffed and were having to cover many extra shifts, but were willing to do this as they knew it was only temporary. One staff member told us, “If we need help and support we only have to ask the manager, they are supportive and always try to sort things out even though they are busy.”

The registered manager told us staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. As Levitt Mill is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service to ensure any DoLS application which were required were submitted.

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included managing behaviours that may challenge others, infection control, fire safety,

safeguarding of vulnerable adults and medicine management. The training record we saw showed staff were up to date with the mandatory training required by the provider. We saw records of staff supervision in staff files and all staff told us they felt supported by the management team and said, “If we required more frequent supervisions we only have to ask.” Staff also received an annual appraisal of their work performance.

We looked at training records for the new staff, we found they were working through the mandatory training. We also saw that training was organised and the new staff were booked on relevant training courses. For example strategies for crises intervention and prevention was organised for all new staff to be able to manage behaviours that may challenge others. However we found one person who required two to one staffing at all times for their safety as they could present with behaviours that may challenge others and require intervention. Was supported by two new staff who had not received this training. We discussed this with the registered manager who agreed they would ensure one of the staff supporting the person had received the training. This was rectified during our inspection.

People’s nutritional needs were assessed during the care and support planning process and people’s needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people’s likes, dislikes and any allergies had also been recorded. We found one person had been assessed as at risk of choking and was on a soft diet. They had seen a dietician and a speech and language therapist to assess the risk. Staff we spoke with were knowledgeable on how to meet this person’s need and ensured the person did not choke. We saw the staff sitting with the person ensuring they ate slowly to prevent choking. Staff gave support discretely and sensitively.

All staff we spoke with were very knowledgeable on the dietary needs of people who used the service. However, we found meals provided were not always balanced as staff were reliant on a large amount of convenience food. Staff told us the food budget was very low and sometimes struggled to buy a good selection of meals. We discussed this with the registered manager who said this had already been identified and that the budget was being increased. They were also looking at different menus to ensure a balanced diet was offered. This was being addressed at the time of our visit by the registered manager.



## Is the service effective?

One person we spoke with told us they enjoyed the food and were able to choose what they wanted and always had enough to eat and drink. During our observations we saw people were offered snacks and drinks.

We saw specialists had been consulted over people's care and welfare. These included health professionals, GP's and hospital appointments. People also had a health action

plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take swift action.

People who used the service we spoke with all told us should a GP be required, the staff would support them to visit the surgery. They also told us they visited the dentist and opticians. The registered manager told us they were looking to see if a dentist would visit the service for some people who were unable to attend a practice.

# Is the service caring?

## Our findings

We observed positive interactions with people and staff, talking and laughing together. Every person we spoke with praised the care staff and said that the staff were good. We spent time in the lounge with people who used the service and staff. We found it was very inclusive and people were talking, laughing and joking together. It was a very pleasant atmosphere and it was clear everyone was enjoying themselves. There was banter between people and staff that was appropriate and funny.

The care workers we observed always asked the people if it was alright to assist with care needs before they did anything. For example, we saw staff take people back to their room when they required any personal care we also saw staff asked people before they provided assistance and we also observed staff knock on people's bedroom doors before entering. We also saw staff treated people with respect and patience.

We looked at people's care plans and found life history and likes and dislikes were completed. People we spoke with who were able to be involved in their care plans told us they were aware of what staff wrote in the plans. One person showed us their plan and wanted us to look at it while they explained what it was about.

We saw records in the care files that showed there were regular key worker meeting. This was with the involvement of the person who used the service. The staff discussed what the person liked, disliked, what they wanted to achieve and how they were feeling. Following these meetings any action were addressed to ensure people's choices and decisions were achieved.

We saw that staff addressed people with kindness, and understood their needs well. During our observations we saw that most staff took the time to listen to people and try to understand their needs. For example staff understood when people required using the toilet or wanted to go to their room. People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. There were also large secure grounds which enabled people to go outside if they wished. One person was outside playing on their scooter during our inspection they were enjoying themselves.

Staff were able to explain to us how people communicated their needs and told us they ensured new staff learnt people's communication methods. A new member of staff we spoke with was able to explain people needs and how to meet them. They told us, "You learn from experienced staff, we all help each other to make sure people are cared for properly and how they like it."

We asked the registered manager if the service had dignity champions to ensure people were respected and had their rights and wishes considered. They told us there were champions and we were shown pictures in the entrance area of staff with their roles. We saw there were dignity, infection control and safeguarding champions. The registered manager told us they were looking at having more champions and were going to access specific training for staff to be able to fulfil their roles.

We saw people had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

# Is the service responsive?

## Our findings

Overall, the people who used the service who we spoke with told us the service was responsive to their needs and requests. We also observed staff respond to people's needs. They were aware when to distract a person or redirect when they were becoming frustrated or anxious. Staff told us, "We try to prevent people's behaviours that may challenge others by using different methods of distraction which is much better for them. It stops them becoming agitated."

Some people also required additional funding of two to one staffing when out in the community to maintain their safety. We saw evidence that the staffing was provided to facilitate this. However, this had not always been possible over the last few weeks due to insufficient staffing. One of the company vehicles had also been off the road. When we looked at people's records for the two to one funding we saw that everyone who required this staffing level was not receiving the allocated weekly hours. One person told us, "I would like to get out more." The registered manager was aware of this and was keeping people's family and allocated local authority workers informed. They said they could always utilise the hours for an additional holiday for some people, as they were banking the hours, which would ensure they received the hours that were funded.

We looked at four people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. However, we found these were not always up to date and did not always reflect people's changing needs. For example one person was identified as presenting on occasions with behaviours that challenges others. The person's care plan stated any episodes of behaviours that may challenge others should be documented on the relevant chart which would enable staff to review and evaluate any incidents. The incidents were recorded in the daily records, however we found a large number were not recorded on the applicable charts. The charts should detail what the person was doing when the incident occurred, what time the incident occurred, how long it lasted, what action was taken to de-escalate the behaviour or distract, what worked and what staff were supporting the person at the time. These details had not been recorded. Therefore staff had not reviewed the triggers of the behaviours to be able to identify if any action could be taken to prevent the

behaviour. Staff we spoke with were aware how to respond to the person's behaviour and knew how to meet their need so was not impacting on the person. However the records had not been completed by staff, which could mean any triggers could be missed, that if managed could prevent the person's behaviour and prevent them from escalating.

Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process. However, we saw these were not always up to date. The care delivered met the person's needs but the documentation did not reflect this. For example We found one person was losing weight this was being monitored by staff. However the risk assessment had not been updated with the details for risk of weight loss and the care plan did not detail what staff were required to do to ensure their needs were monitored and met.

We saw that when people were at risk, health care professional advice was obtained and the relevant referrals made. For example, we saw a referral to the speech and language therapist (SALT) had been made for one person. However, this information was not documented in the person's professional visit record in their care plan, so it was not clear when the SALT had visited and when the person had been reviewed. We found staff were aware of what information they had obtained from the SALT so was not having an impact on the person but it was not documented in the person's plan of care. This could put the person at risk as necessary instructions which should be in the care plan had not been completed.

The registered manager had identified people at risk of poor nutritional intake and these people's nutrition was being monitored. There were food and fluid charts in place however, these were not being completed properly. We found that on a number of occasions nothing had been recorded as eaten. When food was recorded the amounts were not being recorded just comments such as 'eaten all' or 'eaten half' so could not be reviewed to determine if people were receiving adequate nutrition. The registered manager was aware of this and was developing new daily recording records to be able to have all daily records in one file for staff, this would make it easier for staff to be able to complete all relevant records for people. We saw these new records during our inspection and the registered manager told us they would be implemented the following week. They also told us they would arrange a staff meeting to

## Is the service responsive?

discuss with staff so staff were aware of the charts and how to complete them correctly. The registered manager also told us they would ensure staff also understood how to review the records and determine if someone was at risk.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who

received a service. This was also available in an easy to read format and was displayed for people to access. They also told us they had received no formal complaints since our last inspection. The registered manager had dealt with a number of minor concerns and relatives told us they had raised issues that had been dealt with, We saw records had been kept of the concerns, and of any action taken and outcomes.

# Is the service well-led?

## Our findings

The staff members we spoke with said communication with the registered manager and general manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

Staff told us things were much better since the new management team had been in post. The new team consisted of a registered manager who oversees a number of services and a general manager who oversees Levitt Mill and four team leaders. One staff member told us, "The general manager is firm but fair and the registered manager is very approachable. We all work well as a team." Another member of staff said, "The communication between staff has really improved, we get good support."

People we spoke with told us, "He's a good manager, we get on well. I help the staff and I enjoy helping."

All staff we spoke with told us how the service had been short staffed as a high number of staff had left following a change in management. However they acknowledged that the management were recruiting as quickly as possible and once there was a full complement of staff they would not be required to continually work extra shifts. All staff said they didn't mind working extra as they knew it was only temporary.

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission since 2014.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the Registered Manager and the general manager. The reports included any actions required and these were checked each month to determine progress.

The Registered Manager told us they completed, daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. The environment audit had identified that the store room required attention. A new fridge and freezer had been ordered and new floor covering. The care plan audit had identified the need to improve records and new systems

were being implemented. These showed audits were effective. However, we identified that the medication audit dated 5 January 2015 had not identified an error we found which had occurred on 4 January 2014. The registered manager addressed this during our visit.

The provider also carried out monthly audits, we saw the last two audits from October and November 2014. An action plan was devised from each visit and followed up to ensure actions were addressed.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The registered manager told us these were due to be sent out at the time of our inspection. People who lived at Levitt Mill also attended 'Your voice' meeting where they were able to voice their opinions and raise any issues. We saw there had been four in the previous year the minutes did not reflect a positive meeting, there was only one brief description about holidays. The registered manager acknowledged these needed to be more effective.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff did not receive formal supervision in line with the provider's policy this was due to staff shortages. However, staff told us they received adequate supervision and if they required more they only had to ask.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of these, however there had only been three in the last year. They gave staff opportunity to raise any issues and provide an arena to share information. Staff said if they were unable to attend the meeting there was always minutes available so they could see what was discussed. Staff also told us if they wanted to raise anything the registered manager was always approachable and listened they did not have to wait for a formal meeting. The registered manager told us when the new staff were in post these would be arranged more frequently.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk. For example people who had presented with behaviours that may challenge others, if required were referred to relevant

## Is the service well-led?

professionals for advice. We did find one person's behaviours were not being recorded properly but this was being addressed by staff who were implementing new paperwork to simplify systems for staff to ensure all incidents were properly recorded.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People were not protected from the risks of unsafe or inappropriate care and treatment as there was not up to date accurate records in respect of each service user in relation to care and treatment provided.</p>