Crowne Home Care Limited

Littleton House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We gave the provider two days notice that we intended to inspect the service. This allowed the provider time to collect information about the care people received in their homes which we might have wanted to review.

At our last inspection in May 2013, we found that the provider had breached regulations relating to the care and welfare of people who used services and requirements relating to workers. Following the

Summary of findings

inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We saw that improvements had been made.

Littleton House is a care agency which provides personal care to 19 people. Some people live in their own homes and others, some with learning disabilities, live in a supported living complex of bungalows also managed by the provider. Not all the people who used the service could communicate verbally, but most were able to understand and express their feelings through non-verbal communication.

There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider had taken action since our last inspection to review people's care plans and risk assessments so they contained the additional information staff needed to keep people safe. However we found that some care plans did not contain enough information in order to monitor individual conditions. People who used the service, their relatives and other health providers told us they felt the service kept people safe. We saw there were systems and processes in place to protect people from the risk of harm. During our inspection we found staff were caring and kept asking people if they needed anything. People told us that staff were nice to them. We saw that people were treated with dignity and respect.

The provider had responded to concerns from our last inspection about their recruitment process and improvements had been made. However we found that further action was still required to follow up gaps in people's employment history and when staff failed to provide suitable information. Staff received appropriate training and were knowledgeable about the needs of people using the service.

We found that there was enough suitably qualified staff to help people develop their independent living skills and engage in hobbies/interests they liked such as gardening, swimming and attending college and discos. When people required more support as their conditions changed, the provider reviewed their care plans with local commissioners of the service to identify how to continue to meet people's needs.

People were able to make choices about what they did and how they wanted to be supported. We saw that when necessary people expressed their views with the support of communication aids such as pictures and information in 'easy to read' formats. People were supported by staff who understood and were able to explain what each person's gestures and behaviour meant. All the people we spoke with told us that they were supported in a way they had agreed.

There were management systems to monitor the quality of the service and learn from incidents and complaints. When necessary the provider would take action in order to reduce the risk of incidences re occurring. However we found that the provider did not always keep a record of what action had been taken to resolve people's concerns. The provider was developing a business plan to identify the future direction of the service and seeking best practice initiatives in order to improve the quality of the service being delivered.

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?

Requires Improvement

The service was not always safe. Monitoring records were not up to date so the provider could not identify if people received care which kept them safe.

The provider conducted recruitment checks to identify if new members of staff were suitable to work with the people who used the service but they did not always follow up instances when applicant's had not supplied all the required information.

People were involved in deciding how their care was provided and their movements were not restricted unnecessarily because the service supported people in line with the Mental Capacity Act 2005 Code of Practice.

Is the service effective?

Good

The service was effective. People received care which met their needs.

The provider supported people to comment on the care and treatment they received so staff could deliver care which respected people's views and preferences.

People were supported to be independent as much as possible and engage in what they liked to do.

Is the service caring?

Good

The service was caring. People's privacy and dignity was respected. People were positive about the care they received and this was supported by our observations.

When necessary the provider designed prompts which met people's specific communication needs. This enabled people to express their views on the care they received.

Is the service responsive?

Good

The service was responsive. Records showed people received care when they needed it and in accordance with their wishes. The provider made appropriate referrals to other health care professionals when necessary.

We saw evidence that people were regularly supported to comment about the service they received. We saw evidence that the provider made changes to the service in response to feedback.

Is the service well-led?

Requires Improvement

The service was not always well led. We found that some people were put at risk of harm of receiving inappropriate care because some systems for monitoring quality were not effective.

Summary of findings

The provider regularly asked people for their views and reviewed comments so they could assess the quality of the service.

Staff understood the management structure and knew who to contact when they needed advice.

Littleton House

Detailed findings

Background to this inspection

We inspected the service on 15 July 2014 and 16 July 2014. The inspection was announced. The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in learning disability services.

We spoke with three people who received personal care in a supported living complex and two people who received personal care in their homes. We also spoke with the relatives of two other people who received supported living and a community nurse who provided care to people who used the service. We spoke with five care workers, a care coordinator, the registered manager and a director of the service. After our inspection we also spoke with a GP and psychiatrist who supported people at the service.

Before our inspection we reviewed the notifications the provider had sent us since our last inspection. These contained details of events and incidents the provider is required to notify us about, including unexpected deaths and injuries to people receiving care. The provider had submitted 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 used this information to plan what areas we were going to focus on during our inspection.

We looked at the care plans for seven people who received personal care and spent time observing the care and support people received in the supported living complex. We also looked at records of best interest decisions, residents meetings, accidents and incidents to see how the provider responded to issues raised. We looked at the provider's records for monitoring the quality of the service which included medication audits, action plans and annual service reviews.

We looked at records of staff training, staff meetings, staff supervisions and staff appraisals to see how staff were supported to meet the needs of the people who used the service. We also looked at the staff files for two members of staff who had recently started to work for the service in order to review the provider's recruitment practices. We reviewed several of the provider's policies including privacy and dignity, safeguarding, whistleblowing and complaints.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. A person who was supported by the service told us, "The staff look out for me all the time. They help me when I go out." Another person within a supported living home told us, "I have a key to my room, that makes me feel safe." Staff were able to explain to us the various forms of abuse that people were at risk of and which external agencies they could escalate their concerns to if they felt it necessary. Records confirmed that staff had received training in how to safeguard adults from abuse and refresher training so they were aware of any changes in safeguarding practices.

Staff told us that they had all undergone a thorough recruitment process and had to provide evidence that they were of good character before they could work at the service. The registered manager explained the changes they had introduced to improve their recruitment process since our last inspection. These included reviewing their management structure to ensure the registered manager had a greater overview of the recruitment process and introducing additional assessments to identify if applicant's had the appropriate personality to meet the specific needs of the people who used the service. However, a review of staff files for two people showed that the provider had failed to conduct a risk assessment for a person who did not supply independent references or investigate gaps in another person's career history when they failed to provide details of their last employment. Therefore people were at risk of being supported by staff who were unsuitable to work with the people who used the service.

When people exhibited behaviour which might challenge there were risk assessments and plans in place which detailed what might trigger the person's behaviour, how the person may display their anxiety and how staff should respond to this. The provider kept a record of the person's behaviour so they could identify any common triggers or if other health care professionals should be involved. We spoke with a member of staff about a person's behaviour and they were able to explain what actions they would undertake if the person became unwell. We noted that this was in line with the person's care plan. However we also noted that records for two people who exhibited behaviour which might challenge were not up to date and therefore there was a risk that staff did not have access to all the information which would have enabled them to support people safely.

We saw evidence that the provider responded appropriately when they received information alleging a person who used the service was at risk of abuse. This action included removing the person from the immediate risk of harm, notifying the relevant safeguarding agencies and conducting their own investigation. Therefore the provider was aware of current safeguarding practices and took appropriate action when necessary to keep people safe.

We saw that care staff had training in restraint to ensure that people were protected against the risk of inappropriate, unlawful or excessive control or restraint. One member of staff was able to explain restraint would only be used as a last resort to prevent a person hurting themselves or others. We found that staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in the MCA. This meant that people were supported by staff who had the knowledge to ensure that people were safe from having their rights restricted inappropriately.

All the staff we spoke with told us that they felt there were enough staff to meet the individual needs of the people who used the service. We looked at seven people's care records and saw that the provider had identified how many staff were needed to support each person who used the supported living service so they were kept safe from the risk of harm. The registered manager and staff told us that when people went out they were supported by enough staff that ensured each person had 'one to one' support in line with their care plans. Staff told us that staffing levels would change daily depending on people's needs and if people needed support to attend college or clinic appointments.

A person who received care in their home told us that the same staff had attended their day time calls and two staff always attended their night time calls in line with their care plan. They told us that staff never missed calls and were always on time. We looked at this person's daily records which staff signed to record the time they provided care to the person and we noted that care was given at the agreed times. We looked at the staff duty rosters for the four weeks

Requires Improvement

Is the service safe?

before our inspection and saw that there had been enough staff at each shift to support people in line with their care plans. Therefore there were enough staff to meet people's care needs and keep them safe from the risk of harm.

Good

Is the service effective?

Our findings

All the staff we spoke with were able to explain how people wanted to be supported. One member of staff told us, "[Person's name] needs considerable encouragement to do things for themselves." Another member of staff told us how they had supported a person to reduce their incidences of behaviour that was challenging by using distraction techniques. We spoke with a GP and psychiatrist who supported people who used the service. They told us that the provider always seeked their support promptly when they felt people were unwell or they required guidance. They also said that they were confident that any instructions they provided to support people would be followed. This showed that staff knew people's care needs and supported people to access other health professionals when needed.

Staff we spoke with could identify what people liked to eat and how they were to support them to go shopping in the community. When people were unable to cook for themselves we observed staff offer them a choice of meals so they could eat food they wanted. We looked at the care plan for a person who was at risk of malnutrition and saw that they received regular GP involvement in accordance their care plan. Although staff recorded what the person had eaten or drank they did not always record how much the person had consumed and therefore it was not possible to tell if the person had consumed enough to keep them well.

We spoke with the registered manager about this and were told that a community nurse regularly attended the service to monitor the person's weight to ensure they maintained a healthy weight. After our inspection we spoke with the person's GP about their nutritional needs. They told us that they felt the service supported the person well and contacted them whenever they had concerns about the person's welfare.

Three members of staff told us that they felt the training they received enabled them to meet people's care needs. A member of staff told us, "There is always training going on". Another member of staff was able to explain to us how they supported a person with their mobility and under what circumstances they would need to use mobility aids. We saw that this description was in line with the person's care plan. Two members of staff told us that they had received training in a specific condition in case people with that condition used the service in the future and that they received refresher training in order to update their skills and knowledge to meet people's care needs in line with best practice. We reviewed the provider's training records and saw that training included the MCA, safeguarding, moving and handling, challenging behaviour, food and nutrition. Therefore staff had skills and knowledge to provide care which met people's specific needs.

Staff told us that the management team were very approachable and always willing to listen to their concerns or how the quality of people's care could be improved. Staff told us they received regular supervision meetings with their manager to identify what training they required in order to understand people's care needs and discuss how the care people received could be improved. For example, records showed that when a member of staff had raised concerns about how some people were supported by staff at night, the registered manager had reviewed the tasks night staff service in response of this comment. Therefore the provider listened to the views of staff in order to identify how they could support people more effectively.

We found that each person who used the service had a key worker. These are designated members of staff who take the lead to ensure that all aspects of the service meet the person's individual needs. During our inspection a community nurse told us that the continuity of care provided by a person's key worker had been very effective at getting the person to adapt their behaviour and become more settled. Staff told us that this system helped ensure people were always supported by staff who knew their care needs and were able to share their experiences with other members of staff when necessary.

People who used the service and their relatives told us that care was delivered in line with their wishes and we saw that people were able to comment on the care and treatment they received because information about their care plans was given in a way they could understand. People were given photographs of staff members and asked if they would like the person to support them with personal care and we saw evidence that people were supported by staff that they had requested.

People were supported by relatives, social workers and Independent Mental Capacity Advisor (IMCA) when necessary in order to comment on their care. An IMCA is a person who is instructed to ensure that independent safeguards are in place for people who lack the capacity to

Good

Is the service effective?

make important decisions at the point a decision is needed; they have no-one else other than paid staff to support or represent them or be consulted. Therefore people were supported to receive care in the way they wanted because they were supported to express their views of the service.

Good

Is the service caring?

Our findings

We observed interaction between staff and the people they supported and saw that people were relaxed with staff and confident to approach them throughout the day. We saw that staff interacted positively with people, showing them kindness and respect. For example, some people from the supported living complex were playing football with members of staff and staff were supporting a person to play their favourite board game. A relative of a person told us that staff were, "Some of the best," and "Really excellent." A person who received personal care in their home told us, "[Staff's name] is lovely. They are very polite and always concerned to make sure my [walking] aids are working properly."

There was a relaxed atmosphere in the supported living homes people shared and staff we spoke with told us they enjoyed supporting the people living there.

We noticed that when a new person joined the service the provider had employed a member of staff who had been supporting the person where they used to live. Therefore the provider ensured that the person received continuity of care and was supported by someone they already trusted when they started using the service. We also saw when several people who had previously lived together joined the service that they were supported to continue to live together in the same bungalow. This meant that people were supported to live with people they knew and were comfortable with.

Records showed and people told us that they were regularly supported to have nights away with relatives and have friends visit them. One person told us how they had recently been supported to go on holiday with their family. Therefore the provider supported people to maintain positive caring relationships with people who were important to them.

Staff were able to explain people's individual preferences and how they liked to be supported. During our inspection we observed a member of staff adjust a person's item of clothing in order to maintain their dignity. When necessary people were supported to obtain equipment such as mobility aids, crockery and cutlery which enabled them to be as independent as possible. We saw people engaging in tasks they enjoyed and were supported to attend college and go out into the community when they wanted. We concluded that people were supported with their independence.

Staff were able to explain to us the provider's policy and the actions they took to protect people's privacy. Staff were not permitted to enter people's bungalows unless they were providing care to the people who lived there and people from the other homes on site were also not allowed to enter a bungalow unless invited by the people who lived there. People also had keys to their bedrooms and therefore could control who had access to them and their property. This respected people's privacy.

Good

Is the service responsive?

Our findings

People told us that they received care when they needed it. A person who received personal care in their home told us, and records confirmed, that the required number of care staff turned up on time and stayed the length of time required to meet their needs. There was clear guidance for staff to support people to receive additional prescribed medication when they became unwell. A GP who supported people who used the service told us that staff approached them promptly if they felt a person needed a home visit and a community nurse also told us they felt a person's key worker was very knowledgeable about the support a person required when they exhibited behaviour which could be challenging. Therefore people received appropriate care when they needed it because the provider had procedures to respond effectively when people's needs changed.

We found that the provider did an initial assessment of people's care and welfare needs before they joined the service. We saw evidence that social workers and advocates were also included with these assessments to ensure that people were supported to express their views. This ensured that the provider could identify if they had the resources and skills to meet people's needs. These assessments identified people's individual preferences and how they wanted their care to be provided when they were supported by the service. For example the registered manager and staff told us they were currently arranging for staff to receive training in how to support people with a specific condition in case people with this condition chose to use the service. This meant that the provider worked with other agencies to identify people's needs before they joined the service and if they would have the resources to meet these needs.

People's care plans contained details of how people wanted to be cared for and what they liked to do. Care plans were personalised and we saw that people were dressed in accordance with their preferences and wearing jewellery that was important to them. One person showed us how staff helped them to put on a bracelet they liked to wear. The care plans of one person showed that they sometimes felt insecure in their room. The provider had responded by supporting the person to place additional items in their bedroom which helped them sleep easier.

Staff were able to demonstrate that they responded to people's personal preferences by supporting them to engage in hobbies and interests they wanted to do. For example, staff told us how they supported a person to develop their own garden and supported another person to watch a regular television programme they liked. The person demonstrated their interest by explaining to us the programme's latest storyline. During our inspection we saw that a person liked to play a specific game and staff told us how important playing the game was to the person's wellbeing. They were able to explain to us how they supported the person to play the game when they became anxious in order to help them remain calm. Therefore staff knew how to respond to people's specific care needs as they changed.

People were regularly supported to comment about the service they received and each person had a personalised care plan which was presented in a way which met their specific communication needs. These included pictures of tasks they could take part in which enabled people to express what they wanted to do. Staff we spoke with were able to explain people's preferred method of communication and how they would express themselves if they were unhappy with the service. The registered manager told us that they met with people to get their opinion about the care they received and if they were happy with the staff who supported them. We saw that as a result of feedback at these meetings, the provider had ensured people were supported by staff they liked. When necessary the provider made arrangements for advocates and other health care professionals to support people to express their opinions and give consent to how care was delivered. Therefore the provider responded to people's views about how they wanted their care to be delivered.

We saw that the provider regularly contacted people's relatives for their views about the quality of care people received. Comments included, "Excellent care and very helpful at all times" and "I feel [person's name] is being treated like they are in a care home". We spoke with the registered manager about this last comment and they told us that they had followed up this concern with the person's relative to their satisfaction. Therefore the provider responded to concerns raised on behalf of the people who used the service.

The provider had a system to learn from complaints. The provider had received two anonymous complaints since

Good

Is the service responsive?

November 2013 and records showed that the provider had conducted thorough investigations into both issues and had sought further information from all parties involved before concluding their investigations. Evidence showed that the provider took actions as a result of the outcomes of their investigations which included conducting a staff survey and raising a safeguarding alert with the appropriate authorities.

Records of a complaint from a relative of a person who used the service demonstrated that the provider acknowledged the complaint in line with their policy but there was no evidence to identify what action the provider took to investigate the complaint or resolve the concerns. The registered manager however told us that they had held a meeting with the complainant and resolved the issues raised but had not documented the meeting. We spoke with the person who had raised this complaint and they told us that it had been resolved to their satisfaction. They told us, "I have had issues with the service, but they always respond and sort it out. I am generally happy". They also said that they felt the quality of the care their relative received had improved since the complaint and that the management team was approachable and would listen to their concerns.

Requires Improvement

Is the service well-led?

Our findings

All the people we spoke with said they felt the service was well led. One person who used the service told us, "They are always calling to check." and a relative of a person who used the service told us, "They are very approachable and do listen to you." A member of staff told us, "They [management team] are extremely supportive and are always willing to listen to staff and people using the service."

During our last inspection we identified that the provider had not made appropriate checks to ensure that staff were suitable to work with the people who used the service. At this inspection we saw that improvements had been made such as introducing a programme to audit the quality of staff files and staff who had started working for the service told us that they had gone through a robust recruitment process. The provider's recruitment process also included psychometric testing to identify applicants' preferred work styles and if they had the potential to show care and empathy towards the people who used the service. However we noted that some further improvement to the recruitment process was required as we found two instances when the provider had failed to implement plans to manage the risks when members of staff failed to provide independent references or details of their last employment.

The provided maintained accurate and up to date records to ensure that people were protected against the risk of unsafe or inappropriate care however we found some instances where the quality of recording could be improved. For example an incident log had not recorded recent episodes of a person's behaviour which challenged the service and staff did not always record the amount of food a person who was at risk of malnutrition was eating. Therefore the provider was unable to identify if the care they provided was meeting's these people's specific needs or that care plans contained up to date guidance for staff.

Also, records of spot checks which were carried out by senior members of staff who observed and recorded the quality of the care that care staff provided did not always contain sufficient information to identify how staff could improve the care they provided. Some recordings of checks were ambiguous in their meaning, for example one check had recorded that a member of staff had been observed as being "poor" in their "willingness" to provide care. In this instance there was no record as to how this conclusion was reached or what action was to be taken in order to improve the quality of support the member of staff provided. After the inspection the registered manager informed us that concerns noted at these spot checks would be discussed with staff at supervision meetings.

We found that people were supported by the provider to influence how the service was delivered. People were supported to express their thoughts of the service at regular meetings with staff who knew their specific communications needs. People also had access to information in 'easy read' formats to help them express their views about the service. Comments included, "I like living here as I get on with the staff and residents" and "Day trips would be nice." The provider and people who used the service told us that as a result of this last comment the provider had arranged for people they supported to go on a day trip to the seaside if they wanted.

During our inspection we also saw that people were regularly asked what they wanted to do and that staff responded promptly to meet these needs such as supporting people to play games, go shopping, do their laundry, clean their rooms and attend college. Therefore people were given the opportunity to express their views of the service and they were acted on.

The provider regularly sent questionnaires to people they supported and their relatives to identify how the service could be improved. Feedback was positive. Comments from people who received personal care in their own homes included, "Very happy with carers" and "[They] are wonderful carers." As a result of feedback we saw that the provider had supported a person to access local transport so they could attend college on time.

Staff told us that they were asked for their views of the service by the registered manager at supervision and staff meetings. Staff said that they felt the registered manager was approachable and they were encouraged to express their views. At these meetings we saw the registered manager had reviewed the development needs of the care staff and arranged for them to receive additional training in a specific condition when a person joined the service.

The provider also conducted staff surveys. Comments were positive and included; "Staff can easily approach management" and "I am happy working at Crowne Care [Littleton House]." We saw that the registered manager had

Requires Improvement

Is the service well-led?

made changes to how tasks were allocated when staff had raised an issue of concern. Therefore both the management team and staff understood key challenges and how the service needed to be developed in order to meet people's care needs. We noted that staff questionnaires identified the member of staff making the comments and suggested that the provider might like to anonymise future questionnaires in order to obtain more meaningful comments.

The provider had several policies to promote a culture of supporting people in line with their wishes. These included privacy and dignity policies and a whistleblowing policy. Staff were knowledgeable about these policies and we saw that they acted in accordance with them.

The provider had a clear leadership structure which staff understood. Each person who used the service had a key worker to help ensure they received continuity of care. Key workers also contributed to a monthly review of each person's care needs so that other members of staff would know the individual care needs of each person if a key worker was unavailable.

We saw that the management team operated an "on call" rota so that one of them would always be available to provide advice to staff about how to meet a person's care needs when required. The provider maintained a log in each person's care records of when their care plans were updated. This enabled staff to identify when people's care plans had changed and that they needed to review how the person needed to be supported. Therefore the management team and staff were able to share their knowledge and experience of how people wanted their care needs to be met.

The provider took part in the "Skills for Health" initiative which reviewed a provider's service and identified what skills and knowledge staff require in order to meet people's needs. The registered manager was also due to undertake learning in a good practice initiative in how to support people with autism.

The provider showed us a computerised quality audit programme they were currently trialling to identify when staff required refresher training and prompt the provider to undertake quality checks. This was evidence that the provider referred to guidance from external agencies in order to improve their service.