

Sapphire Care Services Limited

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 November 2016 the inspection was announced. The provider was given short notice of the visit in line with our current methodology. The registered manager was registered at three locations, we gave notice to ensure they were available at Levitt Mill on the day of our inspection. The home was previously inspected in January 2015 it was overall rated good but had one breach of regulation.

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 10 people living in the home. Six people lived in the Mill and four in the Barn. People we spoke with were very happy with the service and 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 registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since May 2016 and registered with the Care Quality commission in July 2016.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and the registered manager has assessed people to determine if an application was required.

People were involved in menu planning, shopping and meal preparation. We saw people were able to choose what they wanted to eat and there was no set meal times. There was plenty of choice and snacks available. People had access to drinks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding and respect. People told us staff were caring and kind.

People's needs had been identified, and from our observations and talking to people, we found people's needs were met by staff who knew them well. Care records we saw detailed people's needs and were regularly reviewed.

Staff were recruited safely and all staff had completed an induction. Staff had received formal supervision. Staff told us they felt supported by the new manager. Staff had previously received an annual appraisal of their work performance and the new registered manager was arranging these at the time of our inspection..

There were systems in place for monitoring quality, which were effective. The registered manager had identified the issues we found during our inspection and they were addressing these with the provider. This ensured where improvements were needed, these were addressed and followed up to ensure continuous improvement.

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.

Staff knew how to recognise and respond to abuse correctly.
People told us they felt safe.

Medicines were stored and administered safely. People received medication as prescribed. Some areas of improvement had been identified and were being implemented.

Staffing was determined by the placing authority as people received one to one support. We found enough skilled and experienced care staff to meet people's care needs. However the standard of cleanliness could be improved in some areas and it had been identified by the registered manager that domestic hours required increasing .

Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way. People were supported to have access to appropriate healthcare services.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and its Code of Practice. People who used the service had given informed consent to their care and support.

Is the service caring?

Good ●

The service was caring

People who used the service were treated with kindness and received support, which was tailored to meet their needs and preferences. People told us they were very happy at Levitt Mill and the staff were lovely.

People were involved in planning their care and people's privacy, dignity and independence was promoted and protected.

Is the service responsive?

Good ●

The service was responsive

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

People told us they enjoyed the activities available to them in the home and, outside the home.

There was a comprehensive complaints' policy, which the registered manager told us this was explained to everyone who received a service.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

There was a system to monitor the quality of service provision. The new registered manager had identified areas for improvement. Which were being addressed at the time of our inspection.

Staff meetings were held to ensure good communication. Staff told us the meetings gave opportunity to raise any issues. Staff told us they felt management had much improved and they all worked well as a team.

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 24 November 2016 and we gave short notice of the inspection. The inspection team was made up of an adult social care inspector. A local authority contracts officer was also at the service on the day of the inspection.

Prior to our inspection we looked at the provider information return, 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 looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Following the visit we contacted a social worker to seek their views of the service.

We spoke with the local authority, commissioners and safeguarding teams. The local authority officer told us they had concerns regarding the change in management but had seen this was having a positive outcome.

During our inspection we also spoke with four care staff, a team leader, the general manager, the registered manager and the regional 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 am definitely safe here, staff are lovely, I always want to live here." Another person said, when asked if they felt safe, "Yes most definitely, definitely."

Relatives we spoke with praised the care staff. One relative said, "[relative] is very happy and safe, I am very, very pleased with the care they receive."

Staff had a good understanding of the different types of abuse people could face and how to recognise and respond to any possible abuse. Staff also understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. Staff told us they would report any concerns they had to the registered manager.

We saw that safeguarding incidents that had been notified had been managed appropriately by staff in the service. The registered manager told us that, as well as the regular training for staff, there were posters in the home giving them information on how to deal with any safeguarding issues, including whistleblowing procedures.

Risks to individuals were assessed when people went to live in the home and these were reviewed regularly to ensure people's safety. There were detailed risk assessments in people's care plans which showed what help individuals needed with aspects of their day to day activities such as, behaviour patterns, nutrition or managing their medicines. Where risk assessments had identified triggers to particular behaviour patterns we saw detailed instructions of how to manage the triggers and de-escalate potentially difficult situations. The assessments were also reviewed regularly and update if required.

On the day of the inspection we saw there were care staff in sufficient numbers to keep people safe and the use of staff was effective. People that lived at Levitt Mill were supported on a one to one basis or a two to one basis; this was determined by the placing authority. We saw during the day that there were adequate care staff on duty to ensure this was maintained. The registered manager had identified the staffing rota system was not as effective as it could be as there was a range of shift patterns that did not provide consistency of staff support to individuals. The management had devised a new staffing rota which would provide a three shift system and would result in a full core team to provide consistency for people who used the service.

We identified some areas of the environment that required attention. The registered manager undertook regular environmental audits and had identified the areas and had requested the provider action these. Many areas had already been improved, but some including the laundry room and food store were in a poor state and unable to be thoroughly cleaned. These were addressed during our inspection. We identified that the domestic hours were insufficient to ensure all areas of the service was maintained in a clean condition. The registered and regional manager had already identified this and had requested that additional hours were approved to be able to recruit an additional domestic. The provider approved this during our

inspection. The regional manager had request domestic staff from other locations attend Levitt Mill, one came during our visit and the standard of cleanliness was addressed. The regional manager agreed that the additional hours would be covered by existing staff until they had recruited.

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, administered and disposed of. There was a member of staff who had been appointed the medication lead, this meant they could oversee the systems and ensure consistency.

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 saw protocols were in place for medication to be given as and when required, however, they were not in place for creams the staff member told us this would be addressed.

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

People could be assured they were cared for by staff who had undergone the necessary pre-employment checks. We examined five staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks were to assist employers in making safer recruitment decisions.

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.

Is the service effective?

Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, "I am given choices." Another person told us, "I can do what I choose I like going out and staff help me do this."

Relatives we spoke with told us the staff were excellent and met the needs of the people they supported. One relative said, "The staff have a good positive relationship with [relative] and understand his needs, they also understand how to manage him as he can be challenging at times due to his complex needs."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. 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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as appropriate. Staff were also aware of the legal requirements and how this applied in practice.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support, for example GP's, dentists and opticians. We looked at people's records and found they had received support from healthcare professionals when required. We also saw people were able to meet with more specialised healthcare professionals according to their needs such as speech and language therapists and specialist consultants. Care documentation contained information about past appointments and any action taken as a result.

The providers mandatory training was updated regularly. Staff also had training specific to people's needs such as autism awareness and training to be able to manage people's behaviours that could challenge. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively.

Staff told us they felt well supported by the registered manager and received supervision and annual appraisals from the registered manager and general manager. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. Staff were able to ask for additional supervision at any time.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented

in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service.

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.

Is the service caring?

Our findings

People we spoke with told us the staff were very caring. One person said, "I am happy, happy, happy." And repeated, "I mean it I am happy, happy, happy here. I have a home for life."

Relatives we spoke with told us the staff were excellent, kind and considerate. One relative said, "I am very impressed with the care delivery, there is a core staff team who support [relative] and they are very caring."

We observed positive interactions with people and staff, talking and laughing together. We spent time in communal areas 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. People were painting and enjoying the activity. There was banter between people and staff that was appropriate and funny. One person was working with staff helping with cleaning and maintenance, staff were very supportive of this as the person enjoyed being part of the team. It also gave the person life skills to equip them for living in the community.

From speaking to staff and people they supported it was evident they had compassion and respect for people. Staff we spoke to told us it was important to make sure that people who used the service were treated with dignity. There had been dignity champions but staff had left and these were in the process of being developed again by the new registered manager. Champions would ensure people were respected and had their rights and wishes considered

All staff showed concern for people's wellbeing in a caring and meaningful way. All staff we spoke were passionate about their role and about providing high quality care. They all knew the person who they supported very well. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team which improved the quality of life for people they supported. They said the team they had at the moment was the best it had been for a long time.

One person who had used the service for 14 years had recently passed away. The staff explained how they cared for this person to ensure their end of life needs were met. At the end the person was in hospital and staff took it in turns to ensure someone sat with them in hospital. Staff even went to visit on their days of. A staff member was also with them when they passed away. The person they supported did not have any close family, staff explained it was very important to the person to have familiar faces with them at the end of their life.

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..

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. 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. We saw a number of people during the day accessing the outside.

People were supported to access the community and activities. People accessed the community with support from staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. People had also had holidays, staff told us these were arranged each year for people who wanted to go.

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

Relatives we spoke with told us staff were very responsive to people's needs. One relative said, "Staff understand [relative] they have improved their quality of life as they know them and what works and what doesn't work."

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 responding to people's needs.

We looked at two 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. The plans had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives.

People's support plans we looked at also contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities in the home and in the community.

Staff told us they felt the care was person centred, staff were knowledgeable about people's needs and how to respond to changes in needs. Staff explained how they picked up on people's presentation and would be able to identify if someone was becoming anxious or frustrated. Staff also explained how they would redirect or diffuse the situation. One member of staff said, "We know what things help each person we support, each person will respond differently to different interventions, you need to understand the person to know what will work." They went on to say that they had improved the life for one person in providing a stable core team of staff who the person related to and got on with. This had reduced the incidents of behaviours that challenged and as such had improved their well-being as they were able to go out more and have more social stimulation and activities. This had a positive effect on the person.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice obtained. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs.

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.

Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process. We saw that when people were at risk, health care professional advice was obtained and the relevant referrals made.

The registered manager told us there was a comprehensive complaints policy, which was also in an easy read version; this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We looked at concerns that had been raised and saw the registered manager took all issues seriously, no matter how minor. People we spoke with did not raise any

concerns regarding the service and told us if they had any they would speak to staff or the registered manager.

The staff team worked well together and information was shared amongst them effectively. Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. We were also told regular meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had registered in July 2016 with the Care Quality Commission. Since our last inspection there was also a new general manager and regional manager. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any of the members of the management team. Staff told us it was the best it had been for a long time.

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.

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 audits had identified areas for improvement and actions were being taken to address these. We saw work was on-going at the time of our inspection, maintenance personnel were on site completing actions identified by the audits. Works already completed included the upgrade of two bathrooms, new heating and water system and new furnishings throughout the two buildings which had been identified as required by the internal audits completed by the registered manager. This shows improvements are identified and addressed.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The provider used 'You said We Did' quality assurance system and this gave visual prompts for people to be able understand and have input into what they wanted to change or see happen.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems.

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.