

Miss Margaret Ang

Littledene House

Inspection report

54 Bushey Grove Road
Bushey
Hertfordshire
WD23 2JJ

Tel: 01923245864

Website: www.littledenehouse.co.uk

Date of inspection visit:
05 July 2017

Date of publication:
07 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 05 July 2017.

Littledene House provides accommodation and nursing care for up to 14 people, some of whom live with dementia. At the time of our inspection there were 14 people living in the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service 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.

People were supported by staff who were skilled and knowledgeable in their roles. The staff team was highly motivated to improve people's everyday experiences and outcomes.

Staff learnt different languages in order to overcome obstacles in communication and provided the people they supported with an outstanding care experience.

People were treated with respect and their privacy and dignity was promoted. People and relatives were involved in decisions about the care and support they received.

People were protected from avoidable harm or abuse. Risks to each person had been assessed and managed appropriately. The service followed safe recruitment procedures and there were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met and they were supported to have enough to eat and drink. They were seen by their doctors or other health care professionals when required.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home.

There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Relatives were extremely complimentary about the care received and the respect and dignity shown to their relatives by staff.

People were made to feel as though they mattered and staff took the time to get to know people so they could provide person centred care.

Where possible people were encouraged to make their own decisions and were encouraged to maintain their independence.

Families and visitors were welcomed into the home and staff knew them well.

The staff team was highly motivated to improve people's everyday experiences and outcomes.

Staff learnt different languages in order to overcome obstacles in communication and provide the person with an outstanding care experience.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Littledene House

Detailed findings

Background to this inspection

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

This inspection took place on 5 July 2017 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in the support of people with dementia.

Before the inspection, we reviewed the provider's completed Provider Information Return (PIR) which they sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we were unable to verbally communicate with people who used the service but we were able to carry out observations on how they were supported throughout the day. We spoke with three relatives of people who used the service, the registered manager, two care staff, and kitchen staff. We looked at the care records of six people and the recruitment and training records for four staff employed by the service. We also carried out observations on how people were provided with care and support and reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

At this inspection, we found that people were continuing to be supported by staff who kept them safe from harm. Risk assessments and care plans supported staff to keep people safe and medicine was administered as prescribed. The rating continues to be good.

We were unable to speak with people directly to find out if they felt safe in the home. We were however able to speak with relatives. One relative said, "Yes [They keep relative safe], 10 out of 10. [Relative] has more freedom here than anywhere [relative] has been. The main door is locked so she cannot leave. But within the bounds of the care home she may go anywhere she wants. The staff are fantastic and know where she is at any one time."

People were protected from avoidable harm and abuse by staff who had been trained in areas such as safeguarding and managing behaviour that could harm. The service had a safeguarding policy and they followed the local authority safeguarding procedures.

Care plans contained risk assessments which enabled staff to keep people safe within the home and these were reviewed regularly. Risk assessments included areas such as, risk of falls, the use of bed rails, eating and drinking, pressure areas, and safe movement.

The registered manager carried out robust checks on new staff to confirm that were suitable for the role to which they were being appointed. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

We saw that throughout the day there were enough staff of varying skills on duty to support people. One member of staff said, "Yes, there is enough staff to support people, we also have the manager here, she comes every day."

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's Medicines Administration Records (MARs) and care plans.

Is the service effective?

Our findings

People received care and support from staff who had the required skills and knowledge to support them effectively. One relative said, "Staff are really good, they support [relative] well."

The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service which included shadowing and learning from more experienced staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of gaining consent from people before providing any care and support. We observed throughout the day that staff would gain consent from people prior to undertaking a task. We saw that where people were unable to provide verbal consent then staff would watch for visual indicators. One member of staff said, "We know our residents well, some can't speak English so we have learnt some Chinese so we can communicate with them. We also have picture cards written in Chinese which we can point at."

People were supported to eat, drink and maintain a balanced diet. One relative told us, "My [relative] likes the food here and has put on weight." We saw from the menu options that people were provided with both English and Chinese meal options. A relative also confirmed this, they said, "My [relative] loves her food and has breakfast lunch and super. They also provide tea at tea time. She loves the food. She can have English or Chinese food at every meal time." One member of staff told us, "We prepare the meals according to preference. We have one person who wouldn't eat because they didn't like the food. I spent time with them and asked them to tell me how to cook the food, they now eat everything."

People were supported to maintain good health and have access to healthcare where it was required. For example, if they needed assistance with contacting their doctor, dentist or hospital appointments. One relative confirmed this and said, "Yes all my [relatives'] appointments are sorted out by the care home."

Is the service caring?

Our findings

From our observations throughout the day of our inspection and from the feedback received from relatives we saw that staff and the registered manager provided people with an outstanding level of care and support because of their caring attitude to the way they supported people.

Relatives we spoke with all agreed that people living in Littledene house were treated with kindness and respect. One relative said, "The staff here are brilliant. This is a small care home with only 14 places all the staff are out talking with the residents. All the residents get attention. No one is left alone for long periods. This is why we chose this for my [relative]. They also have workers who have some knowledge of Chinese, both Mandarin and Cantonese." A second relative said, "We are very happy with care my [relative] receives here. This is an excellent care home for my relative." A third relative said, "[Relative] has been so happy and settled since living here. Without the Chinese speakers [relative] would not understand anything that was going on." Staff we spoke with also confirmed this, they told that because almost half of the people they supported spoke either Mandarin or Cantonese they had made an effort to learn words and phrases. One member of staff said, "I never spoke the language before but I have learnt it, [Registered Manager] has helped us to learn because it means we can communicate better with our residents."

Throughout our inspection we saw that people using the service were truly valued and were the centre of all activities happening within the home. It was clear that staff were working towards an inclusive and supportive environment for people in the home and it was obvious that the home provided excellent care for all 14 residents. For example; we saw that throughout the home there were notices and signs written in both English and Chinese so that people using the service were fully aware of services available to them.

The manager of the home while speaking to us summed up the ethos of the home, she said, "People come to us so we can make them better, it's not that they are old and we are waiting for them to die, they come to this home to live." The manager explained that when people came to their home they would sometimes be frail and have come to the home because they were unable to live alone. The manager said that because of the love and attention that was given to people in the home they found that their health improved over time and where people had originally come to the home with the low life expectancy people were now thriving.

People were made to feel as though they mattered which made them feel at home at Littledene House. We observed throughout the day that staff were supporting people and no staff were in an office out of sight. This included the registered manager who did not have an office and instead chose to have a work station overlooking the main areas of the home. One member of staff gave us an example of how they supported people in a way that made them feel valued. They said, "One resident who I regularly take to bed likes me to sit with them, I sit with them for about 10 minutes and we will talk, they like to teach me some Chinese words so that's our evening routine." Another member of staff told us, "One lady likes music and likes to dance so I will dance with her, some people like to sit and hold hands to I sit with them and hold their hand for a while. I like to make them happy, when I see them smile it makes me very happy." We observed during the day that staff did indeed sit with people and have one to one time. They were continuously smiling and interacting with people ensuring they were comfortable and content.

Staff knew people well and gave real thought to what made people happy. Staff knew people very well and treated people with great importance by learning their cultural beliefs and language in order to support them to a high standard. The manager told us, "We celebrate both Christmas and Chinese New Year, it's important for us to recognise everyone's culture and religion in the home."

The home had an embedded person-centred culture and staff demonstrated this throughout the day. We heard staff regularly ask people if they needed anything and respond to people in a warm manner. For example, we observed one person coming out of the shower, They looked very happy and calm. Staff told us that they had found people would refuse to take bathes because of negative experiences they had in the past. One member of staff said, "Sometimes they just don't want a bath, but we always offer a bath every day, we don't believe in bed baths and such things, people should be given the respect to have a proper bath if they want one."

Relatives we spoke with also confirmed this, one relative said, "They do what mum wants. She does not like to bathe. They have encouraged mum to bathe regularly. As you can see she is now looking clean and well kempt." A second relative said, "[Relative] used to hate bathing. Now she allows staff to do this every day. In other care homes she just refused. This never happens now." We asked a member of staff how it was that they were able to support people so well. They said, "We really know what they want. For example, [Person] doesn't like to have a bath but will have a shower. I know they like to have their feet soaking so I will pop their feet in a bowl of warm water while they are having a shower. [Person] relay likes its." The manager went further to explain the reasons why they encouraged people to bathe every day. They said, "We are promoting peoples dignity, all the people in the home are incontinent and therefore need on-going and extra support with personal care, that is why we will not let anyone sit in a pad that is soiled. You will see that there are no odours in the home, this is because we will always encourage people to change regularly in order to maintain their dignity. This showed that the home respected people's dignity.

People were able to maintain relationships with those who were close to them. We found that throughout the day relatives called the home to enquire about their relatives. One relative we spoke with told us that this was a regular occurrence and that the manager was always able to give them an update on their relative. They said, "It is a two way conversation between us and them. We take her out every week. They help us do this. Every time we visit they give us an update on how things are going and we tell them what we expect them to do." Staff told us they always took time to get to know people's families as this was a way of engaging in conversation with people. This was evident during the inspection when family called the home and were greeted warmly and in a way that was evident staff knew them well. One member of staff said, "Relatives will call in daily to speak with residents or ask how they are doing, we will take the phone over to them and give them privacy so they can have a good talk." This showed that people and their families were supported to maintain contact with each other.

Is the service responsive?

Our findings

Although people could not directly communicate with us that their needs had been assessed before they came to stay at the home. We did see from the records provided that people's needs had been assessed and were possible they were involved in planning their care. One relative said, "The family and [person using the service] gets together to decide on what we want. And then we tell the manager, they look after my [relative] very well."

Information about people's individual preferences had been reflected in the care records. Which, we saw contained information such as mental capacity assessments, power of attorney and public guardianship documents as well as best interest decision assessments. We saw that dependency tools had been completed for each person so staff knew what support was needed. A member of staff told us that they knew what each person liked including, what they liked to eat, drink, clothes to wear and activities they enjoyed.

Care records had sufficient information for staff to support people in meeting their needs. The care plans had been reviewed regularly so that up to date information was available for staff when supporting people. We observed throughout our inspection that staff demonstrated an awareness of people's care needs. For example, the staff told us that a person who was at risk of developing pressure ulcers on their heel, was supported to maintain their skin integrity by sitting with their heel support. The manager told us, "We have no pressure areas in the home, we are very proud of that, because we act quickly if we think a person is at risk."

There were relevant activities for the people timetabled throughout the day, which we observed were enjoyed by people using the service. Some people had one to one support from staff while others carried out activities in groups. A member of staff said, "We get time to sit and do puzzles, we sometimes take people for walks in the garden. It's their choice as to what they would like to do."

The manager said, "People of Chinese ethnicity are referred to the home because I am able to support their needs. "The manager explained that she was able to understand people's cultural and religious needs. We saw from pictures around the home that people were supported to celebrate their religious holidays. The manager said, "We celebrate Christmas and Easter, We also celebrate Chinese New Year."

Relatives told us that they were aware of the complaints procedure. We saw that the home did not have any formal complaints but there were many compliments that had been received. One compliment read, 'The World is a better place with people like you in it.' A second read, 'I know my mum is safe, happy, and cared for. I know mum is in a great place.'

Is the service well-led?

Our findings

The home was well-led, the manager and staff worked tirelessly to support people in a caring respectful and heart-warming manner. One relative said, "We are very happy with this care home. [Relative] is very happy here so we are very happy. This home has been fantastic." A second relative said, "Nothing can be improved [about the service]. This place is excellent. I would like to say this place is just perfect for my mum."

The registered manager spoke positively about the quality of service they provided. The manager said, "The care here is exemplary, We are here to support [people using the service] it's about what they need from us." We saw that staff were supported to excel in their roles and provide an exceptionally high standard of care. One member of staff said, "[Manager] gives us with very good support, she teaches us and we can talk to her about anything. She sets a high standard and supports us to achieve it." Another member of staff said, "When I came here I was supported to take English classes to improve my communication, [registered manager] also taught me Chinese."

We saw from documents provided that they had good relationships with staff and other health professionals who visited the home and relatives. Staff told us that they attended regular staff meetings and we saw that minutes of these had been documented and were available to staff who were unable to attend. We noted from the minutes of the most recent staff meeting that they had discussed the provider information return (PIR) which was requested by CQC. The manager said, "I asked staff for their input and examples on what we should put in the PIR, I try and keep them involved in who the service is operating."

The feedback from surveys showed that people had given positive feedback, including one person who had commented that they had 'total confidence in the registered manager and her team.'

We saw examples of audits that had been carried out. For example, the medication audit had shown that the systems in place were effective. We saw that the registered manger kept detailed records of all care and support that was undertaken and ensure that staff were accountable. They said, "There is continuity of care and accountability in the home." They went on to show us the various records and documentation that staff would complete throughout the day. The manager said, "I am here every day so I audit the forms, if staff have ticked to say they have completed a task and I see that it is not done or that it has not been done to a good standard then I will address it straight away."