

Because We Care Limited Levina House

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

Levina House is a residential care home for 6 people with learning disabilities. It is in a central city location with good access to local shops and leisure facilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had a complaints procedure although to date they had not received any.

The registered manager was approachable and there were meetings in place which encouraged people to give their feedback. There were quality systems in place which were effective in continually developing the quality of the care that was provided to them.

Further information is in the detailed findings below.

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?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Levina 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 24 January 2018 and was unannounced. It was completed by one inspector. We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with the registered manager, one deputy manager, one assistant manager, one care staff and the operations manager. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, meeting minutes and health and safety checks.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One person we spoke with said, "I have been helped to keep myself safe when other people are upset. I used to get angry but staff helped me to understand that it was best to just stay out of the way so that we were all safe". We saw that there were notices in communal areas so that people knew where to report any worries. Staff we spoke with told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that referrals and investigations had been completed in a timely manner and action taken; for example, to obtain additional support for people when needed to keep them and others safe.

Risk was managed to protect people from harm. One person told us about the arrangements that were in place when they went out independently to ensure they were safe. These included carrying a mobile phone and meeting friends to walk together. We saw that another person could behave in a way that harmed themselves or others. When we spoke with staff and reviewed records they could tell us what the triggers were for the person and the action they took to avoid them. One member of staff said, "Everyone has an input into risk assessment and staff are good at feeding back any changes or concerns. It is a live document which is amended as things change".

The environment was regularly checked to ensure that it was a safe place to live. One person told us, "They have tested my plugs for safety; they do this all over the house once a year. We also do a fire test each week and I know there won't be a fire here because the staff make sure it's safe". Records that we reviewed confirmed that regular checks took place.

The home was clean and hygienic which reduced the risk of infection. We saw that there was protective equipment available when needed. The home had a very good rating from the food standards agency which demonstrated that systems were in place to manage hygiene in the kitchen and around food.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. We saw that there were systems to record and review any incidents to look for patterns. The registered manager told us, "When things went wrong previously we didn't always communicate the impact of the incidents on other people who live here or the staff and so now we are more thorough in reporting".

There were enough staff to ensure that people's needs were met safely. One person said, "There are always enough staff to help us and to make sure we can go out when we want to". We saw that staff had time to spend with people throughout the day of the inspection and were able to support them with shopping or seeing family. We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Medicines were managed to ensure that people received them as prescribed. One person we spoke with said, "The staff look after my medicines and make sure that I take them". Some people had medicines to take 'as required'. For example, some people have medicines prescribed to assist them to calm if they were

distressed. We saw that there was guidance available to staff which described what other actions the staff should try to assist the person before giving them this medicine. Medicines were stored, recorded and monitored to reduce the risks associated with them.

Is the service effective?

Our findings

People's needs and choices were met to ensure they were able to live how they wanted to. One person we spoke with said, "I like living here because the people who live around here know me and say hello when I go out". This showed us that people were supported in line with best practise guidance; for example, Valuing People Now 2009 which states that people should have a presence in their communities. It also states that people have the right to paid employment and a second person told us, "I have a paid job which I enjoy. They text me when they want me to work and I let them know what I am able to do".

The staff team worked effectively across organisations to ensure that people's needs were met. For example, the person told us about the support they had when they go to their job. They said, "The staff here got me some help so that I could earn wages and not affect my benefits and living here". Other people also had support when required from timely referrals to other organisations. For example, one person had seen a healthcare professional to review their mobility since moving to the home. We saw that they used a frame to assist them in the house and they said, "I use a wheelchair when I go out". This showed us that there were effective relationships with other organisations.

People were supported to keep well through monitoring of their health and regular appointments with healthcare professionals. One person told us, "Staff helps me to make appointments when I need them. I am seeing the optician soon and I also go to a chiropodist. I haven't seen the doctor as I am better now". They were also supported to have balanced diets and made choices about the kind of food they enjoyed.

People were supported by staff who were skilled and knowledgeable. One person told us, "The staff are very good and really support us". Staff told us that the training and support they received assisted them to do their job well. One member of staff said, "I have completed a medicines qualification for managers and I train new staff and observe them to check they are doing it correctly. I attend a one day refresher each year and also meet with other staff who completed the award and that means my knowledge is up to date and checked regularly". This demonstrated to us that the provider was thorough in ensuring that staff were competent to fulfil their roles.

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). People told us, and we observed that staff assisted them to make their own decisions. When people were unable to make their own decisions staff told us how they consulted with families and other professionals to ensure that their best interests were considered. DoLS authorisations were in place when people did have restrictions in place that they couldn't consent to and we saw further applications were in process. Staff understood and complied with any conditions on the DoLS to ensure that they were meeting the requirements of the MCA.

The environment was accessible and designed to meet people's needs. We saw that there was a stair lift and one member of staff explained, "When someone new moved in we had it fitted. In the end it wasn't

needed but we talked to people about it and they were happy to leave it there in case anyone is unwell".

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "The staff are kind, polite and look after me". Another person said, "We are like a family and I love living here". People told us about celebrations for special occasions. One person said, "For my birthday I am going to have a tea party and then go away for a few days".

People were actively involved in making choices about their care. One person told us "I can wash and dress myself but the staff help me to get my dinner and with my money". Staff adapted their communication to meet people's needs so that they could make choices. For example, we saw that one person was given a choice of meal by asking them which one they preferred from a selection rather than an open ended question. We also saw that staff were skilled in supporting people when they were distressed. We saw that one person became anxious and repeated a topic of conversation. A member of staff engaged the person in a activity which distracted them. When we spoke with the staff member later they told us that they had spent some time speaking with the person about the topic in a quieter place later and they were now happier about the options available to them. This showed us that people's communication needs were considered when providing them with support.

Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us, "The staff knock on my door if I am in my room". People told us about arrangements to see family members and important friendships. We saw that one person was being supported to spend the day with their relative. This showed us that the provider was effective in ensuring that important relationships were maintained and developed. The people who lived at the home were also encouraged to support one another. One person told us about their pet and how they let other people at the home help them to take care of it because they enjoyed that.

Is the service responsive?

Our findings

People were supported by staff who knew them well and helped them to plan for things they wanted to do. One person told us how they had wanted to go on holiday abroad and that staff had helped them to save and plan the holiday. They said, "I really enjoyed it and would like to go somewhere else abroad next year". We saw that people's human rights were considered when planning with them; for example, for relationships. One person also told us how they were supported to vote in the general election.

People had busy, active lives. Some people were able to choose to go out independently and plan their own time. One person said, "I like to meet my brother for a drink in the pub". Other people required staff support to enable them to do things they enjoyed such as shopping, meals out and attending day opportunities. There were also organised activities across the providers other homes which people could choose to join in with. We saw a newsletter which showed visits to the pantomime and Christmas meals out as well as craft sessions. The provider also worked with other organisations to offer a weekly disco which people told us they enjoyed attending.

People had care plans which were regularly reviewed to ensure that staff had guidance to enable them to support people in the requested way. When people's care needs changed the plans were reviewed with them. For example, when somebody's behaviour had altered staff ensured that they received additional support and they were aware of difficult points in the day when they may need to adapt the support provided.

People knew how to make complaints and were confident that they would be listened to. One person said, "I tell staff if I am not happy and they will listen and do something about it". The provider had a complaints procedure which was displayed in a communal area with pictures and symbols to help people to understand it. No complaints had been received.

At the time of our inspection there was no one receiving end of life care and so we did not inspect this.

Is the service well-led?

Our findings

At our last inspection we found that the provider needed to improve how they responded to people's feedback and that they needed to ensure that all care plans were up to date. At this inspection we found that this had improved. People told us that when they asked for anything specific such as food that this was provided for them. For example, one person told us, "I didn't want a traditional Christmas dinner so staff made sure I had all of my favourites instead". We looked at care plans and saw that they had all been regularly reviewed and were up to date.

There was a registered manager in post. 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 knew the registered manager and we observed that they could talk with them easily and knew what was happening in their lives. They ensured that people were given the opportunity to say how they wanted the home run through weekly 'Speak Up' meetings. We saw in meeting minutes that people chose activities, how the home should be decorated and anything they were not happy with. They were encouraged to think about how they wanted to be treated through questions like 'Is your privacy respected?' This demonstrated to us that the provider encouraged an open culture where people could share their experiences to improve the quality.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "It is a very supportive place to work and I have been encouraged to develop my skills". Another member of staff said, "We have supervisions every two months. Next month will be the annual appraisal where we start to set goals and targets for ourselves".

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place as a consequence. There was also a structure in place where assistant managers completed audits during the week and these were then sampled by the registered manager and the operations manager to ensure consistency and confidence in the systems. We spoke with one member of staff who told us that they had responsibility for reviewing positive behaviour support plans. They said, "I have been using information from the Social Care Institute for Excellence website to look at best practise when doing this. I have protected time to do this work". This demonstrated to us that the provider took a positive approach to continuous quality improvement.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.