

OL Kennedy and AM Travers

Littlefair Care Home

Inspection report

Warburton Close
East Grinstead
West Sussex
RH19 3TX
Tel: 01342 333900
Website: www.littlefair.net

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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 

Overall summary

This inspection took place on 17 and 19 November 2014 and was unannounced.

Littlefair Care Home is registered to provide accommodation with personal care and support for up to 41 older people. At the time of this inspection there were 36 people living at the home. Everybody needed some form of help with mobility; one person was cared for in bed. Five people were identified as living with dementia.

A registered manager was in post when we visited. 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. During our inspection the manager was present, as was a representative of the provider. They made themselves available to us so we were able to ask questions about the service and to share our findings with them.

Summary of findings

People and their relatives said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. They told us that the manager was approachable.

People told us that they were happy with care they received. We found that people received care and support that they needed to meet their individual needs.

Staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant that, where people did not have the capacity to make decisions for themselves, the manager and her staff knew what to do to ensure people's human rights had been maintained. They confirmed they had received training in these areas. People's representatives had been involved in decision making processes when people lacked capacity to consent and DoLS applications had been made to ensure people were safe from harm and their human rights were upheld.

People said that the food at the home was good. There was evidence of people being offered choices in relation to food and drink. Where necessary, people were given help to eat their meal safely and with dignity.

We heard staff speaking kindly to people and they were able to explain how they developed positive caring relationships with people.

People said they were happy and comfortable with their rooms and we saw that they were attractively decorated with some personal touches including photographs and memorabilia.

People, their relatives and staff told us that there were enough staff on duty to support people at the times they wanted or needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks to people had been managed safely.

Staff understood the importance of protecting people from harm and abuse.

There were sufficient numbers of staff to ensure people were safe.

Good



Is the service effective?

People's care needs were managed effectively.

People were supported to have sufficient to eat and drink and maintain a healthy diet.

When people did not have the capacity to consent, suitable arrangements had been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had been made lawfully to ensure people's rights were protected.

Good



Is the service caring?

The service was caring.

People were supported by kind and friendly staff who responded to their needs quickly.

People have been actively involved in making decisions about their care and support.

People's privacy and dignity has been promoted and respected.

Good



Is the service responsive?

The service was responsive.

Staff responded to people's individual needs.

People were supported to maintain relationships that were important to them.

People and their representatives had opportunities to give their views about the service they received and the provider had responded to them.

They felt able to raise concerns and the provider responded to any issues people raised.

Good



Is the service well-led?

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and clear about their roles and responsibilities.

Quality monitoring systems were in place and action taken to address shortfalls in the quality of the service provided to people.

Good



Littlefair Care Home

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 17 and 19 November 2014 and was unannounced.

The inspection team was made up of an inspector 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. The expert's area of experience was caring for someone who lived with dementia.

Before the inspection we reviewed information gathered from previous inspections, the registration history of the provider and statutory notifications we had received from the manager. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

The methods used to gather further information during the inspection included talking to fifteen people who used the service and talking to five staff on duty. We also carried out general observations of the care provided to people and reviewed the care records of four people. The manager also provided us with copies of the minutes of meetings, staff rotas, and maintenance audits to review after our visit.

The home was previously inspected on 16 August 2013 when we found no concerns.

Is the service safe?

Our findings

People told us they felt safe at Littlefair. One person commented, "I feel absolutely safe here."

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to their registered manager or to the senior in charge. Staff had received training to ensure they understood what was expected of them.

There was a system in place to identify risks and protect people from harm. Risk assessments had been carried out on a range of daily living activities including personal care, communication and medication. Where a potential risk to somebody's wellbeing was identified, steps had been taken to reduce them. For example, one person's mobility was limited and they needed to be cared for in bed. A specialist mattress had been provided for them to ensure the possible risk of pressure wounds had been reduced. Care records provided staff with directions to follow to further reduce the risk. Staff explained that the skin condition of some people needed to be monitored and managed carefully to prevent wounds occurring. Staff also explained they were expected to turn people regularly, keep their skin clean and ensure pressure relieving equipment was in place. Care records we looked at also demonstrated the staff had taken the necessary action at appropriate intervals to reduce the risk of possible damage to people's skin

There were sufficient numbers of staff to ensure people were safe. People told us they were attended to within 10 minutes and that this was satisfactory. One person told us, "They always seem to find time to talk to me." We observed care being provided to people during the course of our inspection. There were enough staff to respond and meet people's needs at a time when they needed it. The registered manager assessed staffing needs by reviewing

each person's care plans and by direct observations of individual care needs each month, or more frequently if required. The registered manager confirmed this information was used to determine the staffing levels required. Staffing rotas over a four week period confirmed that consistent levels of staff had been provided to meet people's needs.

There were effective staff recruitment and selection processes in place. Staff we spoke with confirmed they were expected to complete and return an application form and to attend an interview. This included information about their previous employment, education and their current health. We examined recruitment records of two staff members. They provided documentary evidence that the necessary checks had been undertaken before staff commenced work.

The practice for administering medicines was safe. We observed a senior member of staff administer medicines at lunch time. They checked records to make sure the medicine and the dose were given to the correct person at the right time. When necessary, people were asked if they required pain killers in line with prescription guidance. The member of staff confirmed they knew how the administration of medicines should be recorded and how they should be stored safely. Medication Administration Records (MAR) were up to date and recorded when and how medication had been administered safely and as prescribed.

The premises had been well maintained and maintenance work carried out as required. We saw that legal requirements such as gas and fire safety checks were up to date. General maintenance tasks were undertaken as required. People had equipment relevant to their needs, such as wheelchairs, hoists and bathing aids. Checks were completed to ensure they were safe to use. Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances such as the outbreak of fire or in the event of power cuts. Staff had received fire safety training and there was information for emergency services located in the reception area of the home.

Is the service effective?

Our findings

People told us that the food was of a good quality and there was a choice of main meals. The menu for the day of our visit was a choice of shepherd's pie or pork chop in black bean sauce. We were told there was always something for those who do not like either. For example, alternatives to the day's menu included jacket potato, omelette, cold meats and salad. One person told us that they had requested a special type of sausage, which had been provided. We joined a small group of people whilst they ate their meal. They told us the food was tasty and to their liking.

People also told us they believed the staff had the skills and experience needed to care and support them effectively. We saw that staff met people's needs in a skilful and caring manner. Some people were provided support to eat their meal. This was done at a pace dictated by the person being helped so they were afforded enough time to enjoy their meal. The atmosphere in the dining room was pleasant and people were not being rushed to finish their meal. We saw members of staff talking with people in a friendly manner, making sure to crouch down to listen to the person and ensure they had eye contact. One person who was cared for in bed was given the support they needed over the mealtime. We saw the member of staff sat down with them so they could speak with them and gently provided encouragement so they could eat sufficient to their needs.

We observed jugs of cold drinks were available in communal areas and, where necessary, bedrooms. There was also a mid-morning and afternoon tea round so that hot and cold drinks were available throughout the day. Special cutlery and other equipment, such as plate guards were available for people who needed them. Where people required pureed meals we saw that they were served in separate components so that it was more appetising and people could see what they were eating.

In care records we saw that a monthly nutrition screening tool had been completed. This identified if people were at risk of dehydration or malnourishment. Staff also told us that some people required soft diets, pureed food and special diets because they were at risk of choking or malnutrition. Where risks had been identified referrals had been made to the GP and to Speech and Language

Therapists (SALT) for further advice and guidance. There was also sufficient information recorded in care plans for staff to follow so that people could be supported effectively with eating and drinking.

Where people lacked mental capacity to make decisions the registered manager and her staff were guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in their best interests. The person's family, health and social care professionals, who were involved in their care had been consulted in order to decide which course of action would best meet their needs and keep them safe. Care records demonstrated that mental capacity assessments had taken place and that, where necessary, relatives and other agencies had been consulted to make a best interest decision on behalf of the person.

Guidance and procedures were available for staff to help them understand what was expected of them with regard to the MCA. Staff demonstrated they acted in line with its main principles by offering day to day choices to people. For example, staff asked people what they wanted to wear or what they wished to eat or drink. Staff also ensured that they obtained consent from the person before providing care to them.

The provider had applied for and had obtained Deprivation of Liberty Safeguards (DoLS) authorisations for one person. These safeguards protect the rights of people by ensuring that any restrictions to their freedom or liberty has been authorised by the local authority as being required to protect the person from harm. Following discussion, the registered manager demonstrated she was aware of the principles which governed the lawful use of DoLS.

People were supported to maintain good health by having regular access to health care services. People told us the manager and her staff contact the GP on their behalf if they need an appointment when they are unwell. We were informed that a local GP surgery will routinely visit people on Monday and Thursday. On each of these mornings a member of staff will contact the surgery and provide a list of names of people who wished to see their GP. We observed a senior member of staff notifying the surgery that two people wished to see the GP on the morning of our visit. Care records demonstrated that GP visits, along with visits by district nurses and chiropodists had taken place to ensure people receive appropriate care and treatment.

Is the service effective?

Staff told us they were trained in areas that included health and safety, fire safety, food hygiene, moving and handling, infection control, identifying abuse and neglect, and reporting this to the appropriate authority. All staff received induction training which followed “Skills for Care” guidance to ensure they acquired the skills and knowledge needed to provide good quality care. Training records confirmed the training, including induction training, each member of staff had received and when this had taken place. This meant that the manager had a means of monitoring when staff needed refresher training to ensure their knowledge was up to date.

The registered manager informed us that she expected to provide all staff with supervision at least six times in 12 months. Supervision is where members of staff can talk to a

senior member of staff about their work and any difficulties they may be having so that support and training can be provided. We were informed the manager had not been able to find the time to do this. In its place, the registered manager had organised informal discussions in which staff could talk about their work and any difficulties they have had. We were told that the last session took place about two weeks previously, but no record had been kept of this. Staff we spoke with confirmed they do have discussions with the registered manager. One member of staff told us, “We have talks with the manager. She explains to us what is expected of us and what is going on in the home. She also works alongside us providing care, so we have a good role model to follow.”

Is the service caring?

Our findings

People's privacy and dignity was been maintained. One person said, "I find I am treated like a person, this is very important to me. I can have laugh and joke, it's what I would have done when I lived at home. I'm still me!" Staff we spoke with told us what was expected of them. They would ensure the door was closed and curtains were drawn when providing personal care. They would address each person by the name they had chosen for themselves. The registered manager informed us that she was the dignity champion. This meant that she took responsibility for promoting standards, acting as a role model and discussing practical ways to ensure people's dignity had been maintained.

People were supported to express their views and to be involved in decisions that affect them. The registered manager informed us that care plans were drawn up with the involvement of each person and their family. Discussions included what each person's needs were and how they wanted to them to be met. Care plans were reviewed with each person every two or three months, or more often if required. Any changes to care needs would be discussed and decisions to change anything would be agreed with each person. Records we looked at demonstrated that care reviews had included each person and, where appropriate, their families. People were involved in any decisions that would affect them.

The registered manager told us she has held meetings with people on a quarterly basis through the year. She informed us these meetings have been used to provide information

about Littlefair and also obtain people's views and opinions. Copies of minutes we looked at demonstrated the last meetings took place in June 2014. The items that were discussed included information about new admissions to the home, any changes, such as resignations and new appointments, to the staff complement and information about planned decoration and maintenance to the premises. There was also opportunity on the agenda for people to raise and discuss any items they wished.

In addition, satisfaction surveys have been sent out to people and their families, the last of which had taken place in March 2013. The questions people were asked included their views about the quality of care, the quality of the food and the environment, and their views about how complaints have been managed and responded to. We were shown a document that summarised the findings of the survey. Although we did not see any documentary evidence of this, the registered manager informed us that an action plan would have been drawn up and responses sent to people and their families.

We observed equipment, such as hoists, was used to help people transfer safely into wheelchairs. This was done in a very dignified and respectful way. Staff checked that brakes had been applied to wheelchairs and that people were not in danger of hurting themselves on equipment before it was used. Time was also taken to protect people's dignity, for example making sure that dresses did not ride up to expose undergarments. Staff talked people through the process all the time so that they knew what was happening.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs, “I find living here uplifting. The staff bother about you; they do bother about how we are.”

The registered manager informed us that care plans were drawn up with the involvement of each person and, where necessary, their family. Discussions included what each person’s needs were and how they could be met. Any decisions made had also been recorded so that staff knew what was expected of them. Care records included their preferred name, details of each person’s needs and how care was to be provided to ensure individual preferences and wishes had been taken into account. They also included a profile of the person which included information about them and their life story, which helped staff. Care plans were reviewed with each person every two or three months, or more often if required.

People were supported to follow their interests and take part in activities. There was an activities timetable available. People talked about activities they had participated in such as cooking, handicrafts and gentle exercises. We did not see any activities taking place during our visit. The registered manager told us the activities coordinator was on holiday. We were informed that staff were expected to provide activities during the afternoon, as time allowed.

Several people said that they would like to go on outings more often. Minutes of meetings held between the registered manager, people and their relatives, showed that a number of events and outings had been planned during the course of the year which were in line with the people’s preferences. Events that had been organised at Littlefair included a musical production of ‘Summer Holiday’ with refreshments in June 2014, and a Summer Fair, that included a number of traditional attractions such

as ‘Hook A Duck’, ‘Candy Floss’, and ‘Soak the Team Leader’, in July 2014. A garden party took place in August 2014 where a professional band played and people were served a buffet tea by waitresses. A bar was also available which served cocktails, wine, beer and soft drinks. Several trips and outings had been organised to local attractions such as garden centres and a wildfowl and motor museum.

People told us they were happy and comfortable with their rooms and we saw that they were attractively decorated with some personal touches including photographs and memorabilia. People’s names were on bedroom doors to help them locate their rooms when they wished to do so. Toilets and bathrooms were also identified with appropriate signage to assist people to find them.

No one we spoke with had cause to make a complaint about the service. However, they also told us they were confident that the registered manager would listen to them if they had any concerns. The home’s complaints procedure was displayed at the front entrance in order that people could refer to this if needed. Records demonstrated that the registered manager had responded to complaints or concerns on an individual basis. The registered manager had also designed postcards for people or their relatives to use if they wished to make a complaint or a compliment about the service. The person concerned could complete the card and hand it in to the manager’s office. We were shown examples of two postcards that had been handed in the previous evening. The findings from individual complaints were incorporated into the provider’s monthly complaints audit in order that trends could be identified and learning took place.

People were supported to maintain relationships that were important to them. Relatives could visit Littlefair at any time. The visitor’s book, which was on display by the front door, demonstrated that relatives and friends visited most days.

Is the service well-led?

Our findings

People knew who the registered manager was. They felt able to approach her with any problems they had. They told us that they thought the management was good. During our visit we saw the registered manager speaking with people, the staff on duty and with visiting relatives. This demonstrated that she had developed a positive, professional yet friendly relationship with them

The registered manager and a representative of the provider were present when we arrived. They were present on both days of our inspection and demonstrated they had a good understanding of the needs of people living at the home and how they should be met.

The manager informed us that meetings had been arranged with people and their relatives in order to communicate information related to the running of the service. They also provided an opportunity for people to ask any questions or discuss any ideas they may have to improve the service. We were shown copies of minutes of such meetings. They demonstrated they had been held every three months. The topics that had been discussed included staffing and staff recruitment, news about people such as new admissions and information about when people had died. Forthcoming events and activities were also discussed. The agenda also included 'any other business' in which the manager provided updates to people with regard requests or suggestions made at the previous meetings, and also an opportunity for people to raise any new topics they wished to discuss with the manager.

Feedback about the service was also sought through satisfaction surveys that people and their relatives had

completed. Documents we reviewed indicated that the last survey took place in March 2013. The provider had summarised the findings into one report. People were advised of the outcome of surveys and actions to be taken via quarterly meetings or, if the person wished, individually.

Staff were able to explain the vision and values of the service. One member of staff explained, "We are expected to provide care that is person centred. We must respect people's independence and respect the choices they make. I think the registered manager is a good leader. She will talk to us and will explain what we must do. She sometimes works alongside us providing care. She makes a good role model for us." The registered manager held regular meetings with the staff. We were told, "We can discuss any problems we have. Everybody is encouraged to provide an input. Everybody is listened to."

Robust quality assurance systems were in place. The registered manager provided us with documentary evidence that demonstrated how the service has been monitored. Along with records of meetings and surveys, there were a range of audits which had been undertaken. They included routine checks of the environment, safety checks and maintenance checks. Falls and accident audits had been completed to determine if there were any patterns which required action. The registered manager carried out competency audits for staff with regard to their skills and knowledge when administering medication. This helped the registered manager to determine if refresher or additional training is required. Information from surveys and service monitoring had been used by the registered manager to review and to make changes, where required, to improve the quality of the service.