

# Littleton Holdings Limited







# Samuel Hobson 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	

### Overall summary

We inspected this service on 10 April 2015. This was an unannounced inspection.

The service was registered to provide accommodation and nursing care for up to 39 people. At the time of our inspection 17 people were using the service. People who used the service had physical health needs and/or were living with dementia.

Our last inspection took place on 11 November 2014. During that inspection a number of Regulatory breaches were identified. We told the provider that immediate

improvements were required to ensure people received care that was; safe, effective, caring, responsive and well-led. At this inspection we found that the required improvements had been made.

The manager of the service was in the process of becoming a registered manager with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from avoidable harm because risks to people's health and wellbeing were identified and managed, and the staff understood how to keep people safe. People's medicines were also managed safely.

There were sufficient numbers of staff to meet people's needs and keep people safe. Staff received training that provided them with the knowledge and skills to meet people's needs effectively.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access suitable amounts of food and drink of their choice and their health and wellbeing needs were monitored. Advice from health and social care professionals was sought when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. People were encouraged to make choices about their care and the staff respected the choices people made.

People and their relatives were involved in the planning of the care and care was delivered in accordance with people's care preferences. People could also participate in leisure and social based activities that met their individual preferences.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

# 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 were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Good



### Is the service caring?

The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

Good



### Is the service responsive?

The service was responsive. People and their relatives were involved in the planning of their care to ensure their care met their preferences and needs.

Staff responded to people's comments and complaints about their care to improve people's care experiences.

Good



### Is the service well-led?

The service was well-led. There was a positive atmosphere at the service. Effective systems were in place to regularly assess and monitor and improve the quality of care.

Good



# Samuel Hobson 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 was 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 10 April 2015 and was unannounced. Our inspection team consisted of two inspectors.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with five people who used the service, but due to their communication needs they were unable to provide us with detailed information about their care. We therefore spoke with the relatives of six people who used the service to gain feedback about the quality of care.

We also spoke with five members of care staff, the deputy manager and the manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

# Is the service safe?

## Our findings

At our last inspection, we found that the risks of harm to people's health and wellbeing were not always identified, or managed to promote people's safety. This meant the provider was in breach of Regulation 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made. Risks to people's health and wellbeing were regularly assessed and reviewed and the staff managed these risks in accordance with people's risk management plans. For example, we saw that a person's mobility needs had recently changed. The person's moving and handling risk assessment and management plan had been amended to reflect the extra support they needed to keep them safe. We saw staff supported this person to move in accordance with their new risk management plan. Relatives told us and people confirmed that they were involved in the assessment and review of risk. One relative said, "[My relative] cannot go out alone because they wouldn't be safe, so we all agreed they could still go out, but only with family or staff".

At our last inspection, we found that care was not always delivered in accordance with people's planned care. For example, the provider could not demonstrate that people were supported to change their position as frequently as their care plans advised. We also found that national guidance was not always followed to ensure people received safe care. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made. We saw that care was delivered in accordance with people's planned care and national guidance. For example, we saw staff supported people to change their position regularly in accordance with national guidance and their planned care. The care records we looked at also confirmed this.

Our last two inspections found that people's care records did not always provide staff with the information they

needed to keep people safe. Our last inspection also found that people's confidential information was not stored securely. This meant the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made. People's care records were accurate, detailed and up to date which meant staff had access to the information they needed to provide safe and consistent care. One staff member said, "There have been changes to our paperwork. It's a bit more work for us, but it was needed. The paperwork is more accurate now and we know what's happening". A relative said, "There have been lots of good changes. There's now continuity and a unified approach to care". We also found that care records were stored securely, so people's personal information was protected from being lost or misused.

At our last inspection we found that people did not always get their medicines in a safe manner. For example, one person's medicines were not administered in accordance with the manufacturer's instructions. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

At our last inspection we saw there were not enough staff to meet people's individual needs, and people's safety and welfare was compromised. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people and their relatives told us, and we saw that there were enough staff to promote and maintain people's safety. One relative said, "Staff are always around now". Another relative said, "There seems to be more staff

## Is the service safe?

around and the staff I see are the same staff, so there is more consistency". We saw that people's needs were met in a timely manner and staff had time to engage people in leisure and social based activities.

Staff confirmed that changes to staffing levels had resulted in positive outcomes for the people who used the service. One staff member said, "We've got enough staff on the floor now which means we can do what we need to do for the residents. We have time to reminisce and do activities with residents. I think residents are calmer as a result".

We asked the manager how they could assure people that staffing numbers would be reviewed and amended to ensure people's safety and wellbeing needs were met. They said, "We have a dependency profiles in place now and I will work with the provider when people's needs change or we get new admissions to make sure the staff numbers are needs based" and, "I won't let the staffing be reduced, I

want the home to be run safely". This showed that the manager was committed to ensuring that staffing numbers were based on the needs of the people who used the service.

People and their relatives told us they had confidence in the staff and we saw that staff were suitable to work with people who used the service. Staff underwent recruitment checks before they started to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

We saw that people were protected from abuse and harm. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the manager and local safeguarding team. We saw that these procedures were followed when required.

# Is the service effective?

## Our findings

At our last inspection we found that the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were not being followed because the staff did not have knowledge of the Act or the DoLS. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. This was a breach of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. Staff told us they had received training in the Act and they demonstrated how they followed the requirements of the Act. One staff member said, "We should never assume someone doesn't have the capacity to make decisions just because they have dementia, but if residents don't have capacity we speak to their relatives and doctor to help make the right decisions for them".

We saw that staff sought people's consent before they provided care and support. For example, one staff member asked a person, "I would like to pop this apron on to stop you from getting paint on your clothes. Is it okay if I do that?" When people could not make decisions for themselves we saw that best interest decisions were made in accordance with the Act. For example, we saw that one person needed a sensor mat to alert staff that they were mobile and at risk of falling during the night. This person did not have the ability to make this decision, so the decision was made in their best interests in conjunction with the person's relative. This person's relative confirmed that they had been involved in this decision because the person did not have the capacity to make the decision alone. They said, "They've [the staff] talked to us about the risk of falls and the need for a sensor mat. We thought it was a very good idea and the right thing to do".

At the time of our inspection DoLS applications had been made for all the people who used the service. This was because all the people who used the service were being restricted in some manner to keep them safe when they received care and support. We saw that the correct guidance had been followed to ensure these applications

had been made in people's best interests. For example, one person who frequently requested to leave the service to return home (this person no longer owned their previous home) had a DoLS application in place to prevent them from leaving the service unsupervised because they would be at risk of harm if they left the service alone.

At our last inspection we found that people were not supported to eat and drink in accordance with their care plans and people's risk of malnutrition were not always managed in accordance with medical advice. This was a breach of Regulation 9 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. People told us and we saw that they were supported to eat and drink sufficient amounts of food and drink. One person told us, "They feed me well here". We observed that staff encouraged people to regularly drink throughout the day, and people who needed support with eating received one to one support at mealtimes. We saw that dietary supplements were given as prescribed and people who needed their fluid and dietary intake to be monitored had these monitored effectively. The care records we looked at also confirmed this.

At our last inspection we saw that people were not always given the information they needed to make choices about the foods they ate. People were also not always supported to eat foods that met their individual preferences. For example, alternative meals were not offered when a person declined the meal that had been presented to them. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. We saw people were given food choices at each meal. A menu board was on display and when required, the staff helped people to make choices about food by showing them pictures of the foods on offer. We saw that when food choices were not suitable for people, alternative foods were offered and provided. For example, one person chose to not eat either of the two meal options and requested jam on toast. This person's request was met and they were served jam on toast.

## Is the service effective?

At our last inspection the staff told us they received training to help them to meet people's needs. However, we identified some gaps in the staff's knowledge of dementia and the Mental Capacity Act 2005. At this inspection we found that progress was being made to address these gaps. All the staff we spoke with now had a good understanding of the Act and staff told us they had either completed or were booked onto dementia training. One staff member said, "I have dementia training booked for later this month, but I've already learned more about how to work with residents with dementia because I've read the new care plans". We saw that the staff's knowledge of dementia care had improved because we saw staff managing people's behaviours that challenged consistently and effectively. For example, one person who had a DoLS application in place

repeatedly asked to return to their own home. We saw that the staff managed this behaviour consistently by spending time reassuring the person that it was best to stay at Samuel Hobson House.

At our last inspection, we found that advice from health and social care professionals was not always sought in a timely manner. At this inspection, we saw that people were supported to access a variety of health and social care professionals as required. For example, we saw that when one person's general health had deteriorated the staff sought advice from a number of professionals. This advice was then incorporated into people's care records and followed by the staff.

# Is the service caring?

## Our findings

At our last inspection we found that people's dignity was not always promoted. For example, people were not always supported to go to the toilet regularly to promote their continence. We also found that people were not always supported to make choices about their care. For example, people were not always offered a choice of drinks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. We saw that people's dignity was consistently promoted. For example, staff supported people to access the toilet on a regular basis which ensured their continence needs were met. People told us and we saw that staff involved people in making choices about their care. One person said, "I can do as I please". Another person said, "I get up when I want to". Staff confirmed this person chose when they got up which was often not until midday. We saw that staff offered and respected people choices about their care throughout the day. For example, we saw a staff member offer a person the choice of wearing an apron during lunch to protect their clothing. The staff member said, "Would you like an apron to keep your clothes clean?". When the person stated they would like an apron, the staff member assisted the person to put on the apron.

At our last inspection, we saw that the staff did not always have the time to support people with care and compassion. For example, we saw one person was ignored when they asked to go home, which had a negative impact on one person's wellbeing and behaviour. At this inspection people told us and we saw that staff provided care with

kindness and compassion. One person said, "The staff are kind". A relative said, "I'm, happy with how the staff look after [my relative]". We saw that the staff had the time to interact with people on a one to one basis, and when people shouted out, staff spent time reassuring them. Staff confirmed that they had more time to interact with people. One staff member said, "Having more staff means we can give the residents more time now".

Relatives told us the home had been redecorated to promote a homely atmosphere. One relative said, "There's a friendly and welcoming atmosphere here now". Another relative said, "It's been decorated and looks bright and cheerful". We saw that improvements to the décor had been made and the home looked more homely. For example, with the required consent, photos of people who used the service were displayed in communal areas to promote a homely atmosphere.

The staff knew about people's life experiences and interests and used this information to initiate meaningful conversations with people. For example, we saw staff talking to one person about their preferred football team and this person confirmed that football was an interest of theirs. This person showed us their bedroom which had been decorated in the colours of the football team they supported. This showed that people were supported to receive positive care experiences that were meaningful to them.

We saw that improvements had been made to enable people to meet with their relatives in a private. At our last inspection a relative told us they would like a room for people and relatives to meet in other than the communal lounge's or people's bedrooms. The manager had utilised an unused bedroom to offer a private area for people to meet. This showed the manager was committed to meeting people's needs for privacy.

# Is the service responsive?

## Our findings

At our last inspection, people who used the service and the staff told us that staff did not have the time to encourage or enable people to engage in their preferred leisure and social based activities. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. People and their relatives told us and we saw that their leisure and social needs were met. One person said, “I like being able to do crochet, jigsaws and reading the paper”. This person showed us the day’s newspaper that the staff had given them. A relative said, “There are more activities going on now. The staff know that people need to be occupied and they do just that. [My relative] has been outside with staff, baked cakes and some gardening. I think it’s been tailored to [My relative] needs”. During the inspection we saw that staff encouraged people to participate in a variety of activities dependent upon people’s interests. For example, we saw people participating in; craft, listening to music or chatting with staff on a one to one basis.

At our last inspection, we saw that the staff did not always have the time to meet people’s individual needs in a timely manner. For example, one person had to wait just under an hour to receive assistance to help control their pain. This meant the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. Staff responded to people’s needs promptly and we saw that no one had to wait to receive the

care and support they required. Relatives we spoke with confirmed this. One relative said, “We visit at different times and they are never any different, what [My relative] wants, they get and they get it fast”.

At our last inspection, we found that information about people’s preferences was not always recorded in their care records. This meant that the information staff required to enable them to provide consistent person centred care was not always available. This meant the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the required improvements had been made. All the care records we looked at contained information about people’s care preferences. This was because people and their relatives were now more involved in the planning of their care. One relative told us, “I really feel involved in [my relative’s] care now. The staff asked us questions about [my relative] and what they used to be like and they keep us informed about what goes on”. Another relative said, “We have discussions about [my relative’s] care now. They’ve [the staff] taken into account what [my relative] is capable of doing and [my relative] is able to do what they want to do”. This showed that when people could not provide information about their care preferences, the staff worked with people’s relatives to do this.

Relatives told us they knew how to complain about the care. One relative said, “I once went to [the manager] and said [my relative] wanted to go out more and they acted on it”. Another relative said, “If we have any niggles we just let [the manager] know and they’ve sorted things out”. We saw that there was an accessible complaints procedure in place and staff demonstrated that they understood the provider’s complaints procedure. We saw that complaints were managed effectively.

# Is the service well-led?

## Our findings

At our last two inspections we found that effective systems were not in place to assess, monitor and improve the quality of care. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw that the required improvements had been made. There was a service improvement plan in place which the manager and provider had implemented in response to our last inspection. We saw that this improvement plan had been effective as significant progress had been made since our last inspection and the Regulatory breaches we identified at our last inspection were no longer breaches at this inspection.

Relatives confirmed there had been improvements in the quality of care. One relative said, “[The manager] has really turned this place around. It shows in the residents, the staff and in the place itself”. Another relative said, “It’s 100 percent better now since the new manager started”.

Relatives told us that the provider had been open and honest with them about the outcome of our last inspection. One relative said, “We had a big meeting about it which was really good as it allowed us to be honest about how we felt. It’s easier talking about these things when other people are in the same situation as you”. Another relative said, “We had a meeting after the inspection. I wasn’t aware of the problems, but I felt reassured when we discussed them”. We saw that the manager had complied with the Regulatory changes and had displayed their previous inspection rating of ‘inadequate’ as required. This showed that the manager was open and transparent about the quality of care.

Frequent quality checks were completed by the manager. These checks monitored all the areas of concerns that we identified at our last inspection. For example, checks included monitoring how medicines were managed, monitoring fluid intake and people’s weight and the monitoring of the content and storage of care records. Where concerns with quality were identified, action was taken to improve quality. For example, when the manager identified that a person’s fluid intake was less than expected, they ensured that staff spent extra time encouraging the person to drink.

The provider also completed frequent checks to ensure the manager was effective in their role. These checks included; monitoring of complaints management, staff management and financial management. The provider also met with the manager on a regular basis to review quality and to discuss quality improvements. An annual quality audit cycle had been devised which ensured all elements of care were checked throughout the year. Areas this cycle covered included; activity provision, food hygiene, training and infection control.

Relatives told us there was a positive atmosphere at the home. One relative said, “The staff all look so much happier now”. Staff confirmed that the improvements in quality had led to improvements in their wellbeing. One staff member said, “It’s much better now, I don’t go home crying like I used to”. Another staff member said, “I’m a lot happier here and we are giving much better care, it’s improved a lot”.

The manager understood the responsibilities of CQC registration. They reported significant events to us, such as safety incidents, in accordance with registration requirements.