

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Littleover Manor

453 Burton Road, Littleover, Derby, DE23 6FL

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Livlife (UK) Limited
Registered Managers	Mrs. Tracey Jackson Mrs. Bronja Mary Williams
Overview of the service	Littleover Manor is owned by Livlife (UK) Limited. The service is situated in Derby, and provides care and support for up to 6 people with a learning disability.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

In this report the name of the registered manager Mrs Bronja Mary Williams appears. This is because this person is registered as the manager for the regulated activity personal care. This regulated activity was not inspected at this visit, as this service was not being provided to anyone living in their own homes. Mrs Tracey Jackson is registered as the manager for the regulated activity accommodation for persons who require nursing or personal care, which is provided at Littleover Manor.

People told us they liked their home and the staff supporting them. Comments included, "I love living here, I love all the staff, I love the food, I'm staying here for ever." And "I wouldn't leave here, I am very happy; I wouldn't want to live anywhere else."

People using the service were involved in the development and on-going review of their care package and confirmed they were supported to make decisions and choices, for example regarding meal choices, college courses, activities and holidays.

People said they knew who to talk to if they had any concerns or complaints. Comments included, "If I had a problem about anything I would tell the staff." And, "we all get on really well, so staff would sort out any problems." Independent advocates were also available to the people using the service and visited on a regular basis.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People using the service confirmed they were supported to plan their holiday destinations according to their preferences. People told us about the holidays they had taken or where due to take this year. Some people preferred to holiday alone with staff support, others had chosen to holiday together with staff support. This included holidays in this country, such as Skegness and Blackpool and a holiday in Spain. This demonstrated that staff worked in partnership with the people they supported to ensure decisions were sought, included and respected, according to individual preference and choice.

Staff demonstrated a good understanding of the needs of people they supported. All of the people spoken to confirmed that they were treated respectfully by the staff that worked with them. Information was on display in the main corridor regarding the staff on duty each day, this supported people to know which staff would be supporting them each day. People told us that they liked the staff team and confirmed that they supported them with their daily routines and activities. People confirmed they were involved in decisions about the meals provided. On the day of our visit a birthday celebration was taking place and everyone chose their preferred choice of meal from the local fish and chip shop.

People told us how they enrolled at the local college on courses that were of interest to them. One person told us they had enrolled onto a sign language course and confirmed other courses they had completed.

We looked at two people's support plans; these were detailed and instructed staff on how to promote people's independence through supporting them to make choices on a day to day basis and ensure that respect for their dignity and privacy was always observed. Support plans were in an easy read format so that people using the service could be involved in the process. People's method of communication was recorded in their support plans, which provided information on how to communicate with them according to their cognitive skills.

Within support records, people's choices and religious and faith preferences were reflected, which enabled staff to provide individualised support. People were supported to follow their interest and hobbies. One person had been to college to learn how to crochet and they showed us a crocheted blanket they were in the process of making.

Information regarding each person's capacity to consent, and the level of support they required to make decisions was included in the support plans seen.

People spoken with told us that staff reviewed their care plans with them. One person said, "I sometimes find it a bit boring but staff have to do it, to make sure I agree with what's written down." Where able, people had signed their support plans to demonstrate their agreement with them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with confirmed that they were happy with the support they received from staff and were happy living at Littleover Manor. Comments included, "I love living here, I love all the staff, I love the food, I'm staying here for ever." And "I wouldn't leave here, I am very happy; I wouldn't want to live anywhere else."

Support plans were written as if people had written their own preferences about how they wanted to be supported. Support plans detailed people's support needs, their daily routines, their likes and dislikes and their preference of staff gender when providing support with personal care needs. This enabled staff to provide individualised care. Information in support plans included how each person was to be supported in a way that maintained the skills they already had, and on learning and developing new skills. Records seen gave clear instructions on the level of support people needed to maintain their independence. Records showed that people using the service were involved in the development and on-going review of their care package. Some people were able to confirm that they were involved in regular reviews and discussion about their care.

Risk assessments covered all areas of support. This included people's nutritional requirements, mobility and risks regarding falls, personal care and risks regarding pressure areas, domestic and daily living activities, community access, choice and consent and vulnerability. Risk assessments also assessed how staff supported people with their prescribed medication and how staff supported people to manage their finances. Risk assessments were clear and instructed staff on the actions that were to be taken to minimise and manage risks, whilst supporting people to take reasonable risks.

People confirmed they accessed health care professionals when they were unwell and for appointments as required. Hospital traffic light assessments and emergency information was also in place for use, if the person required hospital intervention. This ensured that positive outcomes for people were promoted. Information regarding the person's ability to understand and make decisions about their health care was also recorded. Records included information about the person's medical background, their health and medication needs and information regarding health care professionals involved in their care, such as doctors, dentists, chiropodists and opticians. The records showed the people's health was

monitored and advice sought from professionals as required.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

It was confirmed by the registered manager that none of the people that were prescribed medication managed their medicines independently. People confirmed that staff administered their medication to them as prescribed.

Support plans were in place regarding people's prescribed medications; this included information regarding their prescribed medicines, the level of support people required, including the way they preferred to take their medication.

Risk assessments were also in place regarding medication and demonstrated that people were supported to take their medication in a safe way.

We looked at the medication administration records for people that were prescribed medication; this included the records held for controlled drugs. Medication administration records contained photographic identification of the person, to ensure they were correctly identified. This is particularly important if staff are unfamiliar with the person they are administering medication to, for example new staff or staff covering in the event of sickness. The records were checked against the medication held and demonstrated that people had received their medication as prescribed.

We checked the recording of the clinical fridge temperatures. This was to check that the clinical fridge in use was maintained at a suitable temperature for any medicines that required cold storage. Records showed that the fridge temperatures were taken daily and recorded. These records showed that the fridge was within a safe temperature range. At the time of our visit no medications were in use that required cold storage.

A satisfactory medication policy was in place to ensure staff worked to current guidelines. Records were seen to demonstrate that staff administering medication had undertaken training, this included an observational assessment to ensure staffs competency.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at three staff recruitment files. Information within staff records included application forms and interview records; this demonstrated that effective recruitment and selection processes were in place.

The three staff files had two written references and evidence that identification documents had been obtained prior to starting work. Staff had completed health declaration questionnaires prior to commencing work.

Application forms had been completed before the staff members commenced work and included full employment histories.

A satisfactory Disclosure and Barring Service check was in place prior to staff commencing work. This demonstrated that appropriate checks had been undertaken before staff began work, to ensure staff employed were suitable to work with people using the service.

People using the service were involved in interviewing staff; this demonstrated that people were empowered to make decisions regarding the staff that were employed to support them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Observations on the day of our visit indicated that people using the service had a good rapport with staff and felt comfortable speaking with them. Meetings were held regularly for the people that used the service, some of these meetings were chaired by an independent advocate and this enabled people using the service an opportunity to express their views openly. Other meetings were chaired by staff working at the service. There was evidence to demonstrate that people's views were listened to and acted upon; as actions had been taken to demonstrate this, such as trips out and activities arranged.

Annual satisfaction surveys were sent out annually to people using the service, their relatives and visiting professionals. There was evidence to demonstrate that people's views were listened to and acted upon, for example one person's relatives had suggested the service purchase new garden furniture, which had been done. Comments received from relatives in May 2013 demonstrated that they were happy with the support and services provided. Quotes included, 'very happy with all aspects of care.' 'Very high standards, staff put clients first and stimulate clients with activities every day.' And, 'always offered a cup of tea and made to feel welcome.'

People told us that they knew who they could talk to if they had any concerns or complaints. Comments included, "If I had a problem about anything I would tell the staff." Another person said, "we all get on really well, so staff would sort out any problems." Independent advocates were also available to the people using the service and visited on a regular basis.

The provider may find it useful to note that information in one person's care records indicated that an allegation made by them about a member of staff had been investigated by the registered manager. There was no evidence to demonstrate that the local authority had been informed of this allegation under safeguarding procedures. The registered manager confirmed that this person's care manager had been informed of these allegations; however this was not recorded in the records seen. To ensure a transparent and open approach is evident, the local authority, under safeguarding procedures, should be informed of any allegations made.

Staff meetings were held regularly and minutes were available to all staff, so anyone unable to attend was kept up to date with any changes, developments and discussions. Minutes of staff meetings were seen to confirm this.

The medication records were checked on a weekly and monthly basis, and the competence of staff administering medication was also checked. Monthly audits of care records were also undertaken to ensure people were supported effectively.

Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as required. This included electrical and gas safety checks, fire alarm tests and a fire risk assessment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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