

Crowne Home Care Limited

Littleton House

Inspection report

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22 June 2021
23 June 2021
14 July 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Littleton House is a supported living service providing personal care to 20 younger people, at the time of the inspection, some of whom have a learning disability or may have a physical disability.

People's experience of using this service and what we found

People had not received a service that was consistently well led. Whilst there were systems in place to monitor the quality and safety of the service, we found these needed further improvement.

Whilst many aspects of infection prevention and control (IPC) practice were safe we determined further improvement was needed in formalising some areas of checks that were carried out.

People were supported by staff who were knowledgeable about how to recognise and escalate safeguarding concerns. People's medicines were managed safely and people were supported by staff who had been recruited safely.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-Led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 26 February 2019)

Why we inspected

We received concerns in relation to visiting restrictions at the service and hours of support people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of the full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Littleton House on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Littleton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector who carried out the site visit on the 22 June 2021. An assistant inspector carried out phone calls to relatives on the 23 June 2021.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 June 2021 and ended on 14 July 2021. We visited the office location on 22 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five staff including the registered manager, director and care workers. We reviewed a range of records. This included three people's daily living records, three medicine records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with four relatives for their views of the care provided. We spoke with two care staff. We reviewed a range of records including two people's care plans and risk assessments, policies, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care records detailed the risks associated with people's care. We found that whilst these were detailed in parts, they had not consistently considered all the risks or needs of people the service was supporting. For example, one person did not have a risk assessment in place around the use of a bed rail and another person's care plan needed further detail around the support needed around their anxiety. This placed people at risk of receiving incorrect or inconsistent support. Following the inspection, the registered manager provided evidence of the bed rail risk assessments that were in place and informed us that all systems relating to these documents had been updated.
- Staff we spoke with knew people well and could describe how they supported people safely.

Staffing and recruitment

- There were systems in place that ensured staff were recruited safely. This included obtaining a Disclosure and Barring Service check (DBS) to ensure staff were suitable to work at the service.
- Staff told us that staffing levels were sufficient at the service. At the start of the COVID- 19 pandemic changes had been made to people's support hours due to day centres closing. The director was able to provide evidence of agreed support hours prior to the pandemic and discussed with us the action they had taken to support people through this time.
- Whilst we found that the total hours people were supported for did not indicate unsafe staffing levels, there was further clarification needed to ensure people were receiving the correct support hours on a one to one basis. The provider informed us they were in contact with the local authority around this issue.

Preventing and controlling infection

- We were somewhat assured that people were supported with safe visits. Whilst there were procedures in place around arranging visits and for testing visitors, further improvements were needed around the recording of screening of visitors. The registered manager agreed to take action to improve this area.
- We were somewhat assured that staff were using PPE effectively to safeguard staff and people using services. We were informed that on two occasions staff had been seen not wearing a mask. We explored this with the registered manager who took immediate action to address this by increasing the spot check frequency, improving recordings of spot checks and reiterating current guidance with staff.
- We were somewhat assured that the providers IPC policy was up to date and implemented effectively to prevent and control infection. Relatives and staff informed us they had been kept up to date around changes in IPC practice and the director sent evidence of how this had been implemented. However, the IPC policy was not in line with current guidance. People had been supported in line with their individual risks associated with COVID-19 such as shielding when advised. Further improvements were needed in recording

more specific detail in people's COVID- 19 risk assessments. This would ensure all risks related to the individuals care in relation to COVID- 19 could be considered and reduced. The registered manager agreed to take action to improve this area.

- We were assured that there was adequate access and take up of testing for care staff and people using services
- We were assured that people were supported to maintain safe levels of hygiene to minimise the risk of infection.
- We were assured that staff training, practices and deployment show the provider can prevent transmission of infection and/ or manage outbreaks.
- We were assured that people were being supported to minimise the risk of catching and spreading infection.

Learning lessons when things go wrong

- There were systems in place to record individual incidents and accidents which had occurred. These were reviewed to reduce the chance of a similar incident occurring again.
- We found the analysis of trends in incidents and accidents across the service could be improved further. Trends across the service were not fully explored. Doing this would ensure further steps could be taken to mitigate risk across the service.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise safeguarding concerns and what action to take should these occur. Staff felt assured appropriate action would be taken by the management team should safeguarding concerns be raised.
- Staff had received training around safeguarding people and many of the staff had worked at the service for a long period of time and knew the people they supported well. One staff member told us, "It's my job to keep them safe. Any concerns I will report to management."

Using medicines safely

- People received their medicines safely. Staff received training in medication management and checks were carried out to ensure staff were safe to administer medications. The registered manager had put in place systems to monitor the administration of medication.
- We spoke with relatives about how their family members medicines were managed and one relative informed us that, "Staff know what they are doing and no concerns."
- Staff told us they felt confident in administering medicines and were aware of the action to take should an error occur.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Monitoring systems had not identified the requirement for more specific detail in people's COVID-19 risk assessments.
- The provider had not formalised the process around monitoring checks carried out when people received visitors. Checks that had been carried out were not recorded.
- The provider had not ensured the policy around IPC had been kept up to date.
- Systems in place had not consistently been effective in monitoring the safety of the service. For example, we found that analysis of incidents needed to be improved. In addition, we noted one medicine administration recording error that had not been highlighted through the providers own monitoring checks.
- Systems in place had not identified that peoples care records were not consistently accurate. For example, reference to a bed rail risk assessment was not present on all the providers systems and further information was needed around the support a person needed with their anxiety.
- Systems to improve the service had not been consistently effective. Surveys had taken place with people, relatives and staff. Where lower satisfaction scores were stated there was no clear audit trail to show how these issues had been explored, acted on and monitored.

We found no evidence that people had been harmed however, the systems in place to monitor and improve the quality of the service were not robust. This constituted a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the feedback from the inspection and had already addressed or started to address some of these concerns.
- There were processes in place to monitor staff practice through spot checks which staff confirmed took place.
- There were systems to ensure daily tasks identified through the persons care plan took place. The registered manager informed us this was monitored daily including weekends to ensure people received the care they needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us that people received support from a consistent staff team. Another relative told us they

had, "No complaints whatsoever- very caring they think of everything." This relative went on to describe one of the carers who supported their loved one and said, "[Name of staff] is the loveliest man you could ever wish to meet."

- Staff we spoke with knew people well and enjoyed their roles in supporting people. One staff member told us that the best part of their role was, "Looking after the service users and helping them achieve new goals." Another staff member said, "I enjoy making a difference to someone's life."
- One staff member gave an example of how they had adapted involving a person they supported due to COVID 19 restrictions. They had used on-line shopping to encourage the person to still be involved in choosing their food rather than visiting the shops.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to notify us of specific events that had occurred at the service. They were able to describe duty of candour and how it related to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they had been involved in their loved one's care. Some relatives felt that more could be done to seek their feedback or improvements within of the service.
- The service had adapted communication between relatives and people using the service whilst visiting restrictions were in place. People had been supported to use alternative means of communication such as video calls to keep in touch with their loved ones.
- Staff told us they felt supported in their roles and were able to make suggestions for improvement. One staff member told us, "The support I receive is absolutely brilliant." Another member of staff said, "I've had a lot of support. I do always feel I can go to the management and express my views."

Working in partnership with others

- The service worked with other health professionals such as general practitioners, speech and language teams and district nurse teams. This partnership working enabled people to receive the support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective and robust systems in place to monitor the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c).