Crowne Home Care Limited

Littleton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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.

About the service
Littleton House is a support living service, providing personal care to 20 people at the time of inspection. The service provides support to people who have a learning disability or physical disability.

There were six houses, containing individual flats. Each person had their own bedroom and bathroom facilities. Each house contained a shared communal lounge and kitchen area.

People's experience of using this service and what we found
People received a service that was safe and well-led. There were systems in place to monitor the quality and safety of the service.

Infection prevention and control practices were safe and spot checks were carried out by the management team.

People were supported by staff who knew them well. Staff received relevant training and knew how to recognise and escalate safeguarding concerns. Peoples medicines were managed safely, and staff had been recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were support to have maximum choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values and attitude of the management team and staff ensured people lead confident, inclusive and empowered lives.

Rating at last inspection and update
The last rating for this service was requires improvement (published 11 September 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We received concerns in relation to the safeguarding of people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Whilst undertaking this inspection we assessed whether the service was applying the principles of right support, right care and right culture. 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. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.
We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections 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 continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

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 short period notice 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 February 2022 and ended on 22 February 2022. We visited the location's office on 16 and 17 February 2022.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection. We used the information the provider had sent to us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We spoke with eight staff including the registered manager, director and care workers. We spoke with five people using the service and four relatives for their views about the service. People who used the service were able to talk to us. We viewed a range of records. This included three peoples care records, including two peoples daily living records and medicine records.

After the inspection
We reviewed a range of quality assurance records and training records.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- The provider had made improvements to peoples care records and risk assessments to ensure these clearly outlined peoples support needs and how staff should support them. Risk assessments detailed the risks to individuals, and actions that could be taken to reduce those risks.
- Staff we spoke to were knowledgeable about people's needs and how they supported them safely.
- People received support from staff to take their medication when required and safely. A person said "[Staff member] administers my medication for me, I don't like taking medication I get anxiety, [staff member] calms me down before I have to take my medication and they stay with me while I take it."
- Staff received medication training and underwent competency checks. Staff told us they felt confident when administering medication.

Staffing and recruitment

- Staff were recruited safely. The registered manager ensured staff had a Disclosure and Barring Service (DBS) check prior to commencing work. The DBS helps employers make safer recruitment decisions.
- Staffing levels were sufficient. The provider had worked with the local authority to ensure people received the support hours they required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The analysis of trends in incidents and accidents across the service had been improved. Accidents and incidents had been explored to try and identify the cause and actions were put in to place to try and mitigate future risk or reoccurrence. These were then analysed on a monthly basis to highlight any trends or themes.
- People were supported by staff who understood how to recognise and report abuse.
- Staff told us they received safeguarding training, and this was evidenced in records. A staff member said "Safeguarding is protecting vulnerable adults or children by noticing if something doesn't look right or something suspicious is happening. I'd report to my manager, the local authority or Care Quality Commission."
- The registered manager was able to demonstrate that safeguarding's were recorded, investigated and actions taken. Where appropriate the registered manager contacted the relevant professionals as part of the investigation.

Preventing and controlling infection

Since the last inspection improvements had been made to ensure the service was preventing and controlling infection.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the systems in place to monitor and improve the quality of the service were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to ensure peoples COVID-19 risk assessments considered their specific characteristics.
- The provider had formalised the process around monitoring checks for visitors and checks were recorded.
- The provider had updated the infection control policy to ensure it was up to date.
- The provider had improved systems in place to ensure the effective monitoring of safety in the service. Relatives told us staff understood the risks associated with peoples care needs.
- Surveys had taken place with people, relatives and staff. There was a clear audit trail to demonstrate how issues had been explored and acted on.

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

- People received person centred support from a consistent staff team.
- People felt empowered by staff to make their own choices. One person said "I'm lazy, I wake up in the morning and the staff say what do you want to do today? I say I want to stay in bed. It's my choice, especially in the winter when it's cold I don't want to get out of bed in the morning. With my condition when I'm cold my limbs stiffen up. The thing that helps me is a nice warm bath, I get a bath every day of the week."
- 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."

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

- Care plans considered peoples equality characteristics and daily logs evidenced that people had choice

and control over the support they received.
● Care plans were signed by people to evidence they agreed with the information documented.
● Relatives told us they were involved in their loved one's care. One relative told us "Each time they change their medication, they get a different aspect on things, sometimes the carers, [person] and me all sit together and chat about this".
● Relatives we spoke to felt positively about the registered manager and provider. A relative said "They are lovely, they really are. I could speak to them about anything. I've never had any qualms about anything, they helped me a lot when [person] first went there."
● Staff told us they had regular team meetings and felt supported by the registered manager. A staff member said, "I've raised a new concern about a client, it's been assessed, discussed and the care plan and risk assessment updated."

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 and provider were transparent and understood their responsibility towards duty of candour.
● The registered manager was able to demonstrate they had informed the relevant agencies when specific incidents had occurred at the service.

Continuous learning and improving care; Working in partnership with others
● The service demonstrated how they recorded incidents and accidents, investigated them and took appropriate action where necessary.
● The service worked with other professionals such as general practitioners, psychiatrists, the learning disability team, district nurses, occupational therapists and speech and language therapists. This enabled people to receive the support required.