Horton Establishments Ltd

Horton Education and Care

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

The service is provided in a domestic dwelling and is registered with the Care Quality Commission [CQC] to provide care and accommodation for a maximum of two who have a learning disability. At the time of the inspection one person was living at the service.

This inspection took place on 9 and 14 September 2015 and was unannounced. This was the first time the service had been inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had a duty to keep the person safe and protect them from harm. They had received training which had equipped them with the skills and knowledge to identify abuse and how to report this so the person was safe. Staff had been recruited safely and the registered provider's recruitment procedures ensured as far as practicable the person was not exposed to staff

Summary of findings

who had been barred from working with vulnerable adults. Staff were provided in enough numbers to meet the needs of the person who used the service. Medicines were handled safely and staff had received training in this area.

The person who used the service was provided with a wholesome and nutritional diet which was of their choosing. Staff supported the person to prepare their own meals and guided them on making healthy options. Staff had received training which equipped them to meet the needs of the person who used the service. The person were supported to access health care professionals when needed and staff supported them to lead a healthy life style. Staff were trained in and understood the principles of the Mental Capacity Act [MCA] and understood when these principles applied.

The person who used the service had good relationships with the staff who understood their needs. Staff respected the person's dignity, privacy and upheld their human rights and choices. The person who used the service was involved in decisions about their care and had attended meetings to set goals and fulfil ambitions.

The person who used the service could choose how to spend their days and the staff respected their choices. The person's preferences about how they wanted to be cared for were recorded and they had an input into the content of their care plans. Care plans described the person, for example their likes and dislikes and how they preferred to spend their day. There was a complaints procedure in place and the person who used the service knew they had a right to complain and who these should be directed to.

The person who used the service was involved with the running of the service, their opinions were sought and changes were made as a result of suggestions made. The registered manager undertook audits to ensure the person received a safe service which effectively met their needs.

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.

The person who used the service was cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the person who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

The person's medicines were handled, stored and administered safely by staff who had received training.

The service was clean and hygienic.

Good

Is the service effective?
The service was effective.

The person who used the service was cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected person and helped them to make informed decisions which were in their best interest.

The person who used the service was provided with a wholesome and nutritional diet; staff monitored their weight and dietary wellbeing.

Good

Is the service caring?
The service was caring.

The person was cared for by staff who understood their needs.

The person was involved with their plan of care and staff respected their dignity and privacy.

Staff maintained the person's independence.

Good

Is the service responsive?
The service was responsive.

The care the person received was person centred and staff respected their wishes and choices.

The person was provided with a range of activities and pursued individual hobbies and interests with the support of staff.

The person who used the service could raise concerns and make complaints if they wished.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The person who used the service could have a say about how it was run.

Other people who had an interest in the welfare of the person who used the service were consulted about their views as to how the service was run.

The registered manager undertook audits of the service to make sure the person lived in a safe, well run service.

Horton Education and Care

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 registered 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 9 and 14 September 2015 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We spoke with the person who used the service during the inspection. We observed how staff interacted and supported the person who used the service.

We spoke with three care staff and the registered manger.

We looked at the care file which belonged to the person who used the service. We also looked at other important documentation such as incident and accident records and medicine administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that the person who used the service was not deprived of their liberty unlawfully and action taken by the registered provider was in line with current legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and the person who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

The person who used the service told us they felt safe and trusted the staff. They said, "They are a good bunch they see I'm ok." They told us there we always enough staff on duty to meet their needs. They said, "The staff are always here I'm never left on my own, they're even here during the night."

When we spoke with staff they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring. Staff were able to describe the different types of abuse they may witness or become aware of these included, psychological, sexual, physical and emotional. They were aware of changes in the person's behaviours which may indicate they may be subject to abuse, for example being withdrawn or low in mood. They were also aware of physical signs which may indicate the person was being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard the person from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect the person.

The person's human rights were respected and they were not discriminated against because of their race or cultural beliefs. Staff understood the importance of respecting the person's rights and ensured they were treated with dignity and respect at all times. The person's right to lead a life style of their own choosing was respected by the staff and they were supported to do this, for example, they could spend time in their room and pursue individual hobbies and interests if they wished.

The care plan we looked at contained assessments undertaken by the both the placing authority and the staff at the service which identified areas of daily living which may pose a risk to the person, for example, falls, mobility, tissue viability and nutrition. The risk assessments were updated regularly and changes made where appropriate, for example, following a visit to the GP any changes to person's needs. Assessments were in place which instructed staff in how to support the person when they displayed behaviours which may challenge the service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how the staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were able to describe what actions they should take to ensure the person was safe and did not harm themselves or others.

The registered manager had audits in place which ensured the safety of the person who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure the person's safety if the premises were flooded or services like gas and electric failed. The care plan contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency. These took into account the person's needs, for example the person's level of understanding and responsiveness.

Staff understood they had a duty to raise any concerns they may have about the person's safety and welfare and understood they would be protected by the registered provider's whistle blowing policy. The registered manager told us they depended on the staff to keep the person safe and would take any concerns raised about a member of staff's practise very seriously, taking the appropriate action to keep the person who used the service safe. Staff told us they would have no hesitation in approaching the registered manager if they had any concerns; they also felt any conversation would be kept confidential and the registered manager would ensure the person was kept safe.

The registered manager kept an ongoing record of any incidents which happened at the service, for example any safeguarding referrals and the outcome of any investigation undertaken by them or the local authority safeguarding team. We saw the registered manager had made a safeguarding referral and had followed the advice given, providing the local authority safeguarding team with reports of the outcome of any investigation carried out by themselves.

Staff were provided in enough numbers to meet person's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure the person's safety. Staff told us they felt there were enough staff on duty and they

Good

Is the service safe?

could spend time with the person undertaking activities and taking them shopping in the local community. Staff told us they didn't feel rushed and never felt they neglected the person's needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms completed which covered gaps in employment and asked the applicant to provide an account of their experience. The files contained evidence of references obtained from the applicant's previous employer where possible and evidence of checks undertaken with the Disclosure and barring Services [DBS]. This meant, as far as practicable, staff had been recruited safely and the person was not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an ongoing stock control was kept. There was a record of all medicines returned to the pharmacy. We looked at the medicines administration record sheets and these had been signed by staff when the person's medicines had been given, staff used codes for when medicines had not been given or refused. All medicines were locked in a cupboard and records we saw showed us staff received regular training with regard to the safe handling and administration of medicines.

When we walked around the building we found it to be clean, well maintained and free from any unpleasant odours.

Good

Is the service effective?

Our findings

When we spoke with the person who used the service they told us they could choose what food they ate but where guided by staff with regard to healthy options. They told us, "I have what I want really but the staff help me choose what's good for me." They told us they could access health care professionals when they needed to, they said, "They take me to the doctors I'm going this morning" and "I go and see other doctors as well."

Staff told us they felt the training they received equipped them to meet the needs of the person who used the service. They told us they received regular training in safeguarding adults, health and safety, moving and handling, fire and food hygiene; this was training which the registered provider had identified as being essential for all staff to undertake. The registered manager had systems in place which ensured staff training was updated when required. Some training did not need updating annually; however, the registered manager made sure staff had refresher training in between the time for renewal. For example, training in safe food handling was undertaken yearly despite this training needing to be updated less frequently. Staff told us they undertook more specialist training as well as the essential training identified by the registered provider this included, dementia and how to support the person with behaviours which may put them or others at risk and challenged the service.

Newly recruited staff told us the induction they received was good and felt it covered all the areas they needed to know about the running of the service. They told us they had been assessed as being competent during their induction and any areas where they fell short in their learning had been revisited and retraining given. The induction in place had been based on current good practise guidelines issued by a reputable source.

We saw records which confirmed staff received regular supervision and an annual appraisal. The supervision sessions covered topics about their working practise and any areas of concerns, the annual appraisal gave the staff the opportunity to set goals for their learning for the coming year. The staff told us they found the formal supervision sessions useful; however, they could also approach the registered manager at any time for guidance and advice.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when the person who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager told us the person who used the service was subject to a DoLS due to their vulnerability when accessing the community. Staff we spoke with were aware of the DoLS and the restrictions it placed on the person and how they should implement it.

The person who used the service was provided with wholesome and varied food. This was mainly of the person's own choosing and menus were decided on the day or dependent of what activities were being undertaken, for example, a trip to the sea side for fish and chips. Staff were aware of the need for the person to eat healthily and advice and guidance was given around this and meal choices.

The person's care plan showed they had access to health care professionals when needed. They were supported by staff to attended appointments at their GPs and hospital as required. The outcome of any appointments were recorded in the person's care plans and changes made where necessary.

Good

Is the service caring?

Our findings

The person who used the service told us they liked the staff and had a good relationship with them, they said, “The staff are great I get on with them all, some I like more than others”, “They are all easy to get along with, they’re the best I’ve had” and “They make sure I’ve got what I need.”

We saw staff were kind and caring when supporting the person who used the service. They used lots of encouraging words to motivate them to stay independent and undertake daily living tasks. We saw and heard lots of laughter and chatter at the service as staff were supporting the person. There was an easy relaxed feel to the interaction between the person who used the service and the staff.

We heard staff talking to the person who used the service about their relatives and how they were keeping. They also asked them if their visits had been positive and if they had enjoyed it, as this was part of their routine.

The registered provider had policies in place which reminded the staff about the importance of respecting the person’s backgrounds and culture and not to judge the person. Staff we spoke with told us of the importance of respecting the person’s rights and upholding the person’s dignity. They told us they gave the person who used the service options and asked them for their views. We observed staff asking the person if they wanted to undertake activities and staff respected their right to say no. They told us they viewed the service as the person’s home and respected their privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination or exploitation; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

The person who used the service was involved with their care, we saw evidence in their care plans they had attended reviews and their input had been recorded. They had also been consulted about goals they wished to achieve, this included attending college to gain qualifications and developing their daily living skills.

The person’s wellbeing was monitored on daily basis; daily notes made by the staff demonstrated what support had been provided and if there had been changes to person’s needs during the shift following GP visits or visits form other health care professionals.

The person was supported by an independent advocate and they attended all reviews and had an input into any decisions made about the person’s care or their future.

Good

Is the service responsive?

Our findings

The person who used the service told us their choices were respected and they could choose their own activities, they said, “The staff help me to decide what I want to do, but if I don’t want to do anything they don’t force me”, “I like going out in the car just for a ride around sometimes” and “The staff take me all over the place.” The person told us they could choose what time to get up and go to bed, they said, “I get up when I want but if we are doing something I like them to remind me” and “I go to bed late I like watching DVDs.” They also told us they knew they could make a complaint and who these should be directed to, they said, “I would tell the manager [manager’s name] you can talk to her.”

The care file we looked at described the person and what areas of daily living the staff needed to support them with, for example, some aspects of personal care and dressing. The care plan contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example meals, getting up, going to bed and what they liked to wear. The care plan contained assessments which identified areas of daily life where the person needed more support, for example nutrition, alcohol intake, smoking and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when person’s needs changed.

The person’s care plan contained a record of reviews undertaken which involved the person, their relatives where appropriate, advocates, staff and health care professional involved with the person’s care. The reviews recorded the opinions of all those involved including the person about how their care was being provided and whether there should be any changes. Reviews were held regularly.

The persons’ care plan detailed what activities the person enjoyed and what activities were to be undertaken to encourage and maintain daily living skills. For example helping with the running of the service and cooking simple meals. The care plan also instructed the staff in how to protect the person while they were in the community from exploitation. Staff recorded what activities the person undertook each day.

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to the person about how they could consult outside bodies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the local government Ombudsman.

Good

Is the service well-led?

Our findings

The person who used the service told us they were involved with the running of it, they told us, "I get asked every day if I'm happy and I am", "The staff let me know what's going on and I have meeting with the other residents at the other house" and "We all talk about things."

During the inspection we saw the registered manager was accessible to staff and spent a great deal of their working day out of the office checking staff practise and ensuring the person's needs were met. Staff told us they found the registered manager approachable and supportive.

Staff told us they had meetings where the registered manager and the registered provider gave them updates as to what was happening at the service, for example, any future plans for the service. They told us the registered manager updated them on new legislation with regard to their role and any new ways of working which were being implemented. We saw minutes of meetings held with staff which showed the various topics discussed, for example, working practises, any planned changes or anything the registered manager or registered provider wanted to bring to the staff's attention.

All accidents and the outcome of any actions taken as result of an accident were recorded. The registered manager analysed accidents to identify any patterns or trends so these could be looked at in detail to establish if any learning could be gained or changes made to working practises to keep the person safe. Any learning from either the accidents or incidents were shared with staff. The registered manager had range of audits which they were expected to undertake on a regular basis, this included audits of staff training, staffing levels, the person's care plans, the environment and the décor of the building. These audits were checked by the registered provider who also undertook audits themselves and identified areas of improvement. If any areas of improvement were identified the registered provider brought this to the registered manager's attention in the form a report and time scales were set to make sure these were addressed.

Surveys were undertaken with the person who used the service, their relatives and visiting health care professionals to ascertain their views about how the service was run. The surveys identified various topics for the person to comment on and these views were collated and analysed with action plans set to address any short falls. The registered manager also undertook meetings with the person who used the service and their relatives to gain their views about how the service was run and to pass on information about the service. We saw a record of these meetings. The registered manager collated the views gathered via the surveys and meetings and set action plans and goals to address any issues raised.

The registered manager had sent in the relevant notifications to the CQC regarding any safeguarding referrals.