

Huntercombe (Granby One) Limited

The Huntercombe Centre - Redbourne

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?	Outstanding ☆

Summary of findings

Overall summary

The Huntercombe Centre – Redbourne is a specialist service for men with a learning disability, mental health needs, behaviours that may challenge the service or others and complex needs. The service is registered to provide personal and nursing care to a maximum of 14 people.

Accommodation is provided in a large detached, two-storey building offering 14 single bedrooms with vanity units, four bathrooms and separate toilets, two communal lounges and a dining room. In addition, the service offers a training kitchen and adjoining lounge, a relaxation room and a social/education room with computer suite.

The service has extensive gardens with seating areas, a greenhouse and poly-tunnel, and off street parking. It is situated on a main road in a rural village, close to local amenities including a village shop and pub. The service has two vehicles for people's use.

The service had 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 legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 6 October 2015 and was rated 'Good' overall. At this inspection we found the service remained 'Good' overall and we judged the well-led domain to be 'Outstanding'.

There was a strong person-centred culture apparent within the service with care tailored to meet the needs and aspirations of each individual. Positive risk taking was driven throughout the organisation. Staff balanced the potential benefits and risks and chose particular actions over others, in order to support people to lead fulfilling lives in as ordinary a way as possible. In delivering this consistent approach people were supported to try new things and make positive changes in their lives. The provider, the registered manager and the staff team all had an excellent understanding of positive risk management and supported people that had previously challenged services to reach their full potential.

An outstanding feature of the service was the time invested developing the service to accommodate the changing needs of the people who used the service, using innovative and flexible ways to move people forward. The registered manager demonstrated strong values and a desire to continue to learn about and implement best practice throughout the service.

We found personalised programmes and flexible staffing arrangements enabled people to learn to live fulfilled and meaningful lives. Staff knew people well and were skilled at ensuring they were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on least restrictive practice guidance to support people

safely.

Robust systems were in place to protect people from the risk of harm or abuse. People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff were recruited in a safe way and all checks were in place before they started work. The staff had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. People were supported by sufficient numbers of staff.

The registered manager and staff team supported people to access health care professionals when needed and to have maximum choice and control over their lives. Staff supported them in the least restrictive way possible; in line with policies and systems in the service to support this practice.

The leadership, management and governance of the service were outstanding and assured the delivery of high quality, person-centred care which supported learning and innovation. The service developed and maintained strong links with external organisations and within the local community. The registered manager investigated and resolved complaints wherever possible to the complainant's satisfaction.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run and the care they received. Regular audits were carried out to ensure the service was safe and well-run.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? This service has improved to outstanding.	Outstanding ☆

The Huntercombe Centre - Redbourne

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. The inspection checked whether the 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.

The inspection took place on 14th December and was announced. We gave 24 hours' notice of the inspection so people could be supported to participate in the inspection process.

The inspection was carried out by two Adult Social Care inspectors and an expert by experience, whose area of expertise was mental health and physical and sensory impairments. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR within the timescale given.

During the inspection, we spoke with five people who used the service, the registered manager, the nurse on duty, the chef and three members of staff. During the inspection, telephone calls were made to five relatives and three health and social care professionals.

We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf

A tour of the service was completed to check the general maintenance, cleanliness and infection prevention and control. We spent time observing the care delivered to people.

The care files for two people who used the service were reviewed and other important documentation relating to the people who used the service such as their Medication Administration Records (MARs).

We looked at a selection of documentation relating to the management and running of the service. These included five staff recruitment files, training records, staff rota's, minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance and equipment records.

Is the service safe?

Our findings

At this inspection we found people continued to be supported in a safe way.

People we spoke with told us they felt safe and comfortable in the service and that they were happy with the staff team and trusted them. Relatives we spoke with told us they were confident their family member was safe from harm. One relative told us, "My son has a complex health condition but I know he is safe here. All the staff know what to do if there is a problem with his condition."

The registered manager told us they formally assessed staffing levels on a regular basis. We saw that staffing levels were flexible and provided in adequate numbers to ensure staffing was available to meet people's needs fully.

There were suitable arrangements in place that showed people's medicines were managed consistently and safely by staff. Medicines, were obtained, stored administered and disposed of appropriately. Random sampling of people's medicines against their Medication Administration Records (MARs) confirmed they were receiving their medicines as prescribed by their GP. Where possible, people who used the service were encouraged and supported to administer their own medicines in preparation for more independent living. People told us staff consulted them about their medicines and they received them on time. Easy read information about medication was available within the service. One person told us about the medicines they were prescribed and what conditions it was used for.

A positive and proactive approach was adopted to ensure people were supported to take risks safely and where possible, to make choices and decisions concerning their lives. We saw care plans contained risk assessments for all areas where a need had been identified. These included; accessing the local community and behaviours that may challenge the service or others.

The provider had detailed policies and procedures in place to direct staff in safeguarding vulnerable people from harm or abuse. Staff had a clear understanding of their responsibilities to keep people safe from harm, and knew how to use whistleblowing procedures. Staff spoken with were confident the registered manager and registered nurses would take action to follow up any safeguarding issues when this was required. Annual safeguarding training was provided to ensure staff knew how to recognise and report issues of potential abuse. A robust recruitment and selection process was in place. These included an application form to assess gaps in employment history, obtaining references, a disclosure and barring service (DBS) check, which would highlight any criminal record, and an interview.

Records from management meetings showed that accidents and incidents were closely monitored at senior management level and learning from these took place. This helped to identify any emerging trends and to take action to reduce the risk of further occurrences. This showed us that the provider took all incidents seriously. The learning from incidents was implemented quickly and effectively and the people who used the service are at the centre of any learning.

Regular checks were completed to ensure the environment and equipment within the service was well-maintained and clean. Weekly fire procedures were undertaken to ensure the service could respond in an emergency situation .

Is the service effective?

Our findings

At this inspection we found people continued to be supported in an effective way.

People and relatives we spoke with told us the service was effective at meeting their needs. They praised the quality of care provided and the competence and attitude of staff. People who used the service told us, "They're on the ball when visits [from health professionals] are needed." Another told us, "He's been there 15 years and gets superb care. My family member and I see the staff as family."

People were cared for by skilled, motivated and well-trained staff. We reviewed the training records which showed staff completed both mandatory and specialist training in areas specific to the needs of people who used the service. For example, these included epilepsy, mental health and positive behaviour approach. Staff told us the training was good and provided them with the skills and knowledge to do their job.

The registered manager embraced a culture of developing staff to reach their full potential and provide high quality care. They described the staff 'champion' roles they had developed, these are staff who had shown a specific interest in particular areas who are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment.

The registered manager told us that following review of their previous positive behaviour support approach, further training had been accessed which had been implemented and led to a reduction in incidents within the service as well as promoting more positive outcomes for people. This was also confirmed with staff spoken with. Following this, the service was also working towards achieving accreditation status with BILD (British Institute of Learning Disability).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

Care files looked at contained clear guidance for staff in how to meet people's assessed health needs. People were supported to attend health appointments, for example, doctors, consultants, opticians and dentists. Where there was difficulty with supporting people with medical treatment, the registered manager liaised with health professionals and involved them in best interests meetings to consider how this could be facilitated.

People were supported to eat a balanced diet and care plans detailed information about people's individual nutritional needs and preferences. Where additional needs had been identified, we saw eating and drinking plans had been developed with the input from Speech and Language Therapy services (SaLT); they included detailed information about suitable food texture types. The staff team had introduced a healthy living group

to involve people in learning about the values of a balanced diet and suitable exercise to maintain a healthy lifestyle. Part of this involved people growing their own vegetables, planning menus and being supported to cook their own meals in preparation for more independent living.

Bedrooms were personalised and reflected people's personalities and interests.

Is the service caring?

Our findings

At this inspection, we found people continued to be supported in a caring way.

People who used the service and their relatives told us staff were kind and caring and their privacy and dignity was respected. They told us, "All the staff are so damn good, they are brilliant. They care about me." Relatives supported this view and told us, "The staff are wonderful, so caring" and "I cannot speak too highly of the wonderful care my family member receives." Another commented, "The care and support is superb." Professionals commented on the positive and proactive approach of the registered manager and staff in their support of people who used the service.

The provider focused on the philosophy of 'nurturing the world one at a time' and 'believing and achieving together'. This promoted a consistent approach where everyone who used the service was treated as an individual with their care being unique to them to meet their individual needs. The ethos of the provider was for individuals to re-integrate into the community or move into an informal supported living environment as soon as they were able.

The strong person-centred culture, apparent within the service, enabled people to take a lead role in the planning and development of their individual development plans and day to day activities. These plans included accessing social and leisure activities with the local and wider community and being involved in their local communities. The registered manager told us how people encouraged and supported people to be part of their local community. As well as attending community groups and accessing community-based facilities, they were also involved in actively supporting their local community. For example, people were involved in growing plants for the annual 'Redbourne in bloom' competition and they watered the hanging baskets and plants in the local area throughout the growing season.

An independent advocate visited the service and was involved in chairing the residents meetings and supporting people who may be experiencing a difficult period in their lives. This enabled people to express their views in an open forum and have support available if they needed to raise any concerns or share ideas of how the service or care delivery could be improved. This was further supported by a dedicated team of key staff who worked with each person and offered them consistency.

The registered manager and staff told us they encouraged relatives to maintain strong relationships with people who used the service. Friends and relatives were encouraged to visit at any time without restriction and staff could support people to visit them or to meet up for lunch or a drink.

Relatives confirmed these arrangements were in place and said they were welcome to stay for meals." One relative told us, "I have no qualms whatsoever. I'll be there on Christmas Day. They're sending a taxi to pick me up and take me home." People who used the service told us how they had been involved in Christmas preparations and buying presents for family members. One person using the service told us, "I speak to mum every week on the telephone."

We saw that information was available for people in different formats to suit their individual needs. For example, there were easy read versions of medicines information, use and access to advocacy service, care plans and service user guides. In the entrance hall a digital photo display showed different aspects of daily life within the service including outings, facilities in the service, and activities available both in the service and wider community.

Is the service responsive?

Our findings

At this inspection we found people continued to be supported in a responsive way.

People who used the service and their relatives told us they were involved in the development and review of their care plans. Relatives told us, "My family member has autism and needed adult care for periods of respite. We went to various places and he chose this centre himself because he really liked it. Now he really benefits because of the calm environment." Another told us, "We are always invited to all the meetings and they listen to us. We know things are put in place following these because staff communicate with us regularly." Others commented, "I am thrilled with the service and definitely not moving him."

Professionals told us, "The support is brilliant. They are very proactive and when I did my review, the resident was very happy and settled." Another commented, "The service is really professional. The care team are thorough. All information and communication gets back. The relatives are very complimentary."

Staff were extremely responsive to people's needs and committed to ensuring they adapted a person-centred approach where people who used the service were their primary focus. The registered manager told us about a person who found spontaneous fire alarms difficult and led them to become anxious. The maintenance man had worked with staff to involve the person in fire checks and activating the alarm, which had helped them overcome their anxieties.

We reviewed the care records for two people and found them to be very person-centred; they detailed the levels of support each person required. Each individual's personality and personal qualities, as well as their likes and dislikes and aspirations had been recorded. Staff supported people in all aspects of their lives in order to promote their independence and included anything from learning how to make a cup of tea for themselves to developing the skills they needed to live more independently in line with their aspirations for the future. People who had previously experienced failed placements at other services were well-supported to achieve their potential. People who used the service had the opportunity to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for the promotion of their mental health and well-being.

We saw assessments and risk assessments were reviewed on a regular basis and updated when changes had been identified. We saw daily diary records were well-documented using appropriate language and terminology.

Staff were able to describe people's life histories and understood each person well. They told us the care plans gave them detailed information about the person and the systems in place supported the individual to celebrate their achievements.

Daily communication meetings were held with all staff to promote effective communication and share information about each person and day-to-day running of the service. Records of these meetings were maintained and from this, staff could see how each person who used the service had been throughout the

day and night. This meant people who used the service received care that was relevant to their needs at that time.

People told us they were encouraged to give their views and raise concerns or complaints. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. Relatives told us they had good relationships with staff and would be able to approach them with any concerns and were confident the registered manager and staff would deal with these accordingly. One relative told us, "I had a situation about six months ago concerning a member of staff. I spoke to management and it was dealt with. There was an intense investigation following the correct procedure and I was sent a copy of the report. I was completely satisfied with the outcome." Another told us, "I have nothing negative to say at all." We reviewed the complaints file and saw there was a review of complaints and how they were managed and responded to.

Is the service well-led?

Our findings

Relatives and professionals we spoke with considered the service to be led in an excellent way and felt the whole management team were open, supportive and forward thinking. They were extremely positive about the care and support offered to people who used the service.

Staff we spoke with told us, "[Name of registered manager] is great. He always listens to what we are saying." Another told us, "He leads by his example, is visible within the service and would never ask us to do anything he wouldn't do himself." Other staff commented, "We have a really good team and it is a great place to work. When we see people come on so far it is so rewarding."

The registered manager demonstrated passionate, person-centred values and was committed to providing an excellent service for people. They told us, "Being compassionate and empathetic to service user's needs and daily lives is essential in everything we do. What everyone wants is for staff to be proactive in supporting and enabling this whilst treating them with dignity and respect."

The registered manager ensured staff were extremely responsive to people's needs and committed to ensuring they adapted a person-centred approach where people who used the service were their primary focus. The relatives of one person commented on how much their family member's overall health had improved since moving to the service and how staff had gone over and beyond to support their relative through diagnosis and treatment for a serious health condition. This had included staff supporting the individual to share the news of their diagnosis with their family.

When we spoke with staff, we found they shared this commitment and the philosophy of 'believing and achieving together.' Personalised support was at the forefront of enabling people to live fulfilled lives. This proactive approach from the registered manager and staff team ensured people were supported in innovative ways to deliver the best possible outcomes for them.

The registered manager described how they used innovative ways to engage people who used the service to share their views. On an annual basis, the provider promoted 'glam up your manor' where services could submit a proposal to obtain funding to undertake an improvement project. The service had been successful in the last three years in their bid. This had led to people who used the service contributing to the development of an outdoor dining area and paved seating area and revamping the education and activities rooms. The service had also been successful in obtaining funding for a summerhouse. People had been involved in building a scale model of the type of building they wanted and a bid proposal for why they should be given the funding.

The service worked in partnership with key organisations, including specialist health and social care professionals. We saw the provider was committed to personalising the services they provided and to following best practice guidance. They were also affiliated with leading organisations within their field of expertise including The British Institute for Learning Disability, The National Autistic Society and Headway.

The records within the service were well-organised and staff were able to easily access information from within people's care records.

The registered manager operated an open-door policy where relatives and external professionals could visit and have formal or informal discussions. The senior management team made themselves accessible to staff and people through audio blogs, monthly conference calls and visits to the service. The senior management team held regular 'Delivery Board' meetings; information from these was passed down to regional and clinical governance meetings. When any shortfalls were identified in service delivery, strategies were discussed and implemented to improve services and minimise risk.

The registered manager and staff were fully engaged and took ownership to provide a high quality service which involved obtaining feedback from people and their relatives. For example, changes to the dining arrangements had been suggested and put in place following a request from people who used the service and their wishes to introduce a cafeteria type system. A comprehensive audit system comprising of weekly and monthly audits and safety checks, was complemented by a further quarterly audit carried out by the providers quality assurance lead. Information completed from these processes was submitted to the senior management team for further analysis and review, followed up with a report and action plan with timescales should this be required. Records seen from audits showed an exceptionally high level of compliance.

Further information was shared through regular newsletters, these shared information about best practice updates, achievements, safety alerts and how people who used the service were engaged in developing service delivery.

The registered manager described how they were supported within their role and encouraged to develop. As well as attending managers and senior management meetings with clinicians to discuss and share best practice initiatives, the registered manager also attended national and regional governance meetings where information and examples of good practice were shared.

Company-wide meetings and forums were held for nurses and safeguarding leads. 'Conversation in to action' workshops were facilitated by the registered manager and a member of the senior management team; this allowed staff to voice any concerns they may have, discuss good practice and innovation and develop an action plan to follow up positive ideas or to address any concerns raised.

A communication champion within the service ensured the notice board was kept up to date with all current information and initiatives. Members of the senior management team also made visits to the service as part of the 'conversation into action' initiative.