

Extel Limited

Haddon House

Inspection report

145 West Heath Road
West Heath
Birmingham
West Midlands
B31 3HD

Tel: 01214751681
Website: www.cttm.co.uk

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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 ●

Summary of findings

Overall summary

This inspection took place on 7 July 2016 and was unannounced. The inspection team consisted of one inspector and a Specialist Advisor who had expert knowledge in relation to mental health.

Haddon house is a care home without nursing for up to six people who have mental health support needs. At the time of the visit five people were using the service. The home had a registered manager who we met at the inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were systems for checking that medication had been administered to people in the correct way. Checks on the environment and general safety were available for us to see on the day of our visit.

People had opportunities to participate in a range of activities in the home and community, but staff respected people's wishes when they wanted to be alone and have privacy.

People's relatives and friends were encouraged to visit and made welcome by staff.

Staff regularly asked people how they wanted to be supported and what they wanted to do. People were treated with dignity and respect. Staff understood the needs of the people who used the service and how they liked to be supported. We saw that staff communicated well with people and with each other.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The registered manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals

which met their nutritional needs and suited their preferences.

The registered manager had provided effective leadership to ensure staff were well motivated and enthusiastic.

The registered manager and provider assessed and monitored the quality of care consistently through observation and regular audits of events and practice.

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 ●

This service was safe.

People told us they were safe in the home and we saw that people were confident to approach staff.

There were enough members of staff to meet people's needs safely.

Staff demonstrated that they knew how to keep people safe and managed people's medicines safely.

Is the service effective?

Good ●

This service was effective.

People were supported by staff who were skilled and knowledgeable.

People were supported in line with the Mental Capacity Act 2005.

People received the appropriate support to eat and drink enough to maintain their health.

Is the service caring?

Good ●

This service was caring.

People told us and we saw that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning their care and support.

Is the service responsive?

Good ●

This service was responsive.

People's support needs were understood by all the staff.

People were encouraged to express their views of the service, and the registered manager responded appropriately.

If needed people could access the provider's formal complaints system.

Is the service well-led?

Good ●

This service was well-led.

Staff said the registered manager provided them with the appropriate leadership and support.

Staff were well motivated and enjoyed working at the service.

There were robust systems to monitor and improve the quality of the service.

Haddon House

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 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 7 July 2016 and was unannounced. The home was last inspected in June 2013, and was compliant with all the areas we looked at, at that time. The inspection team comprised of one inspector, and a specialist advisor. The specialist advisor had detailed knowledge of the type of service being provided at the home.

Before the inspection we looked at the information we already had about this provider. We looked at information provided by the commissioners of the home. We checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

We asked the provider to complete a Provider Information Return (PIR) This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. These help us to plan our inspection.

During our inspection visit we spoke with four people, the registered manager and five members of the staff team. We sampled the records, including two people's care plans, staffing records, complaints, medication and quality monitoring. After the visit we spoke with a health care professional on the telephone.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt people living in the home were safe and well cared for. We saw that people looked relaxed in the company of staff and were confident to approach them for support and comfort. A person told us; "It's really safe here, I use the locked safe in the office to store my bank card." Another person said, "This place is fantastic."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. They knew how to report their concerns to the registered manager and or external agencies such as the Care Quality Commission or the Local Authority. Staff we spoke with displayed a clear commitment to protecting people. One member of staff said, "People are definitely safe here, all the care is bespoke to each person." All the staff we spoke with believed any concerns would be taken seriously by the registered manager and provider.

People were encouraged to have as full a life as possible, while remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. All the risk assessments we looked at were reviewed regularly. A member of staff told us, "Risks are really well managed here." We noted that risks to people were reassessed as their conditions changed, and that staff were aware of these changes as they occurred. Staff told us that they followed the directions on the risk assessments

We saw that plans were in place to manage emergency situations. In the event of a fire emergency evacuation plans were in place for each person and we noted that fire drills had been undertaken with people on a regular basis. Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed and appropriate steps had been taken to reduce the likelihood of similar incidents happening again in future.

We saw that there were enough staff to meet people's care needs. One member of staff told us, "I think there is enough staff, the ratio is perfect really." Staff told us, and we saw that the registered manager would always help to support people if they needed it. We saw that staff were attentive and quick to provide people with reassurance and comfort when necessary. We saw that people were supported at a pace which was suitable to their needs. People were supported by a core group of staff who had worked at the service for several years and staff told us that when necessary they were happy to work additional hours if needed. However the registered manager told us that the provider had other homes nearby and staff could be drawn from them. This ensured that people were cared for by staff who knew them and their needs.

Staff told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. The registered manager confirmed they were supported by the provider's human resources (HR) department during the recruitment process, and showed us the current DBS or police checks that they held for all of the staff who worked there. The registered manager said they were unable to offer employment to applicants until the HR department confirmed that they had conducted

the appropriate checks to identify they were suitable to support people who used the service. After the visit to the home the HR department sent us confirmation that they had completed the relevant checks that ensured staff were recruited safely.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location, and disposed of correctly if they were not used. The medicines were administered by staff who were trained to do so and had undertaken competency checks to make sure they continued to give medicines safely.

Where medicines were prescribed to be administered 'as required', there were instructions for staff which provided information about the person's symptoms and conditions which would mean that they should be administered. Staff had signed to indicate that they had read these. We saw that for people who wished to manage their own medicines, assessments had been carried out to ensure that they were able to do this safely. We checked the balances for some people's medicines and they were accurate with the record of what medicines had been administered. This indicated that people had received their correct medication as prescribed to them. We saw that staff had signed to indicate that prescribed creams had been applied. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication.

Is the service effective?

Our findings

People told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. All the staff we spoke with said communication was good within the home and one health professional said, "The staff are very positive and amenable, the communication is good."

Staff told us they had received induction training when they first started to work in the home which covered the basic skills and knowledge they needed to meet people's specific care needs. Staff then received regular updates in relation to basic areas such as safeguarding, medication, health & safety and first aid. A staff member told us, "The training here is constant, it's really good." The registered manager was using the nationally recognised care certificate and had ensured that staff had relevant qualifications that met or exceeded that standard. All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications and we saw that they received regular training updates.

Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. One staff member said, "I'm aware of the contents of people's care plans, I know where they are if I need to clarify anything."

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. They felt well supported by the registered manager and other team members. One member of staff said, "I have supervision every other month and we look at our training at every supervision." There were staff meetings to provide staff with opportunities to reflect on their practice and to discuss people's care plans and activities.

The Mental Capacity Act 2005 MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS), and were operating appropriately. We saw that staff had received training to support them in understanding their responsibilities. We found that where people had restrictions placed on them by the Mental Health Act, these were also adhered to correctly.

During our inspection we saw that people were involved in the routine daily decisions of the home and were asked for their consent whenever appropriate. We noted that staff were skilled and knowledgeable in how to do this to ensure the best outcome for the people they supported. One person said, "Everything in my care plan is explained to me, if I don't understand something, I tell them and it's explained again."

People told us they enjoyed their meals. One person told us, "The food is good here, I am happy with the choices of the food." And another person said, "I don't like to cook but the food is nice here." We observed people ate breakfasts and mid-day snacks of their choice, and went out for a meal at lunchtime. We saw and records confirmed that people were regularly offered a choice of main meals and could pick the one they preferred. All the people we spoke with said they could choose something that was not on the menu if they changed their mind during the day, and had opportunity to help with meal preparation and cleaning up. Staff told us that menus were updated as people discussed the changes to the menus that they wanted at each house meeting.

People were supported to eat a healthy and balanced diet. One member of staff told us, "We try to encourage people to eat healthily." Staff told us how they supported people to make wise food choices. We saw that each person had been assessed for their nutritional needs, and that people's care plans contained information for staff to know what sort of food each person needed.

We noted that people were regularly supported to access other health services. Staff told us, "We have a lot of outside professional support and are always looking at ways to improve." People in the home were supported to make use of the services of a variety of mental and physical health professionals including dentists and GPs. One health professional who we spoke with was very complimentary about the care people received. They stated that staff involved them promptly and were confident that staff would carry out their instructions correctly. They also commented that "Staff are very informative about people's care needs."

Is the service caring?

Our findings

People told us that the registered manager and staff were caring. People said, "They are very nice, they talk to you and do stuff with you, they are really nice and kind." And, "I feel well cared for." And "The [staff] here are very kind."

People told us they were involved in their own care and made decisions about their day. One person told us, "I feel listened to." Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported. They could describe individual preferences of people and knew about things that mattered to them. Staff told us and we saw that they gave people choices and involved them in making decisions about their care and daily life's.

We observed staff checked with people before they supported people and respected their choices. Staff were keen to encourage people to take part in activities they knew people would enjoy and offered reassurance when people became upset. During our inspection we saw examples of kind and caring support being offered to people. We noted that people were involved in the planning and review of their care. We saw that people had monthly meetings with their key worker to discuss any matters of concern and to look at progress and achievements. We also saw minutes from house meetings that addressed group concerns. A staff member told us, "[At the meetings] we talk about anything that is wrong with the house, things that need fixing and any new ideas about how to improve our care here." One person told us, "I feel the staff listen to me at the meetings, they are respectful."

People told us staff respected their privacy. One person said, "They [staff] always knock and I've got a key to my room." Another person told us how they could always go to their bedroom for some privacy. We saw that members of staff respected people's privacy and took care to ask permission before entering their rooms. During the inspection we observed many examples of dignified support ranging from including people and staff in making tea or coffee for everyone which they enjoyed together, to making sure that a person had some privacy when they became distressed and needed some discreet support. The home had a dignity champion and one member of staff told us "'The thing I'm most proud of is the level of care here and the dignity do's and don'ts."

Staff and people told us they supported people to be independent. The registered manager told us that the vision of the home is to promote independence and to work with people towards moving on to supported living where possible. We noted that this vision was also prevalent in the information the home had returned to us prior to the inspection, the detail in the PIR indicated that one of the core aims of the home was to promote independence. People we spoke with told us this was their ultimate goal. A member of staff said, "The homes ethos is about getting people ready for independence in the community." We noted several examples of how people were encouraged to become more independent. These included people being supported to cook and clean and do their own laundry. People were also actively supported with any concerns that were stopping them becoming more independent. One person said that they have overcome a lot of things such as feeling anxious on the bus or sometimes when they go swimming. They told us that staff had helped them to achieve this. The support provided helped to promote peoples dignity and self-

esteem and ultimately independence.

Is the service responsive?

Our findings

People told us that they had the opportunity to visit the home prior to making a decision and moving in. The registered manager told us and records showed that initial assessments had taken place to identify people's individual support needs. This made sure that the home knew they could provide the correct support to people.

Each person had a care plan to tell staff about their support needs and how any risks should be managed. Care plans recorded people's likes and dislikes and instructions for staff about how people needed and preferred to be supported in ways which would enable them to be as independent as possible. We saw that care plans had been regularly reviewed with the person. One person said, "I have meetings every month and I find them useful, they do listen to me."

Staff knew the activities that people enjoyed and we saw that staff supported people to choose what they did each day. Records showed that people had engaged in activities they said they liked. We saw that each person had an individual plan of activities that was decided upon in their monthly meetings and followed unless they requested a change. People were encouraged to participate in the wider community. One person told us they regularly attended a club where they played pool and records showed they looked forward to this activity. People we spoke with were happy with the range of activities they had access to. We saw records that showed people were supported go to places of their choice such as the local leisure centre, charity shops, cinema and local cafes and restaurants. The home also respected people's wishes to go to various social venues that reflected their diverse needs, such as LGBT friendly venues.

People were encouraged and helped to maintain contact with friends and family members, where possible. Records showed that people had regular contact with their families if appropriate, and we saw that relatives were encouraged to visit. During our inspection a person's relative visited the home and took them out for the afternoon including a trip to the cinema. We noted that the relative was made very welcome by the staff within the home and they appeared relaxed and comfortable with staff and the registered manager.

Staff we spoke with had a good understanding of people's individual preferences and knew what was important and of interest to people they cared and supported. Staff spoke with sincerity and compassion. One member of staff said, "It's like a second family here."

People told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint. While we were speaking with one person they disclosed that they had raised a complaint and they told us they felt it was being addressed in a way they were happy with. People were confident that the registered manager would make any necessary changes. There were regular meetings with people living in the home to provide an opportunity for them to raise issues. The registered manager had taken action when people had made suggestions such as reviewing activities and menus.

All the staff we spoke with had a good understanding of how to support people and others if they wished to complain. One person said, "I don't need to make any complaints but I'd speak to the [staff] or the

manager." We saw that the provider had a formal complaints procedure and we noted that the home had received one complaint which had been dealt with appropriately. The home had also received several written compliments. We saw that people were encouraged to raise concerns or grumbles and noted that these informal issues were recorded and dealt with in a timely manner.

Is the service well-led?

Our findings

People told us that they felt that the home was well run, and that they liked the registered manager. People told us and we saw that they had been actively involved in meetings to discuss their experiences of living at the home. A health professional said, "They are very amenable, the communication is very good, and the registered manager is lovely."

Staff were aware of the provider's philosophy and vision to promote people's independence and values. Staff described an open culture where people felt they could raise and safely discuss issues which could impact on people's well-being. Staff told us and we saw that they had regular supervisions and meetings to identify how the service could be developed to improve the care people received. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet people's specific needs.

Members of staff told us that the provider was supportive. One member of staff told us, "I feel very well supported, the support of all the company is very good [and] I feel I would be listened to." We saw there was guidance for staff about how to escalate concerns and seek advice from senior staff when necessary. Staff told us they could speak to senior staff promptly when they needed to, and knew about the providers dedicated whistleblowing phone line. Another member of staff said, "Everything is fine here, there's a good staff team."

Staff told us they received consistent and effective leadership from the registered manager. There was a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities and knew what was expected from them and colleagues.

The registered manager understood their responsibilities; including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The registered manager was aware of their responsibilities in relation to the duty of candour. We saw that the registered manager had access to and used the internet to keep themselves up to date with current national guidance.

The provider had robust and consistent processes for monitoring and improving the service. We saw the registered manager had ensured checks had been conducted as planned. When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. The registered manager had an understanding of the duty of candour. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed. There were systems in place to review people's care records and check they contained information necessary to meet people's current needs.

We saw surveys had been used on a regular basis to capture people and their family's feedback. Other surveys sought feedback from professionals and the staff team about how to improve the service. We noted

that a clear action plan had been put in place to make significant improvements to the outside areas and gardens of the home as a result of this information. We saw that the action plan was in the process of being completed.