

Stockdales Of Sale, Altrincham & District Ltd

Headonhey

Inspection report

34 Harboro Road
Sale
Cheshire
M33 5AH

Tel: 01619693527
Website: www.stockdales.org.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

About the service

Headonhey is a residential care home that provides accommodation and personal care support for up to seven people with complex learning disabilities and associated physical disability needs. At the time of our inspection, there were seven people living at the home. It is managed and owned by Stockdales of Sale, Altrincham and District Limited, which is a charitable organisation.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Medicines continued to be managed safely. People received their medicines when they needed them.

Staff continued to receive the training they required to be able to support people living at the service. Staff felt well supported by the management team.

The service was not supporting anyone at the end of their life at the time of the inspection. Although the registered manager had a good understanding of end of life care, we found further work was required to ensure the staff team were trained in this subject and discussions were sensitively held with people and their relatives to ensure their preferences were followed.

Staff understood safeguarding and whistleblowing procedures and felt confident to raise any concerns to the registered managers.

People were supported by sufficient numbers of staff who enabled them to live active lives. People were treated with dignity and respect and their right to privacy was upheld.

People's care plans continued to be person centred and comprehensively detailed. The care plans reflected

people's needs and wishes. There were systems in place to respond to complaints and concerns.

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

There was a positive culture which was person centred. People's relatives and staff spoke positively about the management of the service. Quality assurance systems were effective to check people were receiving care that was of high quality.

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

Rating at last inspection

The last rating for this service was good (published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Headonhey

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Headonhey is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought back from the local authority who commission the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person living at Headonhey and two people's relatives about their experience of the care provided. We spoke with eight members of staff including, the assistant chief executive, registered manager, service manager, training and recruitment manager and four senior support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to the care people were receiving and the management of a care home. This included, one care plan, training and supervision records, audits, records of servicing and maintenance and a sample of policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We saw that medication was safely administered to people by staff who followed clear routines and procedures.
- The medication administration records we checked were accurate and easy to follow. Medications given only when needed [PRN] were well managed with good support plans rationalising their use.
- Staff administering medications had been appropriately trained and were monitored with respect to their competency.

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Potential risks to each person's health, safety and welfare were identified and known to staff. Risk assessments were clearly documented and kept under review, so staff had up to date guidance on how to reduce risks and protect people.
- Safety checks were completed by external professionals such as gas safety, legionella, passenger lift and portable appliances.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

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

- Although the service had very little safeguarding matters to report, there were systems in place to protect people from the risk of abuse.
- Staff were provided with training in recognising the signs of abuse and were confident to identify and report any safeguarding issues if needed.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. One member of staff said, "We don't have any issues here. But if we did I would feel confident in reporting my concerns."
- Where incidents and accidents had occurred, learning outcomes had been recorded and action had been taken to minimise the risks of reoccurrence.
- The registered manager maintained an overview of reported accidents and incidents as part of the service governance.

Staffing and recruitment.

- Staffing levels were carefully assessed around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.

- The two people's relatives we spoke with at the service told us they were happy with the staff support. Their comments included, "They have brilliant staff working at the service, I believe there is always enough staff" and "I have no concerns whatsoever, the staff are all friendly."
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The provider's arrangements for cleanliness, infection prevention and control; helped to protect people from the risk of a health acquired infection.
- We saw the environment, furnishings and equipment used for people's care were visibly clean, hygienic and well maintained.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with the skills and knowledge to perform their job.
- Staff were provided with a wide variety of training in key areas to enable them to provide effective care, which included training in health and safety related topics, and areas specific to meeting people's need.
- Staff told us they received training to meet people's specific needs. A staff member said, "I feel the training on offer is excellent. We are all trained to a high level."
- Staff were supported thorough a robust four-day induction before supporting people. New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were comprehensive and reflective of the Equality Act 2010. Assessments considered people's individual needs, which included their age and disability.
- Information as to people's learning disability, autism and mental health were clearly documented, and included information as to how this impacted on a person's day to day life and the support required.
- The registered manager and staff worked with other healthcare professionals to ensure people were well supported on admission to the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a well-balanced diet. Care plans for dietary needs had been linked to other areas of need, for example on-going health conditions. This ensured people's health needs through their dietary intake was monitored and met.
- Where people were at risk of weight loss, they had been prescribed food supplements which contained additional calories and nutrients. These were prescribed for in between meals and people's weight was monitored.
- People were supported to access relevant external health professionals for the purposes of routine or specialist health screening; and for advice and treatment when needed.
- The home had been awarded a 5-star food hygiene rating in February 2019 by the food standards agency. This meant that food was stored and prepared safely.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health and social care professionals to make sure people's needs were met. Care records contained important involvement from healthcare professionals such as, psychiatrist, speech and language therapist, occupational therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.
- People's oral health needs were assessed prior to admission and staff supported people to maintain good oral health. People had access to local dentists and treatment centres.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity had been assessed where needed and assessments were related to specific decisions. Some people were being deprived of their liberty, applications had been made and DoLS were in place.
- Staff had received MCA training and were able to talk about why it is important for people's capacity to be considered. One staff member told us, "As a service we carefully consider people's choices and consent. Most people living here don't verbally communicate, but we are very aware it's important to gain consent in other ways such as observing people's facial expressions and being patient when communicating."

Adapting service, design, decoration to meet people's needs

- The service had been designed to promote the needs of people with a learning disability and/or autism, and physical disability.
- Staff supported people to decorate their bedroom in a way which was personal to them. This included personal objects and colour schemes. People had also been consulted about other aspects of the home such as the colour of new carpets to soon fitted.
- Equipment supported people to maintain their independence, this included new accessible bathing and shower facilities, and ceiling track hoists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Observations showed people were supported by staff who were attentive to their needs, patient and compassionate.
- One person at the service said, "I like [person's name] they are nice."
- People's relatives spoke highly of the staff. One person's relative commented, "The staff are lovely. I find them are very caring and they do so much for [person's name]."
- Our observations throughout the inspection indicated that staff were warm, kind and caring in their interactions with people. For example, we observed a staff member sitting with a person on their bean bag providing reassurance by softly stroking their hand when the person became unsettled."
- Staff received training in equality and diversity. Staff did not discriminate against people at the service. Where someone may identify as lesbian, gay, bisexual or transgender staff advised they would not treat them any differently if they wanted to use the service. A member of staff told us, "I feel the service is inclusive."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff understood the importance of involving people in decision making. Where people did not have the capacity, then best interest decisions were made which involved family members.
- Staff worked with people and relevant health professionals to ensure people could take part in making decisions around their care.
- The culture at the service was inclusive, staff were regarded by people and their relatives as friends. We observed staff eating their lunch with people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff at the service. Where people wanted time to be on their own this was respected.
- Care records were written with a focus on how to improve people's lives and demonstrated a 'can do' approach. Their care plans provided good information about what people could do and how staff could encourage people's dignity and independence.
- Records within the service were stored in a manner that ensured people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided a comprehensive guide as to people's needs, which took into account all aspects of their care, and provided a detailed account of their physical, mental, emotional and social needs.
- Care plans recorded a section 'all about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friends' birthdays and special anniversaries.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records included information about how people communicated. They included information about what people's sounds, facial expressions, gestures and actions might mean. They also guided staff on how they should respond and how to check out they were understanding correctly what the person meant.
- There was information in pictorial forms, such activities and tasks to support people to communicate their wishes. Staff were encouraged to use Makaton signs and had developed individualised ways to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff spoke about people being part of their community as a key part of their role. Records showed people were taking part in a variety of different activities in the local community. One person's relative said, "[Person's name] has a great social life, they go on holidays and have a great life at Stockdales."
- We saw a varied range of activities on offer which included, music, arts and crafts, exercise, trips to local cafes, restaurants, swimming and supported holidays.
- Details of people's relationships had been documented within their care files, this included family, friends and significant others. When people wanted to make new relationships, this was supported fully by staff.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. There had been no complaints received since our last inspection.
- There was a complaints procedure in place which was made accessible to meet people's different communication needs. Staff were vigilant and understood people's behaviour which may indicate a person was not happy.

End of life care and support

- The provider was not supporting anyone at the end of their life at the time of the inspection, but the registered manager confirmed the service would support people with their end of life care.
- The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life. However, we found the support staff had not received training in end of life care. The training manager confirmed they were in the process of sourcing this training.
- People's records regarding end of life care had not always been fully explored with everyone, as some people did not have the capacity to understand the concept of end of life care, whilst others would potentially have found the subject distressing to talk about. Where decisions had been made, the person's preferences had been recorded. The registered manager acknowledged further work was required in this area to ensure people and their relatives' preferences were recorded. We will review the progress of this at our next inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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.

- The registered manager had a visible presence in the service and led very much by example. They were supported by an experienced management team, which included a service manager. Senior managers such as the chief executive and two assistant chief executives worked on the same site as Headonhey and operated an open-door policy.
- The management team were open and transparent throughout our inspection demonstrating a commitment to provide person-centred, high-quality care.
- We received positive comments regarding the management team from staff, comments included, "I feel it's a great company to work for. I have always felt supported by the managers" and "Brilliant place to work, the managers have helped me so much not only in my work life but also personally."
- Systems were in place to ensure the service was consistently monitored and quality was maintained.
- We saw that where audits had identified that actions were needed, they had been carried out. Auditing processes included a monthly quality assurance reports that were completed by the registered manager and senior management team which included the chief executive.

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

- People were at the centre of everything the service did; the service ensured people were involved with their care where possible and that staff understood the need to treat people as individuals and respect their wishes.
- People's relatives and staff spoke positively of the registered manager and their approachability. Two people's relatives told us, "I can't fault the manager, she is always on hand and knows what her job well" and "It reassuring the service has a strong leadership team at Stockdales."
- There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- The management team held meetings with staff where staff shared learning and good practice. This included updates of any changes in people's needs, guidance to staff about the day to day management of the service.
- People, relatives and staff were supported to share their views about their care and the service through

direct contact with the registered managers, and through surveys. Recent surveys showed relatives were happy with their care. An annual quality assurance review of agreed actions for 2019 was produced and shared with people and their close family members.

Working in partnership with others

- The service worked proactively in partnership with other organisations which ensured they followed current legislation and good practice and provide a quality service to help keep the people they supported safe.
- The registered manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.

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, provider and staff team were open and transparent. They were clear people they supported were their priority. Staff said the registered manager routinely worked closely with them and encouraged and motivated them to give the best possible care.
- The registered manager completed quality assurance checks to oversee the service and drive forward improvements in the quality of the service. This enabled them to collate information daily to show how the service was performing.