Havencare (South West) Limited

# The Firs

## Inspection report

60 Upper Manor Road
Preston
Paignton
Devon
TQ3 2TJ

Tel: 01803523191
Website: www.havencare.com

Date of inspection visit:
03 October 2018

Date of publication:
30 October 2018

## 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

The Firs is a residential care home for four people with learning disabilities. Some of the people living in the home also have support needs around physical disabilities and autism. The home has two floors with four separate flats for each person and communal gardens, dining and lounge areas, kitchen and a sensory room.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were safe, care staff had a good understanding of the risks people faced at home and out in the community and knew how to report suspected abuse. Medicines were managed safely and the premises were adapted to meet the complex needs of people.

Care staff all fed back they were happy that the training provided gave them the skills they needed to effectively meet people's needs. The registered manager was developing a process of recording how people were supported to meet key outcomes and goals. People were supported to access healthcare services appropriately and in a timely manner, and the food provided ensured people maintained a healthy balanced diet whilst still having their dietary preferences met.

Care staff were kind and caring in their interactions with people and spoke with affection about them. People were given choices around what activities they took part in  and food they ate. Appropriate communication methods were used for conversations with people where required, such as objects of reference, single words or short sentences, and pictures and symbols. Where people had families, they were involved in creating support plans.

Peoples needs were responded to promptly. Care staff knew people very well and could describe people's preferences for their care in detail. We saw preferences being met during the inspection that were described in people's support plans. There was a complaints policy but no complaints had been made in the last 12 months.

Care staff said they felt supported by the registered manager who had made several improvements to the home and had further plans for developing staff and improving the facilities for people.

At this inspection The Firs met all relevant fundamental standards.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice.

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?**<br>The service remained Good. | **Good** |
| **Is the service effective?**<br>The service remained Good. | **Good** |
| **Is the service caring?**<br>The service remained Good. | **Good** |
| **Is the service responsive?**<br>The service remained Good. | **Good** |
| **Is the service well-led?**<br>The service remained Good. | **Good** |

# The Firs

**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 comprehensive inspection took place on 3 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure they would be in and the registered manager would be available.

The inspection team consisted of one adult social care inspector. Before the inspection we gathered information about the service including previous reports, and a provider information return where the provider sends us information on what the service does well and how it could be improved. We also looked at notifications sent to us by the service detailing any important events and feedback from partner agencies and the local authority.

The people using the service were not always able to communicate verbally because of their complex needs so we observed interactions in the communal space using a SOFI (an observational tool helpful in situations where people may not be able to speak with us). We spoke with two relatives, four care staff, and two health and social care professionals. We looked at the building and garden including one person's living area.

We looked at care records for all four people including health and communication support plans and risk assessments, and their Medicine Administration Records (MAR). We were shown the electronic recording system which held care notes and the online system which held staff and training details.
We interviewed the registered manager and reviewed documents relating to health and safety and fire records and accidents and incidents.

Good

# Is the service safe?

## Our findings

People living in the service were kept safe. Their relatives said "everything is fine from a safety point of view" and "they are safe."

Care staff and the registered manager could describe the possible signs of abuse and knew how and where to report any concerns they might have. Staff had completed safeguarding training and there were contact numbers if abuse was suspected posted around the staff office.

Care staff spoke of a dynamic approach to risk assessing, with one staff member saying, "We risk assess … all the time when we are with the guys." Each person had a risk assessment for areas of potential harm that had been identified. The risks identified were unique to each person and documents showed an understanding of the complexity of people's needs. They also identified how important it was for staff to be aware of triggers and how to alleviate distress if people should become upset. Care staff and the registered manager had an insight into what might cause a person to become distressed, and either avoided that situation or acted quickly when someone showed signs of distress. Risk assessments were reviewed regularly with the input of key family members.

There were four staff members on in the morning of the inspection and four in the afternoon with a crossover period of a few hours when there were more in the building before the morning shift ended. Every person living in the home required one to one support and when out in the local community two staff members would go with them to meet their needs. The registered manager acknowledged that staffing had been a big issue over the last two years and that it had been a struggle at times but now there was a full team. They said, "It is the right team for the people living here." Relatives told us there were enough staff and care staff said that it was much better recently with new staff being recruited. One relative told us "When there wasn't enough staff [the registered manager] would pitch in and be the driver or act as a carer and do a shift." Rotas reflected staffing levels that care staff and the registered manager told us about.

We looked to see if the service was managing medicines in a safe way and found they were. Medicines were stored safely in a lockable cupboard secured to the wall in the office. Medicine Administration Records had no gaps or errors and there had not been a medicines error in the last 12 months. Staff who administered medicines had all completed training and been signed off as competent before being allowed to administer them to people. We saw protocols in place for medicines that were prescribed as PRN or for use as and when people needed them. We fed back these needed reviewing and before the end of the inspection this had been completed.

The home was clean and tidy with no malodours and there were separate handwashing facilities in the kitchen to reduce the risks of cross infection. Staff told us they used gloves during personal care and we saw these around the home for care staff to use.

We reviewed accidents and incidents records stored in people's care files. The registered manager told us how the home had learned over time what might cause distress in people that made them hit staff or

themselves and were more able to pre-empt and prevent these instances. There had been a reduction in how often people had been involved in incidents where they grabbed at staff or pulled on their clothing. This showed people were calm and settled and the ways in which they were being supported were effective. People were kept safe through robust recruitment practises. Each staff member had references from previous employers and a criminal records disclosure in place (a police check to make sure the staff member was safe to work with people).

Good

# Is the service effective?

## Our findings

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). Care staff and the registered manager showed their understanding of the MCA and best interests when we spoke with them. Records showed the service documented best interests meetings and decisions and had appropriately applied for DoLS authorisations.

Care staff told us they were always learning about people and the registered manager explained the assessment process for new people moving into the home whereby a thorough history and assessment information was sent to the home before an assessment of need was done. The registered manager had worked with the staff team to come up with a series of potential outcomes for people based on the experience staff had working with people and feedback from families, professionals and people. These outcomes were developed so that people could be supported to develop new life skills. They had been broken down into achievable timeframes. For example, for one person it was to begin to dust their room. Care staff discussed with us how outcomes took time and change could be distressing to people so it was important to introduce new routines or tasks slowly.

The care staff had recently been restructured with the appointment of four support leaders from within the team who each knew one person in the service very well and they were responsible for supporting two care staff that also supported that person. This mean there were four small teams within the wider team whose main aim was to provide tailored support to an individual and support them to be happy within the service and begin to work with people to reach their individual outcomes.

The registered manager said care staff had recently been on positive behavioural support training and this was feeding into how people were being supported and their support plans being written. Staff had completed other training such as safeguarding, infection control, autism awareness and equality and diversity. For one person who was developing mobility issues their support staff had recently been on moving and positioning training. This enabled them to pre-empt the need for this person to be supported to move if their condition should deteriorate. Where people had specific needs around epilepsy staff had also completed training. New staff told us their induction helped them to do their job and all staff said they felt well equipped to support people and do their jobs effectively. Two staff members fed back they would like to learn Makaton to better support a person and the registered manager separately told us she was planning on booking Makaton training shortly.

Care staff cooked meals for people and there was a rolling menu that people could choose to eat from or make other choices if they wished. There was a separate menu for one person who had specific preferences about their likes and dislikes, and staff were creative in how they ensured this person had a balanced diet. One relative we spoke with said "they do well, they cater for four different diets." Records showed the registered manager sent emails to staff discussing diet and health and eating habits showing an awareness of diet and how it impacted on people's health and behaviour.

People were supported to access healthcare support with one person going to the dentists and the other three having a visiting dentist. There was a visiting chiropodist and people were supported to access the GP or hospital appointments when needed.

The building was adapted to meet people's needs. There were newly installed handrails in communal areas. This encouraged one person to walk around when their mobility needs had recently changed, and a wet room was being installed in their living area to better meet their needs. There was a sensory room where two people spent time during the inspection and the garden was being worked on to make it more user friendly for people. In the garden there were two dens that had been erected for people living in the service so they could have their own space if they needed some time by themselves away from the main house.

Good

# Is the service caring?

## Our findings

A relative we spoke with said "they are caring" and another said, "they go above and beyond to make sure [name of person] is happy." Care staff and the registered manager spoke of people living in the service with affection and in some cases, had worked with them closely for many years. One care staff member said "it is always caring and thoughtful here."

Care staff respected peoples wishes and gave them space when they needed it. For example one person found it distressing to have too much eye contact. When they showed signs of mild distress care staff stepped away and did not make eye contact and gave them space to continue their activity.

Care staff offered people different ways of expressing their care needs; for a person who could communicate verbally care staff asked them and waited for an answer. For other people, care staff asked them and looked to their body language and sounds as cues. One person had a picture strip so staff could let them know what to expect and they could use the strip to communicate.

Family members were actively encouraged to feed into support plans and were kept up to date and involved in care decisions and day to day issues. One family member said, "they email me weekly. Its great I see what [person's name] has done every day."

The atmosphere in the service was calm and care staff were gentle in their approach. Care staff talked clearly but softly, sometimes giving instruction and sometimes asking questions depending on the mood of the person they were supporting. The communal areas needed some redecoration to make it feel more homely but the bedroom we looked at was well decorated, clean, comfortable and personalised with family photos and personal objects.

The Firs operated in line with the values that underpin "Registering the Right Support" and other best practice guidance for people living with a learning disability. These values include choice, promotion of independence and inclusion.

We saw several examples where people were being supported to be more independent. A relative told us about one care staff member who did lots of research on music technology so a person could choose their music and adjust the volume themselves whereas previously they had not been able to do this. Care staff gave examples where they encouraged people to take control of their personal care where appropriate rather than doing it for them. We saw rails had been put up in communal areas to encourage one person to walk around more. One care staff member said they had seen the person they supported come a long way and they were now able to pay for items in a shop. A family member said, "It's been eight years and [name of person] still continues to progress, we are very happy."

Care staff knocked on people's doors before entering living spaces. When we spoke with care staff they all explained how they respected people's privacy day to day by letting them have their own space in the sensory room, their flat, or den if they needed it and ensuring curtains were drawn and doors closed during

personal care.

Good

# Is the service responsive?

## Our findings

The service provided personalised care that was responsive to people's needs.

Care records we looked at were rich with detail about peoples likes and dislikes and gave clear instructions on how to deliver personal care and support with activities. The effect of this was that staff were very well informed with how people liked things done and this ensured people were happier and less likely to become upset. The care provided during the day matched the preferences and working styles that had been recorded in support plans and risk assessments. The registered manager told us people were matched up with staff that they would like and personalities were taken into consideration so people could build relationships with staff over time and trust them.

We saw how one person's personal care routine had been worked out over a long period of time so now when they were receiving personal care they no longer became distressed. Support plans were in place for receiving personal care, communication, and for individual activities that people liked to do, for example going swimming or going to the cinema. Details in people's care plans among many others included things like how to offer people choice, trigger words that might upset them and what things they like for breakfast.

The service showed it could immediately respond to people's individual needs throughout the inspection by listening to people and observing their behaviour. One staff member said "people tell us what they want through their actions." Care staff were also able to pre-empt what people wanted throughout the day because care staff knew them so well. For example, care staff knew that one person wanted a drink so went to the kitchen with the person before they asked.

There was a complaints policy in place, people had an accessible format complaint document in their files and care staff supported people to fill out a feedback survey. However, as some people would not be able to communicate dissatisfaction at the service in a way that could be easily shared, care staff sought opinions of family members about day to day concerns and one person had an independent advocate. No complaints had been made in the last 12 months. We asked family members if they felt comfortable complaining and they all said yes and said they would go straight to the registered manager if they had a concern. Any issues they fed back on a regular basis when they visited the service or staff called them to give them an update on their relative. One family member said, "any minor issues I have had have been dealt with within 24 hours, they react quickly."

The registered manager spoke with us about starting to work on end of life care training and where appropriate talking with people and families about end of life care and decisions.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager showed knowledge of their responsibilities and when they needed to make notifications to us about important events that occurred in the service. We saw a commitment to make improvements evident during the inspection and some were already in progress including building improvements and a new look for the garden. We saw evidence of a shift towards positive behaviour support. There was a new structure in the team to support people to achieve positive outcomes whilst feeling safe within their support team of familiar care staff. We found some minor issues during the inspection that needed rectifying and these were dealt with promptly and resolved by the end of the day.

The registered manager described their vision for the service as "high quality care…a really rich and ordinary life and we want to offer choice and opportunity." The registered manager explained recruiting the right team had been a struggle and they had now realised "the value base is so important so we recruit staff who want to be with people, be positive and have fun." Care staff said they were aware of the providers vision and felt this was communicated well through training and on the website. All the care staff we spoke with had a similar attitude towards supporting people as the manager; that people should be listened to and supported the way they wanted to be supported.

People were engaged in planning their support by being asked every day what they would like to do and relatives fed back regularly also. Care staff had the opportunity to feed back in team meetings. They told us they felt supported and ideas they came up with were listened to. For example, one care staff member was researching different ways to cut peoples hair because they recognised it can be upsetting and unfamiliar for people in a hair salon. Their ideas were implemented. Care staff were actively encouraged to come up with ideas of how best to support people. At the time of the inspection the registered manager wrote the support plans and risk assessments, their plan was to hand more responsibility in this area over to support leaders.

The registered manager was reflective over the last few years progress and able to tell us what they had learned. We asked to look at any audits they did and evidence of changes being made or learning from the audits. The registered manager explained as it was such a small service they did not do many formal audits but had more of an "as they went along approach" recording some outcomes but not others. For example, they would look at MAR charts at least a few times a week and checked care notes regularly. We saw that MAR charts were checked and the provider came and visited the service regularly to look at care records and provide support to the registered manager. We suggested to the registered manager that by recording when they had checked the quality of records they would be evidencing their commitment to improving and monitoring qual.

The service worked in partnership with other agencies when needed, for example each person had been assessed by the Speech and Language Therapist and one person had been assessed by the Occupational Therapist. One person had a musician come in once a week to provide music therapy and the service worked in partnership with families. Family members were positive in their feedback about the manager and said the communication was good and information was handed over and acted on.