Four Seasons (Granby One) Limited

The Huntercombe Centre - Redbourne

Inspection report

High Street
Redbourne
North Lincolnshire
DN21 4QU
Tel: 01652 648581
nigel.kimberley@huntercombe.com<Add
Tel: 01652 648581
Website: www.nigel.kimberley@huntercombe.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 6 October 2015. At the last inspection on 17 May 2013, the registered provider was compliant with all the regulations we assessed.

The Huntercombe Centre is 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.

Summary of findings

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 use of the people who use the service.

The Huntercombe Centre 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 care and accommodation for up to 14 adults.

The service has 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.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge required to support the people who used the service. There was sufficient staff on duty to meet people's health and welfare needs.

People were able to discuss their health needs with staff and had contact with their GP, attended routine health checks and accessed other health professionals as required. The service made appropriate and timely referrals to healthcare professionals and their recommendations were followed.

We found the nutritional and dietary needs of people had been assessed and the people we spoke with told us the choice and quality of food available was very good.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with legislation.

People lived in a safe environment. Staff knew how to protect people from abuse and they ensured equipment used in the service was regularly checked and maintained. Risk assessments were carried out and staff took steps to minimise risks without taking away people's rights to make decisions.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and for the safe handling of medicines. Medicines were ordered, stored administered and disposed of safely. Only members of staff who had received training in the safe handling of medicines were involved in the administration of medicines.

Care plans had been developed to provide guidance for staff to support the positive management of behaviours that may challenge the service and others. This guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

We observed staff treated people with dignity and respect and it was clear they knew people's needs well.

People who used the service spoke positively about the care they received. They told us comments and complaints were responded to appropriately and there were systems in place to seek feedback from them and their relatives about the service provided. An advocate visited the service on a weekly basis to make themselves available and to offer support to the people who used the service. A complaints policy was in place and we saw that when complaints had been made, appropriate action had been taken to resolve these.

A quality monitoring system was in place that consisted of stakeholder surveys, reviews, assessments and audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were recruited in a safe way and there were sufficient staff on duty to meet people's needs.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

Risk assessments were in place and were reviewed regularly so that people were kept safe.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Is the service effective?

Good

The service was effective. Staff received appropriate up to date training and support.

Systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005.

People's nutritional needs were assessed and met and people told us they were very happy with the meals provided.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring. People told us they felt supported and well cared for.

We observed positive interactions between people who used the service and staff on the day of the inspection.

People were encouraged to be as independent as possible, with support from staff.

Staff had developed positive relationships with people who used the service. People had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive. There were a range of planned activities were available to people who used the service.

People's care plans recorded information about their previous lifestyles and the people who were important to them. People's preferences and wishes for their care were recorded and known by staff.

People were supported to visit their families and visitors were made welcome.

Is the service well-led?

Good

The service was well led.

The service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

Summary of findings

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

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. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor who had knowledge and experience of working with people with mental health needs.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority commissioning service to ascertain their views on the service.

During the inspection we spoke with the registered manager, the deputy manager, a nurse, one member of care staff, the cook, a visiting relative and four people who used the service.

We looked at the care files for the four people who used the service, their medication administration records [MARs] and accident reports. We looked at how the service used the Mental Capacity Act 2005 to ensure that 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. We also checked to make sure the registered provider acted within the law when people who lacked capacity were deprived of their liberty.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, quality assurance

audits and maintenance of equipment records.

Good

Is the service safe?

Our findings

People we spoke with and a relative told us they felt safe and comments included: “Yes I feel safe” and “I have been here a long time, I don’t want to move I like it here and I am safe. The staff are kind. ”

Staff confirmed they had received safeguarding training and in discussions, they were able to describe the different types of abuse and the action to take to report concerns. The registered manager had received safeguarding training and we saw they had followed policies and procedures when reporting incidents to the local authority safeguarding team. We found that when the local authority safeguarding team asked the registered manager to check out incidents of concern, these were completed appropriately and in a timely way.

Behaviour management plans had been developed by the service that included guidance for staff in a relation to a range of specific situations. Risk assessments were completed to support people who used the service to minimise risks whilst helping them to build on their strengths to achieve their optimum potential and not be restricted by the behaviours they presented. Staff could describe the risk assessments and the measures in place to guide them when supporting people. They told us they had time to read care files and changes in information were passed on to them in handovers. It was important for staff to have up to date information about people’s needs to ensure their safety and welfare. The risk assessments covered areas such as behaviour management, eating and drinking and accessing the local community.

We saw incidents had been reviewed regularly and analysed to identify trends. Following this further action had been taken to identify possible triggers and put in place management plans to reduce these behaviours.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Evidence showed the registered manager and their managers were monitoring incidents and action was taken where required. Records showed that the registered manager had effective reporting systems in place; staff were reporting incidents and accidents and these records were being collected each day and reviewed by the registered manager as well as at the organisation's head office by senior managers. De briefing sessions were also in place for all parties involved, following incidents.

We saw evidence to confirm appropriate checks had been completed before staff commenced working within the service. We checked four recruitment records and saw that before a role was offered within the service relevant checks were completed. We saw gaps on application forms were explored, references obtained and disclosure and barring checks made prior to their first day of employment in the service. These checks helped to ensure only appropriate people were employed to work with adults who could be vulnerable to the risk of abuse. Staff we spoke with told us new starters inductions included; a period of shadowing more experienced staff in a supernumerary context for six weeks or longer [if they were awaiting a date for least restrictive interventions training], meetings to check progress, specific training, reading care files and policies and procedures and observations of their practice.

Discussions with staff, a check of the staffing rota and observations of practice indicated there was sufficient staff employed to meet the needs of people who used the service. Each shift was led by a qualified nurse and a senior care worker and two care staff supported them. The registered manager and deputy were supernumerary to these staffing numbers. In addition to this a cook, domestic, handyman and administrator were also in place. Additional staff were employed to offer activity sessions within the service for example art and crafts, horticulture and cookery sessions. Staff said, “There are enough staff on duty, we are able to cover from within the team, but on the odd occasion where we may have to use agency staff, they always ask for the staff that have already been here.” The registered manager told us they had just recruited two new care staff, following two vacancies for these posts.

We found people received their medicines as prescribed. Medicines were obtained, stored, administered and recorded in line with good practice. There were protocols to guide staff when people were administered medicines, ‘as and when required’. These indicated what the medicine was for and the maximum dose. There were no controlled medicines in use at the time of our inspection, although appropriate storage facilities and recording procedures were in place, should the situation change. Although there were no people self-medicating at the service, an

Good

Is the service safe?

electronic safe was provided in each bedroom where they could store their medication if they were able to administer their own medication. The daily handover sheet completed by the nurses included details of daily checks they needed to complete, these included: medicines signed for, oxygen checks, medication fridge and clinical room temperature checks.

The environment was seen to be safe for people who used the service. Equipment used there was maintained and serviced in line with manufacturer's instructions. All people who used the service had evacuation plans to guide staff and emergency services in how to move and handle people safely and quickly when required. The service employed qualified nurses and staff had completed first aid training. A plan was in place identifying where people could be moved to in the event of any emergency situation.

During our inspection we saw a contractor was working in the laundry, they were seen to be accompanied by the handyman at all times during their visit.

Good

Is the service effective?

Our findings

People who used the service told us the staff were well trained to do their jobs and comments included; "I like living here and the staff help me to maintain my independence. The food is lovely, I get choices about what I want to eat and I get to make my own meals in meal cooking sessions. and "Yes it is good here, I have my own keyworkers and the staff are all good. It is nice food here, pork chops for dinner, I like those." Another person told us, "I don't have to take my medication if I don't want to, the staff always ask me, but I choose to take it because it helps to keep me well."

Relatives told us they thought people's health needs were maintained and that staff were skilled in looking after them. They also told us they had, on occasions, observed the meals people had and felt these were appropriate.

We saw people's nutritional needs were assessed and kept under review. Staff told us they worked with people to produce menu plans at their residents meetings and encouraged healthy eating. Once agreed menus were prepared for breakfast, lunch, which was the main meal of the day and the evening meal. Following a residents meeting, people had requested the main meal be moved to the lunchtime period, rather than in the evening. This had been taken on board and the meals rearranged to suit people's preferences. When we spoke with the cook they knew people's dietary needs and their personal preferences. They explained that as well as the planned main courses they were also willing to prepare further options for people if they changed their mind about what they wanted, for example salads or filled jacket potatoes. Birthdays and other events such as Halloween and bonfire night were celebrated with themed menus. In addition to this, once a month they had a 'takeaway night' where people chose their preferred take away. We saw there was a good range of food including fresh fruit and drink supplies in the service.

People who used the service were encouraged and supported to be involved in shopping for food and had the opportunity to develop their cookery skills in the training kitchen practicing their cooking.

We saw the health care needs of people who used the service were met. They had been referred to health professionals for assessment, treatment and advice when required. These included GPs, dieticians, emergency care practitioners, dentists, and opticians. Records indicated people saw consultants via out patient's appointments, accompanied by staff, and had annual health checks. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them.

In discussions with staff it was evident they knew people's health care needs and they described the professionals involved in their care. Comments included, "We have health action plans and annual health checks." Records seen confirmed this.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority and authorisations were in place for each of the people who used the service.

Staff had received training in the Mental Capacity Act 2005 [MCA] and they were clear about how they gained consent to care and support prior to carrying out tasks with people who used the service. Staff said, "Everyone has had capacity assessments and information about this is in their care files. If a decision needs to be made and the person is considered not to have capacity, a best interests meeting will be planned to discuss the issue" and "Everyone here is able to express their views about day to day decisions, whether they would prefer a bath or a shower, what activities they would like to do, but we always ask." We saw there were records of assessments under MCA and best interest meetings had been held when people were assessed as lacking capacity, to make important decisions.

Staff had access to a range of training relevant to their roles to help them to feel confident when supporting people who used the service. This included training considered essential by the registered provider such as safeguarding, fire safety, first aid,

Good

Is the service effective?

principles of care, basic food hygiene, moving and handling, person-centred care, safe handling of medicines and infection control. Other service specific training included; mental health awareness, MAYBO [BILD accredited physical interventions and conflict management], Clinical risk assessment, MAPPA [multi-agency public protection arrangements], advocacy and MCA/DoLS.

Training consisted of e-learning, practical instruction and face to face training. The training records were held electronically and there was a system to alert the registered manager when refresher courses were due. We saw newly appointed staff members had dates for their training planned on the staffing training plan. One staff member who had transferred from another of the provider's services had been identified as requiring training updates, when we spoke to the registered manager about this they showed us copies of e mails they had received from the training department that the staff member transfer details would be acknowledged on the system in order to allow them to access the required training updates.

An action plan seen showed that staff had been listened to and arrangements made for them to attend the training identified. A supervision and appraisal plan were in place and staff confirmed they were receiving regular supervision. Staff told us they felt supported by management and had regular face to face meetings with their supervisor and annual appraisals. Records confirmed supervision meetings included discussions about training, what was working well for them and any issues relating to people who used the service. Staff told us they felt their opinions were valued and they were listened to.

Good

Is the service caring?

Our findings

People who used the service told us they were well cared for and the staff were supportive of them. Comments included, “The staff are caring, but they don’t ‘baby’ me, they help me to maintain my skills and independence” and “I am happy living here and I have made friends.”

We observed staff interactions and we saw these were positive with staff speaking to people in a caring way. It was clear some staff had developed strong relationships with the people they supported; when individual staff approached them, they smiled and acknowledged them by their first names. Staff were seen to respond to people’s queries and explain the purpose of our inspectionwhen they were asked. When we conducted a tour of the service we saw further explanations and reassurances were given to people before we accessed different areas.

People were treated with dignity and respect during our inspection. During discussions with staff they told us how they would treat people with respect and maintain their dignity. Comments included, “I treat people as I would expect to be treated and as an individual” and “I always knock on doors and explain to people why I am there, I never just walk in.”

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases for example toiletries.

Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this; in home visits and sending birthday cards to family members. A staff member told us that when one person visited their family, they stayed overnight in a hotel so they could spend as much time as possible with them. They also told us how they kept relatives informed about important issues that affected their family member and ensured they were invited to reviews.

When we spoke with staff about the needs of each individual we found they had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed one service user greet staff as they came on duty and tell them about their plans to celebrate their forthcoming birthday and chat to them about their planned activities for later in the day. Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and meetings.

During discussions with staff, they were clear about how they promoted people’s independence; this included supporting people to develop more independent living skills in preparation for moving into their own accomodation at some point in the future. For other people, this was about encouraging them to participate more in activities outside of the service and being involved in doing their own food shopping or learning how to make their bed.

Staff we spoke with told us that on occasions the people they supported may become withdrawn or at times agitated, but they were able to identify patterns of these behaviours emerging quickly and take appropriate action to engage and support them during these periods. We later looked at care records and these showed the actions described by staff were appropriate and in keeping with the protocols within their care plan.

Records showed that people were supported to access and use advocacy services to help them to make decisions about their life choices. An advocate visited the service on a weekly basis and spoke to the people who used the service and offer their support. People who used the service were aware of the advocate and the reason for their weekly visits.

Each person had their own bedroom, which afforded them privacy and space when they wanted to be alone. The bedrooms were personalised and decorated with pictures and items of their choice and interest.

Staff used an office to hold telephone conversations or meetings with people in private to ensure these were not overheard. A telephone was available in the foyer for people’s use and we saw that when an individual received a call the adjoining doors were closed to afford them privacy. Care files were stored in a locked cupboard and staff personnel files were held securely at the head office. We saw computers were password protected to help safeguard personal information.

Good

Is the service responsive?

Our findings

People who used the service told us staff listened to them and engaged with them in decision making about their care and development. Comments included, "Yes, I have a care plan, I have read it and signed it too" and "I have a care plan and signed a copy of it for my file." All of the people we spoke with told us they were able to talk to any of the staff or the manager if they had any complaints or concerns they wished to raise and were confident that something would be done, should this type of situation arise.

We looked at the care files for four of the people who used the service and found these to be well organised, easy to follow and person centred. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. They also contained details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad and their health and communication needs. For example, their preferred daily routines, what they enjoyed doing and how staff could support them in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition and going out into the community. Where risks had been identified, risk assessments had been completed and contained information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

Staff completed daily records, which prompted them to include specific information. We saw this included what people had eaten for their meals, if they had declined any meals, what their general health was like, how they had spent their day, what contact there had been with family and friends, what activities they had completed and any community facility they had accessed. Staff also recorded any marks they found on people on a body map and monitored people's weight to alert them to concerns which might need speedy action.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. Records showed people had visits from or visited health professionals including; psychologists, psychiatrists, community nurses and chiropodists, where required.

When there had been changes to the person's needs, these had been identified quickly and changes had been made to reflect this in both the care records and risk assessments where this was needed, this ensured their choices and views were recorded and remained relevant to the person. Staff told us, "We have detailed handovers and any changes to care are discussed. If I have been off for a couple of days I will always go through any detailed changes in the care plans."

We spoke to the registered manager and staff and they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. They were also aware of people's aspirations and what plans were in place for these to be acted on; for example, one person told us they wanted to go on holiday to Spain next year. Staff were able to confirm this was the case and they were looking into how this could be planned for to enable this.

Staff we spoke with described the progress and achievements of the people who used the service and comments included, "[Name] engages with us better now, at one point they were quite obsessive about particular activities and just wanted to do this all the time. However, now we are able to discuss things with them and they will go away and consider these and then come back to us with suggestions of new things they would be willing to try. As a staff team we are so pleased to see his progress and the improvement in his engagement with us."

Records of activities people had participated in were also seen to be completed. One person participated in art sessions, enjoyed weekly visits to the cinema, enjoyed day trips including one to The Harry Potter experience. Other people participated in developing their independent living skills, attended archery, bowling and curling and other activities of their choosing.

During our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with

Good

Is the service responsive?

shopping, engaging in an arts and crafts session, going out into the local community, watching television, listening to music and exercising in the garden. Other people were being supported with household tasks, such as tidying their room and assisting with washing up after lunch.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken.

Good

Is the service well-led?

Our findings

People who used the service told us they thought the registered manager was easy to talk to and all referred to him on a first name basis. They told us the registered manager talked to them on a daily basis and kept them informed about all aspects of the service. We observed the registered manager speaking to people individually during our inspection and we saw that all residents meeting records were available in both written and pictorial format.

We spoke with the registered manager about the culture of the organisation and their management style. They said, "We have a fair and open culture where we encourage staff to tell us if they think things need changing. We seek staff views and they can put them across. For example, a staff member came up with the idea of promoting a relaxation room, where people can go if they are feeling agitated away from everyone else." They told us over the last eighteen months senior managers from within the company had visited the service on a more regular basis and were much more visible to the staff team. This had been introduced following the staff conference in November 2014, where an initiative of consulting with all staff face to face had been introduced. Their comments suggestions and feedback were then considered and acted upon. A company newsletter was circulated and updated staff about actions from their feedback and other news within the organisation; including 'the huntercombe hero' where staff who had been considered to go over and above in their duties were acknowledged and presented with a gift.

We found the registered manager was aware of their role and responsibilities and notified the Care Quality Commission, and other agencies, of incidents which affected the welfare of people who used the service. Our records showed us notifications had been received regarding incidents which had occurred and what action had been taken following this.

We saw staff were able to express their views in team meetings, supervision sessions, appraisals and on a day to day basis. Staff told us, "The manager is approachable and he does listen. He takes action and allows staff to make suggestions"and "Our opinions are valued and listened to." Another member of staff said, "We are more supported now more than ever, but I personally would like more staff meetings, even though we have daily handovers and regular supervisions."

There were various methods of ensuring information was passed on to and between staff. These included handovers at each shift, a communication book, briefings, newsletters, team meetings and via emails. The registered manager told us all staff had access to a portal on the computerised IT system; this enabled them to access policies and procedures and to record their training information. Best practice guidance bulletins were also available for staff information.

Staff rotas were looked at and we noted that senior staff had time planned into their weekly rota

to complete audits of the service. The registered manager told us the audit system had been

introduced after their appointment in order to identify any shortfalls promptly and agree

appropriate action quickly in order to rectify this.

We looked at the processes in place to monitor the quality of the service. We found the

registered manger and qualified staff completed regular audits in areas such as care plans, health and safety, medication, maintenance, fire, fire risk assessments, supervision, staff competency checks, audits of care records, activity planning and complaints.

Governance meetings were held monthly with the registered provider and directors. Records showed these meetings were a forum to review incidents, accidents and discuss people's changing care needs. Additional areas of the organisation were audited through questionnaires periodically completed by people who used the service [this was done by using advocates to support people to share their experiences] relatives and professionals. The information was collated from these in order to develop appropriate action planning where this had been identified. For example, a previous survey had identified that the medication ordering process needed to be reviewed. Following this designated staff were allocated responsibility for this and there had been no further issues.

The registered manager told us they had a very stable team and very little staff turnover. They were always able to recruit for any vacancies for example, to cover maternity leave.

An open day had been held recently where the local community had been invited into the service. Following

Good

Is the service well-led?

this local gardening groups had asked the service to grow flowers for them. Wooden bird boxes made by the people who used the service had been fixed to trees on the village green and links with the local community continue to grow.