Community Homes of Intensive Care and Education Limited

Heywood Sumner House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Heywood Sumner House offers accommodation and personal care for up to 12 people living with a learning disability, autism or mental health.

The inspection was unannounced and was carried out on 26 April 2017 by one inspector.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Plans were in place to manage emergencies including alternative accommodation should the home need to be evacuated. Regular safety checks were carried out on the environment and equipment.

Systems were in place for the storage and administration of medicines, including controlled drugs. Staff were trained and their competency assessed to ensure they remained safe to administer medicines.

There were safe recruitment procedures in place and sufficient staff were deployed to meet people's needs.

Quality assurance systems and audits were in place to drive improvements. Incidents and accidents were recorded and actions taken and any learning analysed to reduce the risks of it happening again.

People were supported to have enough to eat and drink and their specific dietary needs were met.

People were supported to maintain their health and well-being and had access to healthcare services when they needed them.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

People were supported by staff who had received appropriate induction, training, professional development and supervision.

Staff were kind and caring, treated people with dignity and respect and ensured their privacy was

maintained. People had access to a wide choice of activities, both at home and in the community.

Initial assessments and transition plans were in place before people moved into the home to ensure their needs could be met. People, their relatives or other representatives were involved in decisions about their care planning.

Easy read complaints procedures were available and people knew who to speak to if they had a concern. People and relatives were encouraged to give their views about the service.

Staff felt supported by the registered manager who provided clear leadership and guidance. Staff felt listened to and involved in the development of the service.

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.

Individual risks to people had been assessed and measures put in place to minimise risks.
Medicines were managed, administered and stored safely.

Staff followed safeguarding procedures to protect people from abuse or improper treatment.

Recruitment practices ensured that only staff who were suitable to work in social care were employed. There were sufficient staff to meet people's individual support needs.

Is the service effective?

Good

The service was effective.

People's rights were protected because staff had a good understanding of the MCA 2005, best interest decisions and DoLS and sought consent before providing care.

People had access to health professionals and other specialists when needed and referrals were made in a timely way. People were supported to have enough to eat and drink in a way that met their specific dietary needs.

Staff received induction, training and supervision. Staff told us they felt well supported in their roles and could seek advice and guidance when needed.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy, dignity and wishes. They provided reassurance to people if they became anxious or upset.

Staff supported people and their families to be involved in making decisions about their care and support and promoted people's independence.

People were encouraged to maintain important relationships with their family members and friends.

Is the service responsive?

Good

The service was responsive.

Support plans were person centred and focused on people's individual needs, choices and preferences. People and their families were involved in planning their care, and on-going reviews.

There were opportunities for people to participate in a range of activities, if they wished to do so.

An easy read complaints procedure was on display and people told us they would speak to staff if they had a complaint.

Is the service well-led?

Good

The service was well-led.

Staff felt well supported by the registered manager who provided clear leadership and direction.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

Systems were in place to monitor and assess the quality and safety of the home and these were under constant review.

Heywood Sumner 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We also inspected in response to some information of concern we had received.

This inspection was unannounced and was carried out on 26 April 2017 by one inspector.

Before the inspection we reviewed all the information we held about the service such as notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also spoke with a social care professional before the inspection to find out their views about the service.

During the inspection we spoke with four people living at the home. We observed people being supported during the day to help us understand their experiences. We spoke with five members of the care staff, and a deputy manager as well as the registered manager. We also spoke with the assistant area director who came to support the registered manager during the inspection. Following the inspection we spoke with a second care professional by telephone to gain their views of the service.

We looked at three people's care records, and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment, supervision and training records for four staff. We also looked at other records related to the running of the home, including incident and accident records, medication records and systems for monitoring the quality of the service provided.

This was the first comprehensive ratings inspection for the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Heywood Sumner House and understood how risks had been assessed and reviewed to keep them and others safe. One person told us "I'm doing really well. They have lifted my restrictions. Before I couldn't go out without staff. Now I can walk back [from the café] on my own. When I first came here my TV had to be in a box, I don't need that now."

We found that risks associated with people's individual support needs had been assessed and informed their support plans. Measures had been put in place to reduce the risks which were detailed and up to date. For example, people had been assessed for the risks associated with daily activities such as being driven in a vehicle, accessing the kitchen and using the computer room. Where people lived with specific physical and mental health conditions such as epilepsy, care records provided clear information on the risks associated with the condition to guide staff in how to minimise any risks.

Where people displayed behaviours which might present a risk to themselves or others, the behaviours and triggers to these had been identified. The staff we spoke with were aware of these. One person's support plan included information about triggers to their distressed behaviour such as boredom, having to wait for things or sudden loud noises. This also included a list of behaviours which would indicate to staff that the person was becoming distressed so they could take appropriate action. Actions for staff to take in response to the behaviour were categorised in to pro-active, active and reactive responses, relevant to the situation. We asked a staff member about how they managed risky situations. They told us "We have the training and knowledge and are well equipped to adapt to each situation." They explained how they would de-escalate the situation as soon as possible using appropriate techniques to avoid further conflict and, if necessary, would use their personal alarm to call for assistance.

People were protected from abuse and improper treatment. Staff had received training in safeguarding adults and were able to identify behaviour and actions that might constitute abuse. Staff understood their responsibilities for reporting any concerns to the registered manager and to external agencies such as the local authority safeguarding team, the police or the Care Quality Commission (CQC). Safeguarding information was accessible to staff, including contact details of external agencies. Staff were aware of the home's whistleblowing policy and would use it if required. Whistleblowing is when staff report any concerns they have about staff practice within the home.

People received their medicines safely by staff who were appropriately trained. Two staff administered each person's medicines after appropriate checks were completed to ensure they were correct. People were asked for their consent before being given their medicines. Where people refused, this was respected by staff who tried again at a later time, or by a different member of staff. For example, one person became increasingly agitated and refused to take their medicine from care staff. The registered manager invited the person to their office to help calm them down and then tried again to give them their medicine, which they then agreed to take. Patient information leaflets had been prepared in an easy read format for people who were unable to read the manufacturer's information leaflets.

People's medicines administration charts (MAR) were in place for each person and clearly recorded, and witnessed, when they had received their medicines. Where people were prescribed medicines as required, such as pain relief, protocols were in place to guide staff about how and when this should be administered.

Safe systems were in place for the ordering, storage and disposal of medicines. People's medicines were ordered in a timely way which ensured there were always stocks available. Medicines were safely stored in locked cabinets in a locked room. Daily temperature checks took place to ensure medicines were stored in line with manufacturer's instructions. There were no controlled drugs (CDs) on the premises at the time of our inspection; however, appropriate storage was in place if these were required. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Audits were in place to monitor the effectiveness and safety of medicines management. A weekly audit of medicines was completed by the senior staff which included a stock check to ensure all medicines were accounted for.

Only staff who were suitable to work with people in a social care setting were employed at the home. Recruitment records for each staff member included proof of identity, an application form and a full employment history. Satisfactory references were sought before staff commenced work at the home. Disclosure and Barring Service (DBS) checks were also in place for staff. DBS checks help employers to make safer recruitment decisions.

People were supported by sufficient numbers of staff to meet their needs. Staffing levels were assessed by the provider's referral team. People's needs were assessed on admission to the home and appropriate staffing hours allocated. This was reviewed regularly, or when people's needs changed to ensure staffing remained appropriate. The registered manager told us there had been some staffing issues. Vacancies had been covered by regular agency staff, however, additional staff had now been employed or had transferred from other homes run by the provider. Staff told us there were enough staff on duty now. One staff member said "There are always enough staff. Sometimes ten or twelve and the minimum is seven." Other staff members told us "We're just coming through a difficult period. There had been staffing problems but [the registered manager] is getting it all together now" and "The staff team's getting better, we work really well." We observed there were sufficient staff deployed to meet people's needs, to access their community activities and keep them safe.

Regular health and safety checks were completed. For example, to check general security and that window restrictors and carbon dioxide detectors were in working order. Fire safety checks, such as alarm tests, fire-fighting equipment and emergency lighting checks also took place. Staff had completed fire safety training and regular fire drills were undertaken by both day and night staff. The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that most staff had completed training in infection prevention and control.

The home had an emergency plan which contained useful phone numbers and contingency plans including emergency accommodation in the event the home had to be evacuated. Each person had a personal evacuation plan, detailing the specific support they required to evacuate the building.

Good

Is the service effective?

Our findings

People were offered the opportunity by staff to make decisions and staff gained their consent before providing any support. For example, we observed staff asked people if they wanted to put a coat on before going out for a walk as it was cold, and their decisions were respected.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others, such as an independent mental capacity advocate or legal representative.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had a good understanding of DoLS and had applied for appropriate authorisation where required. Where necessary restrictions were in place, these were clearly documented in people's support plans and an explanation given to people and staff.

Staff were proactive in requesting visits or reviews from health professionals, such as GP's or psychiatrists. One person, whose mental health had deteriorated, had been referred for an assessment and was awaiting a review of their medication. Staff recorded all contacts and visits from health professionals in people's care plans and followed up any appointments where required.

People were supported to eat and drink sufficient for their needs. We observed the lunch meal and saw that people were offered a choice of two meals, a burger or vegetable lasagne, from the menu. Lunch was a sociable occasion with people and staff sitting together at two large tables in the dining area. Everyone chatted and laughed and seemed at ease with each other. They talked about the food they were eating and how it tasted. One person, who usually did not join in with others, also decided to eat at the table. This was encouraged and welcomed by everyone. People were able to go to the kitchen at any time during the day and help themselves to drinks and snacks if they were hungry.

Support plans reflected people's food preferences, likes and dislikes and also any specific dietary needs which staff were knowledgeable about. One person had been referred to speech and language therapy (SALT), as they had difficulty swallowing and were at risk of choking when eating. Records showed the SALT team were satisfied with measures put in place by staff and recommended these should continue, and to contact them again if they had further concerns.

Staff had received regular training to enable them to provide effective support to people, such as moving

and handling, fire safety, infection control and first aid. Additional training was provided for staff around people's specific needs, such as schizophrenia, epilepsy, and positive behavioural support. The registered manager told us they received updates from the training manager about available training and could book staff on training when required. New staff completed an induction that included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff received support and supervision from their line manager which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns. Staff told us they felt well supported and could ask for advice or guidance when they needed to. We noted that staff had not received an annual appraisal during the previous year. We discussed this with the assistant area director who explained that due to the changes in manager, a formal review of staff performance had not been possible. This had not, however, prevented staff development or progression opportunities. Five staff had recently been promoted and another staff member had been given an opportunity to act up as team leader one day a week. This would enable them to develop the knowledge and skills required to apply, should a vacant team leader post become available.

Good

Is the service caring?

Our findings

People told us the staff at Heywood Sumner House were thoughtful and supportive. One person told us "The staff support me to stay calm" and explained this helped them to "Keep out of trouble." Written feedback from relatives included "Staff are very helpful and considerate" and "Staff are always respectful."

We observed that staff had a very good knowledge of the people they supported and used people's preferred names where appropriate. Staff were kind, caring and thoughtful in their interactions with people and reassured them when they became anxious. For example, one person became upset and a member of staff talked to them quietly and suggested an activity they liked to do to help calm them down, saying "You don't have to, but maybe you could go and listen to some music?" Staff told us how they had supported one person through a family bereavement. They were compassionate and understanding of the person's distress and told us the person coped well and could now talk about it.

People were supported to maintain their personal appearance where required. A staff member told us one person used to go to the hairdressers, but they disliked the experience as they used hair clippers so now staff cut their hair for them. Staff encouraged people to maintain their independence as much as possible and this was clearly documented in people's support plans. For example, people were encouraged and supported to clean their own bedrooms and do their own laundry.

Staff respected people's privacy and dignity. We observed staff knocked on doors and waited for a response before entering people's rooms and asked for permission before providing any care or support. People chose to spend time relaxing in their rooms if they wished to do so and this was respected by staff. People had personalised bedrooms with their own belongings, such as TVs, pictures, ornaments and photographs.

Staff encouraged people to maintain relationships with their families and friends. A relative confirmed this in written feedback stating "They help to send greetings cards to me" and "Yes [my family member] rings me up."

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received and this helped them to achieve their goals. One person said "I want a license for a Vespa and I want to do an apprenticeship. It's going to be discussed in my review." Another person told us they wanted to progress to supported living and staff were supporting them to work towards this.

People's support needs had been assessed before they came to live at the home. Records showed people and their relatives were encouraged to inform this process. Assessments were detailed and included a transition period, during which people had opportunities to visit and stay overnight at the home to see if they liked it. This also enabled the staff to assess the suitability of the placement. Detailed transition plans were in place which outlined who would be involved, their responsibilities and the actions to be taken to support the transition. A care professional told us about a person who had been due to visit the home as part of an assessment but a problem had occurred. They confirmed the registered manager was responsive and had resolved the problem stating "They stayed on and worked later to resolve some problems. They made it happen. They did the right thing, although this meant extra work."

Staff had a very good awareness of people's needs and preferences. People's likes, dislikes, preferences, their personal history and any specific health or support needs they may have were identified, and developed into person centred support plans which reflected these. Support plans gave clear information for staff on how to meet the needs of people in a person centred and individualised way. The language used in the plans was person centred and reflected people's rights and choices. Support plans were reviewed regularly which ensured where people's needs had changed, these were known to staff.

People had access to a range of activities both within the home and in the community. People's daily support and activities were recorded in their daily records which provided a detailed picture of the support they had received and how they spent their time. Activities were based on what people wanted to do and which met their interests and hobbies. One person enjoyed trampolining. As well as there being a trampoline in the garden, they also attended a community trampolining activity. Other activities included shopping, going to the café or pub or activity centre, feeding the fish in the pond, walks in the forest and buying ice cream from the ice cream van. People could also choose to pursue individual activities at home, such as watching TV or using their computers. One person enjoyed cooking and helped out in the kitchen. They were supported to help maintain the food hygiene tasks such as the food safety checks, along with staff.

The home had a complaints procedure which was given to people when they first moved into the home and was also displayed around the home. This was also made available in an easy read picture format for people who were unable to read complex information.

Good

Is the service well-led?

Our findings

People we spoke with told us they knew who the registered manager was and they always saw her around the home. One person told us "She is really good. She listens to me and helps me."

The registered manager had not long been in post however, people, staff and care professionals told us they had already made improvements. One care professional told us it had been unsettled there but [the registered manager] seemed to be a stable influence and was "Providing the leadership needed." Another care professional told us "There has been a number of managers. [The new registered manager] is addressing issues and the paperwork is much better."

Staff confirmed there was an open and transparent culture within the home. Staff felt supported by the registered manager who provided clear leadership and direction and told us the home was more relaxed and organised. One staff member said "[The registered manager] is very well liked by service users and staff. She's very approachable and has made an awful lot of difference. I really like her." Another staff member said "She is very good. I like her as a manager. She's not been here that long but we're not far off getting all the paperwork up to scratch." A third staff member told us "She's relaxed and approachable, two qualities you want in a manager and she has a sense of humour! She's a lovely lady. It's a happy home. She's done a lot of redecorating and it's looking nicer. It's a lot more organised in the office, more orderly."

Staff meetings took place regularly which enabled staff to discuss ideas and issues and agree actions to take. Staff confirmed they could take agenda items to meetings, could raise issues and felt listened to and involved in developing the service. Minutes from the most recent meetings showed items discussed included staff rotas, medicines and training.

Service user meetings took place every month and people were encouraged to discuss things that were important to them. The most recent meeting minutes showed people discussed the menus, with one person commenting they enjoyed having fish and chips on Fridays.

Quality assurance systems were in place to monitor the quality of care and drive improvements. For example, surveys were sent to relatives to seek their views of the service. The most recent results were positive and relatives clearly valued the service provided to their family members.

A range of audits were in place to monitor the effectiveness of the service. The registered manager completed a weekly audit which included reviewing areas such as activities, support plans and nutrition. This was sent to the assistant regional director who also carried out a monthly monitoring visit. Any actions identified were recorded and reviewed at the following monitoring visit to ensure these were completed.

The registered manager understood their responsibilities under the Health and Social Care Act 2008. They were supported by the assistant regional director who attended the inspection to support the registered manager. Notifications were submitted appropriately, for example, to inform us when there had been incidents or altercations between people living in the home that might constitute abuse. Incidents and

accidents had been recorded, investigated and analysed and any learning was shared across all homes in the company.

The registered manager was in the process of upgrading the home and improving the environment for people who lived there. Redecoration was underway in communal areas and new pictures had been put up on the walls.